



COMPASSION FATIGUE: SECONDARY TRAUMATIC STRESS DISORDER, BURNOUT, VICARIOUS TRAUMA

- ◆ What is Compassion Fatigue?
- ◆ Reason Why Child Welfare Practitioners are
Vulnerable to Compassion Fatigue
- ◆ Symptoms of Compassion Fatigue
- ◆ How to Decrease Vulnerability to Compassion Fatigue



Module: Compassion Fatigue

Trainer's Preparation

Module Contents and Training Process

- This module provides an opportunity to identify causes and symptoms of compassion fatigue, techniques for self-care, and surviving compassion fatigue.

Preparing to Train

- Know how you will begin the training.
- Review and become totally comfortable with the content and delivery methods required for the module.
- Know and feel comfortable with how to set up and know points to be covered in the debrief of all activities.
- Review team activities and large group discussions.
- Review the Compassion Fatigue Test.
- Review State's policies and procedures for employee assistance.
- Determine the amount of time allocated for the training. The module is designed to be trained in 3 hours. This time can be shortened or lengthened based on depth of coverage.

Required materials/equipment and room setup for this module:

- Participant's Handouts with State-specific policies, if any, such as employee assistance programs, crisis intervention programs.
- The basic materials needed for the training session are:
 - Trainer's Guide
 - Participant's Handouts
 - Evaluation forms
 - Wall Screen/laptop and LCD projector
 - PowerPoint presentation
 - Easel and easel paper
 - DVD/TV monitor
 - Pens/pencils, markers, erasers



- Extension cords
 - Name tents
 - Post-it pads/index cards
 - Parking Lot poster/easel paper labeled “Parking Lot”
 - Masking tape
 - Sign-in sheets
 - Paper clips
 - Paper or Styrofoam cups
- An ideal participant size for this module is 20-25 participants. The ideal room set-up is round tables that accommodate 4-6 participants. Since Team Activities are common, this size and room set-up helps to set the informal, interactive tone for the training. Further, it reduces the amount of time required to get participants in teams.

General Training Tips:

In addition, the following pointers are applicable to all trainings:

Before the training day

- Talk with co-trainers about how to train as a team. Set ground rules for working together, and delineate roles.
- Arrange for the training room and room setup.
- Arrange for the needed equipment and training supplies.
- Ensure that there are copies of the participant handouts for each participant.

Read and review the Trainer’s Guide

- The **Introduction: Objectives, Competencies, and Content** for each module and provide specific preparation instructions for the module.

Review the content for each training session

- Trainers should use the white space in the **Trainer’s Guide** for summary bullets that will keep them on track and ensure that the content is covered in the time allotted.
- Trainers may find it helpful to underscore or highlight concepts and key points to emphasize, adding personal comments and anecdotes as appropriate.

During the training



- Validate participants responses by rephrasing, reinforcing or repeating later in training by smiling, making eye contact, nodding, gesturing in a nonjudgmental way. , **Never say, “Yes but . . .”**
- Take some risks in sharing information about your relevant personal experiences and feelings. Model that it is all right to do this. Make the group more comfortable and willing to take risks.
- Keep the training experiences lively. Do not read from the curriculum!
- Make clear transitions between segments of each session by bringing each segment to closure and introducing new segments by tying in concepts and ideas from previous materials. Use participants comments as transitions whenever possible.
- Be conscious of time. **Each subject need not be exhausted before you move on.** Move the group along without making participants feel rushed.
- Start and end each session on time. **Never keep participants for more than the time allotted for each module.**

After the training

- Review participant evaluations, note where you succeeded and where you did not do so well. Modify your future preparations and presentations based on this feed-back.
- Debrief with your co-trainer.
- Provide information to National Resource Center for Adoption on areas/issues that need further research or refinement.





Agenda

Welcome and Overview

What is Compassion Fatigue?

Reasons Why Child Welfare Workers are Vulnerable to Compassion Fatigue

Symptoms of Compassion Fatigue

Break

How to Decrease Vulnerability to Compassion Fatigue

Relaxation and Stress Reduction Techniques

Wrap-up





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





Welcome and Overview

Trainer's Points

- ☐ Welcome to the Compassion Fatigue training. My name is . . .
(*introduce self and give some background information*).
- ☐ Today's training focuses on compassion fatigue or post traumatic stress disorder or burnout, why child welfare workers are vulnerable, and what you can do to reduce vulnerability.
- ☐ The objectives and competencies for this module are
 - 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:**
 - 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.
- ☐ This training is scheduled for 3.5 hours. We will take a break at approximately (*give time*).
- ☐ Before we begin, let's take care of a few housekeeping details. The rest rooms are located (. . .).
- ☐ Please turn off all cell phones or put on vibrate. Take emergency calls outside the training room so as not to disrupt others.
- ☐ Your questions will be answered when asked or deferred to a later point in the training. If deferred, they will be written in the Parking Lot posted on the wall here to ensure that they are answered. If, during the course of the training, you have a question that you do not choose to ask aloud, feel free to write it on a Post-it Note and place it in the Parking Lot. If the trainer or someone in the group cannot respond to a question, the trainer will try to obtain an answer by the end of the training day or will forward the answer to all attendees after the training.

- ☐ Each of you has a packet of Participant's Handouts. These Handouts contain information to be discussed today as well as additional information for your review after the training.



Participant Introductions

(Select one of the options.)

Trainer's Points

- ☐ Now let's take time to get to know one another. *(Select one of the options.)*



Option 1: Walkabout

- ✓ Write the following questions on easel paper:
 - What strengths do you bring to this training?
 - What do you want to learn in this training?
 - What is the greatest challenge in placing children from the child welfare system with adoptive families?
- ✓ As participants arrive, ask each to walk about and answer the questions.
- ✓ After answering the questions, participants find a space and complete the nameplate.
- ✓ When you get to this section, ask participants to share their names and places of employment.
- ✓ Review the answers to the Walkabout. Summarize and comment on the similarities and differences in the answers, how the strengths of the participants support the training and if the challenges will be addressed.

Option 2: Group Introductions

- ☐ Please share with us your responses to these four questions:
 - Who are you?
 - Where do you work?
 - What tasks do you perform?
 - What are your expectations for the training?
- ☐ I will write the expectations for the training on easel paper and post them. If there are expectations outside the scope of what we can accomplish today, I will tell you. We will check back during the course of the day to determine if we are meeting your expectations.





Option 3: Personal Introductions

- ☐ Find someone you don't know.
- ☐ You have 1 minute to identify two things not apparent that you have in common besides your job or workplace.
- ☐ Identify an adoption success you had in the last year.
- ✓ Ask volunteers to share some commonalities and successes.
- ✓ Summarize responses.

What is Compassion Fatigue?

Trainer's Points

- ☐ Compassion fatigue is a state where one feels depleted emotionally, physically and mentally.
- ☐ Burnout and compassion fatigue in child welfare practitioners can result from the inherent vulnerability involved in the need to empathize with traumatized or suffering clients.
- ☐ In 1992, the term “compassion fatigue” was first used to describe nurses worn down from dealing daily with hospital emergencies. (Figley, 1995)
- ☐ Since then, it’s been “fine-tuned” and the phenomenon goes by several names—burnout, secondary traumatic stress disorder, vicarious trauma, and compassion fatigue.
- ☐ It’s a feeling of being drained, being tapped out, and having little energy to give others. Most of us have been there. Usually after a break, we revive and step back up to the plate.
- ☐ What happens, however, when these feelings don’t pass—going beyond fatigue and turning into something much worse, like apathy? This could spell trouble for those in the health care and other caring professions.
- ☐ First, you should understand that compassion fatigue is a process. It’s not a matter of one day, you’re living your life with a great deal of energy and enjoyment, and the next, you wake up exhausted and devoid of all energy. Compassion fatigue develops over time—taking weeks, sometimes years to surface. (Figley, 1995)
- ☐ If you are experiencing compassion fatigue, there is a great likelihood that your capacity to provide professional level services to children or families will be diminished.
- ☐ Turn to **Participant’s Handout 1, *What is Compassion Fatigue?***
- ✓ Review Handout 1 with participants.
Note: Focus on causes and who is at risk since the definitions were highlighted in the previous Trainer’s Points.



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



Individual Activity

- ☐ Turn to the *Compassion Fatigue Test*, in their **Participant's Handout 2**.
- ☐ You will have approximately 15 minutes to take the test. The 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.
- ☐ After you have completed the test and scored your answers, we will ask for one or two volunteers to discuss their test results. No one will be required to discuss their results.

Large Group Discussion

- ☐ Would someone share their test results and your assessment of the accuracy of the results?
- ✓ Be extremely sensitive to the participants willing to share their results.
- ☐ Again, this exercise was not intended to diagnose compassion fatigue but to *identify risk* for compassion fatigue.
- ☐ As we proceed, we will identify some ways for you to help yourself reduce the identified risk.



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.

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

(continued on next page)



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.
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.

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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.



Reasons Why Child Welfare Practitioners are Vulnerable to Compassion Fatigue

Large Group Discussion



- ☐ What are some of the reasons that make child welfare practitioners vulnerable to compassion fatigue?
- ✓ Some answers might include:
 - *Desire/need to fix situations.*
 - *They deal with people under acute stress who have lost their ability to cope.*
 - *They must address the worst behaviors in adults toward children/youth.*
 - *Human need is infinite and caregivers tend to feel they should always give a little more.*
 - *Caregivers might have unresolved issues activated by similar issues in clients.*
 - *They have more difficulty dealing with the pain of children/youth.*
 - *Child welfare practitioners fill multiple roles that can be psychologically conflicting.*
 - *Some adoption and child welfare practitioners feel that regardless of what is going on in their own personal life, they are expected to “get the job done” and do it well.*
 - *The system has become so money oriented. Timeliness for getting the job done for the maximum amount of money has driven the compassion as well as the passion right out of many practitioners.*
 - *There is so much work that goes into adoption; a lot of work that child welfare practitioners do without logging hours for calling families after hours, working on weekends, etc.*
 - *Feeling guilty if an adoption falls through, blaming ourselves.*
 - *A lack of feeling appreciated for all that we do as child welfare practitioners. The feeling of no matter how many children you obtain a permanent home for and finalize the adoption, it is never enough for “the powers that be.”*
 - *Cultural and linguistic mismatches.*





Symptoms of Compassion Fatigue

Trainer's Points

- ☐ Compassion fatigue symptoms can present themselves as biological, psychological and/or social.
 - **Biological/Physical** - Sympathetic and parasympathetic arousal (prolonged stress leads to immuno-suppression, and frequent illness).
 - **Psychological** - Excessive self-concern, aloneness, powerlessness, despair, and stagnation.
 - **Social** - Rejection, separation, lost control, giving up, destruction, emptiness, and disintegration. (Friedman, 2002; Figley, 1995)

Team Activity

- ☐ Break into groups of four or five. Select a recorder and a reporter.
- ☐ Turn to **Participant's Handout 3, Noticeable Behaviors of Compassion Fatigue in Colleagues.**
- ☐ You will have 20 minutes to answer this question:
 - **What behaviors would you see in a colleague or yourself if experiencing compassion fatigue?**
- ☐ After 20 minutes, we will convene into a larger group to discuss your answers.

Trainer's
Points



Handout 3



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

- Increased use of drugs and alcohol
- Sweating
- Rapid breathing
- Increased blood sugar levels
- Increased illnesses
- Hypertension/high blood pressure
- Gastrointestinal complaints
- Brittle nails
- Dull hair
- Hot flashes
- Weight changes: over- or under-eating
- Migraine headaches
- Fatigue/chronically tired
- Cracked teeth/grinding teeth
- Panic attacks
- Physical appearance change
- Bruises
- Sleep Disturbances

Psychological

- Feelings of dread
- Anguished “survivor” guilt
- Feelings of having given up
- Feelings of evilness and impending doom
- Anger
- Less ability to feel joy
- Increased irritability
- Horror
- Inescapable shock
- Depression
- Sleep disturbances
- Low self-esteem
- Exhaustion
- Crying for no apparent reason
- Use of dark humor
- Poor impulse control
- Relapse to addictions
- Apathy
- Short timers disease in meetings
- Decreased concentration/unable to focus

Social

- Terrorization and elimination
- Burnout
- Chronic lateness
- Workaholism
- Inability to maintain balance and objectivity
- Blaming
- Cast out
- Learned-helplessness
- Vulnerability
- Diminished sense of personal
- Isolation
- Stuck in negativity
- Cynical
- Divorce/interpersonal problems
- Withdrawal from activities
- Promiscuity



Large Group Discussion

- ✓ Ask each group to report their answers.
- ✓ Make sure to focus the group on observable behaviors. Have them describe “feelings of dread” for example.
- ✓ Refer participants **Participant’s Handout 4, *Examples of Compassion Fatigue/Burnout Syndrome***.
- ✓ Summarize with a focus on “observable behaviors.”



Handout 4



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.



Transition

- ◆ So far, we have defined compassion fatigue, reviewed some of its causes, determined our individual risk for compassion fatigue, identified why child welfare practitioners are at high risk, and how to recognize compassion fatigue in others and ourselves. Next, we are going to discuss ways to prevent, reduce or address our vulnerabilities.





How to Decrease Vulnerability to Compassion Fatigue

Trainer's Points

- ☐ No matter how skilled or experienced, caseworkers are impacted by the traumas they see each day. “The goal is not to inoculate ourselves from traumatic stress, but rather to develop individual and group supports that help us to live with this pain and find ways to learn from it and renew ourselves.” (Friedman, 2002)
- ☐ You have to continually practice good emotional health maintenance along the way and maintain balance in your life.
- ☐ Let's talk about some ways you can decrease your vulnerability to compassion fatigue.
- ☐ Turn to your **Participant's Handout 5, *How to Decrease Your Vulnerability to Compassion Fatigue***.
- ✓ Identify the seven things to do by stating the headers in the handout, for example, ask for and accept help from others.



Handout
Handout 5



Team Activity

Team Activity

- ✓ Have participants break into groups of four or five. Select a recorder and a reporter. You will have 20 minutes to give specific things to do under each of the leaders:
 - **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?**
- ☐ After 20 minutes, we will reconvene and report out to the larger group.

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

- *If you are dealing with a community tragedy, learn as much as possible about the event and deal with and articulate the powerful emotions and reactions related to the event.*
- *Know your own “triggers” and vulnerable areas, and learn to defuse them or avoid them.*
- *Resolve your own personal issues and continue to monitor your own reactions to others’ pain.*
- *Be human and allow yourself to grieve when bad things happen to others. Remember that “normal responses to abnormal situations” is true for child welfare practitioners as well as victims.*
- *Develop realistic expectations about the rewards as well as limitations of being a child welfare worker, set boundaries for yourself.*
- *Become aware of, and alter any, irrational beliefs about the limitations of helping.*
- *Balance your work with other professional and personal activities that provide opportunities for growth and renewal:*
 - *Exercise, garden, walk, clean house*
 - *Read good novels*
 - *Watch television*
 - *Go to church*
 - *Cook for friends*
 - *Socialize with family or friends*
 - *Take vacations*
 - *Leave work at work*
 - *Shop*
 - *Do nothing*
 - *Meditate/pray*
 - *Get a massage*
 - *Turn music up loud*

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2. Ask for and Accept Help from Others

- *Find opportunities to acknowledge and work through your experience in a supportive environment. Debrief yourself regularly and build healthy support groups.*
- *Seek assistance from co-workers and caregivers who have had experience dealing with children in the child welfare system and have remained healthy and hopeful. Learn from their experience and take their advice.*
- *Delegate responsibilities and get help from others for routine work when appropriate.*
- *Develop a healthy support system to protect yourself from further fatigue and emotional exhaustion.*
- *Remember that most victims of trauma do grow and learn from their experiences and so can helpers.*

3. Live a Healthy, Balanced Life

- *Eat nutritious food, exercise, rest, and meditate or pray and take care of yourself as a whole being.*
- *Set and keep healthy boundaries for work. Ask yourself, “Would the world fall apart if I step away from my work for a day or a week?”*
- *Think about the idea that if you never say “no” what is your “yes” worth?*
- *Find activities that provide opportunities for growth and renewal.*
- *Take an honest look at your life before a crisis strikes. Find help to identify your obvious risks and work to correct or minimize them.*
- *Find ways to provide yourself with the emotional and spiritual strength for the future.*
- *Develop and reward a sense of humor. Expose yourself to humorous situations. Learn to laugh, enjoy life, and have healthy personal relationships.*
- *Learn to relax by breathing deeply.*
- *Avoid chaotic situations and learn simplicity.*
- *Take time to return to normal activities regularly.*
- *Avoid additional stressful situations.*
- *Review how you are spending time.*
- *Sleep well.*

4. Spend Some Quiet Time Alone

- *Learning mindfulness meditation is an excellent way to ground yourself in the moment and keep your thoughts from pulling you in different directions. The ability to reconnect with a spiritual source will also help you achieve inner balance and can produce an almost miraculous turnaround, even when your world seems its blackest.*
 - *Put child to bed and take a bath.*
 - *Get up early.*
 - *Stay overnight somewhere other than your own home to be alone with yourself.*
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5. Recharge your Batteries Daily

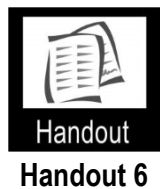
- *Something as simple as committing to eating better and stopping all other activities while eating can have an exponential benefit on both your psyche and your physical body. A regular exercise program can reduce stress, help you achieve outer balance, and re-energize you for time with family and friends.*
- *Hold one focused, connected, and meaningful conversation each day. This will jump-start even the most depleted batteries. Time with family and friends feeds the soul like nothing else and sadly seems to be the first thing to go when time is scarce.*

6. Things to Avoid when Experiencing Compassion Fatigue

- ***Avoid making big decisions.*** *Compassion fatigued caregivers should not try to make any major life decisions until they've recovered physically, emotionally and spiritually. This is perhaps the most important advice we can give. Don't quit your job, get a divorce, or spend money on a lavish trip or a new sports car. It might feel great at the time, but a few days or weeks later, the same set of problems will resurface.*
- ***Avoid blaming others.*** *Similarly, blaming administration, staff, co-workers, or the "system" will not be productive. Being adversarial will only create further exhaustion and prevent deeper healing that needs to take place. The same recommendation goes for looking for another job. Wait until self-perceptions are more logical and less emotionally charged and until current stress is under control.*
- ***Avoid expending energy complaining.*** *Also avoid commiserating with discontented co-workers. "Misery loves company." It's easy to fall into the habit of complaining when experiencing compassion fatigue, but it will only make things feel worse. There are other, more constructive environments to share and express feelings in a more therapeutic environment.*
- ***Avoid trying a quick fix.*** *Compassion fatigue often makes one vulnerable to addictive behaviors and substance abuse. Many helping professionals try to deal with compassion fatigue by working longer and harder. Other self-medicate with alcohol and prescription drugs. There are a whole host of other addictive behaviors that are used to relieve personal pain. Don't abuse work, alcohol, or drugs and don't fall prey to a quick fix. Just as drugs can be addictive and eventually cause a whole different set of problems, the quick fix usually complicates an already overburdened life, escalating the downward spiral to burnout and depression.*

7. Reframe

- *Determine other approaches to the issue or concern or look at an action/event through the lens of others.*
- *Think outside the box.*



Large Group Discussion

- ☐ Ask each group to report their answers.
- ✓ Bring out other examples not raised by the group.
- ✓ Refer to **Participant's Handout 6, *Strategies for Combating Secondary Traumatic Stress***. Tell them that this is another way to summarize our discussion.

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:

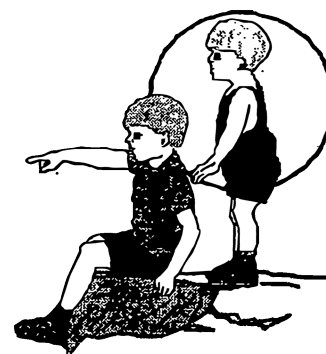
Emotional Self-Care

- 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:



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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:



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Individual Activity

- ☐ Turn to **Participant's Handout 7, *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?
- ☐ After you have completed the exercise, we will ask for volunteers to share their ideas.



Handout 7



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?



Large Group Discussion



- ☐ Who is willing to share their ideas for additional uses for the paper cup or paper clip?
- ✓ Explain that there might be situations and conditions that they cannot change. Their responsibility is to control that which is within their realm of influence. What they can control is their interpretation of the event.
- ✓ It is helpful for the trainer to be prepared to share their own experiences with this, where they were engaged in a problem or situation that they found upsetting and to reduce their own stress, they begin to define and interpret the situation differently.
- ✓ Share that sometimes it is useful to remove yourself from the situation or get the perspective of someone else to help you gain a different viewpoint
- ☐ If you need help getting the creative juices flowing, do this exercise again. It helps to be in a creative space to create an alternative perspective.
- ☐ Just find a common item, like a pencil or book, or a piece of paper, whatever, and write down 10 things that it can be used for beyond its intended use. You'd be surprised at how that helps you get out of your own way.





Handout 8

Large Group Discussion

- ☐ Turn to **Participant's Handout 8, *Grounding Exercise***. This exercise is designed to relax and relieve stress. Let's do this exercise now.
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.

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.
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9. This is an exercise that you can practice while you are sitting at your desk and just need a little restoration break.





Large Group Discussion

□ Turn to **Participant's Handout 9, *Raising Energy Level Exercise***. We are going to do one more exercise for relaxation.

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.

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.
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Large Group Discussion

- ✓ Ask participants if they could tell a difference in their energy level and calmness. Have them share their experiences.
- ✓ Tell the group that this is a tool to help manage their stress and energy levels.



Trainer's Points

- ☐ The most critical need in dealing with compassion fatigue is to acknowledge that you may be experiencing it. All of us have multiple demands and energy drains in our lives—some positive, some negative. All require a great deal of emotional and physical attention. We have only so much to give before we are exhausted.
- ☐ Start refocusing on yourself. Before you can tend to and be sensitive to the needs of others, you have to take care of your own well-being. This is not selfish behavior!
- ☐ Remember that the healing process takes time, as does the development of the problem.



Transition *Wrap-up*

- ◆ Are there any questions or comments?
- ◆ This concludes the Compassion Fatigue Module.