

Strategies for
Preventing
Compassion Fatigue
and Burnout

Implementing Institutional Change To Prevent Compassion Fatigue

Caregivers and social service agencies have a professional duty to raise overall consciousness and take action to help prevent compassion fatigue. Figley (1995) notes that we know enough to realize that compassion fatigue is an occupational hazard for caregivers, be they family, friends, counselors, or advocates. Recognizing this, Figley stresses that practicing professionals have a special obligation to prepare people in the field for these hazards. What often stands in the way, however, is the work ethic of some social service agencies, which tends to contribute to compassion fatigue. In some agencies, the cultural norm involves regularly working overtime, being on call during time off, not taking lunch breaks and vacations, and not receiving supervision to debrief difficult calls. Employees who complain about symptoms indicative of compassion fatigue may be viewed as a liability, even though such symptoms in no way indicate that the individual is not suited for trauma work. Implicit in this culture is the message that the work of the agency and the welfare of survivors are more important than the personal lives and needs of individual caregivers. Such a culture needs to become as advocate/counselor-centered as it is client-centered. Doing so results in both a healthier staff and a healthier advocacy field because experienced advocates are less likely to leave the field or become embittered and less effective in their role.

Research highlighting some of the most effective ways for institutions to reduce the incidence of compassion fatigue include the following:

- **Institute policies that require advocates/counselors to discuss upsetting material and cases.** One helpful measure is for agencies to provide regular staff meetings that include case reviews, debriefing, and mutual support, especially for the more distressing cases (Arndt, 1988; Alexander et al., 1989; Eubert, 1989; Tobias, 1990; Holloway and Swan, 1993; Tempelton, 1993; Ledray, 1998). It may even be necessary to utilize staff support groups (Eubert, 1989) or refer staff to a counselor or psychologist for additional emotional support (Holloway and Swan, 1993).
- **Ensure that enough staff are available to share the workload.** It is essential to keep the number of hours worked and overall stress at a manageable level for each employee (Ledray, 1998). It may be necessary to discourage staff from taking back-to-back on-call shifts, especially during busy weekend periods. It may be helpful to have a predetermined number of shifts for which each staff member is responsible each month to ensure that a few are not being overburdened.

Most centers find that advocates are less effective in providing support for the second, and especially the third, survivor with whom they deal in one on-call period. It is important to closely monitor the number of survivors seen during

a typical on-call period. For example, if staff routinely take 24 hours on-call at a time, and more than one survivor is seen as a rule during that time, it may be necessary to shorten the on-call shifts to 12-hour periods.

- **Experiment with various methods of avoiding compassion fatigue without sacrificing clinical effectiveness.** For example, agencies can put equal emphasis on the rewarding aspects of working with trauma survivors. Figley suggests focusing on how you are helping survivors transform sadness, desperation, and despair into hope, joy, and a new sense of meaning in life. Such transformation is also possible for trauma workers themselves who are suffering from compassion fatigue.

It is important to recognize that trauma workers may be affected by their work. Caregivers who experience traumatic reactions should not be shamed or isolated in any way; rather, they are offered support and hope, and their reactions are both validated and normalized. Encourage employees to take adequate vacations and time off for illness and to continue their education. They also should be offered health plans with good mental health coverage (Rosenbloom, Pratt, and Pearlman, 1995). Moreover, be sure to offer every caregiver supervision, regardless of licensure status. This is particularly noteworthy because all too often advocates are not given proper supervision, if any, because they are not formally part of the agency's clinical team. Supervision is imperative, not only for the staff advocate coordinator, but for all paid and volunteer advocates as well. Research conducted by McCann and Pearlman (1990) shows that trauma therapists rated discussing cases with colleagues as the most helpful antidote to compassion fatigue, even above spending time with family or friends, or taking vacations.

What Can Agencies and Organizations Do?

Changing an agency culture that is largely ignorant of compassion fatigue takes time. Administrators need to understand that they have an ethical obligation to protect employees as much as possible from the occupational hazards of trauma work. The prevention of compassion fatigue must be a strategic priority.

Reducing the negative impact of trauma work begins with a careful screening of potential advocates. Only staff and volunteers with healthy boundaries and good personal support systems will be able to remain centered while working directly with victims of sexual assault. Others should be discouraged from direct contact with victims and steered toward other roles. Program directors who understand the impact of working with sexual assault survivors are better equipped to develop strategies to reduce costly distress and turnover.

The program director should set a good example of self-care and prevention of compassion fatigue. She or he should establish personal limits and maintain strong boundaries, such as not giving victims home phone or personal pager numbers and not being available to clients when not in the office or on call (Ledray, 1998). The director should encourage outside interests, especially activities that provide a physical release and a healthy life balance. Hobbies reduce stress, especially those that allow for complete disengagement from work and a sense of completion of a task or goal.

Program directors should monitor caregivers who overstep appropriate boundaries. An advocate who goes beyond providing information and suggesting options and begins making decisions for survivors is fostering dependence and becoming a “rescuer.” For example, the advocate should not write or “draft” the victim impact statement to spare the survivor the pain of recalling the trauma (Young, 1993). While it may appear emotionally difficult, this is a beneficial part of the victim’s recovery process.

Caregivers require ongoing supervision and debriefing. To meet this requirement, the Santa Fe Rape Crisis Center provides clinical supervision to the staff advocacy coordinator and holds mandatory 2-hour monthly meetings for all volunteer advocates. The first hour is devoted to small-group debriefings led by an experienced team leader. Group debriefings provide an opportunity to assess the skills and coping strategies of each advocate while educating other advocates on unique ways to handle calls.

Because an unstructured debriefing can retraumatize caregivers by revealing the details of sexual violence, Sharon Moscinski and Susan Pratt of the Santa Fe Rape Crisis and Trauma Center developed a debriefing protocol in 2000 that helps advocates process their personal reactions to their trauma exposure while minimizing the amount of traumatic material other group members hear. Guiding volunteers away from details protects clients’ confidentiality as well. Each debriefing takes 3 to 10 minutes and is interrupted only to guide the advocate back to the model. Moscinski and Pratt’s debriefing protocol covers the following:

- Brief overview—two-sentence maximum—of the account. (No details are permitted in order to protect confidentiality, ensure that the group is not retraumatized, and prevent the advocate from hiding behind the account to avoid emotional reactions.)
- What did you feel confident doing?
- What was the most difficult part?
- What did you do to take care of yourself during and after the call?
- Do you have any procedural questions or new information to share with the group?
- Do you need anything from the group?

Ten Strategies To Help Prevent Compassion Fatigue

Many agencies already are raising general awareness of compassion fatigue and implementing strategies to prevent it. The following list highlights the most effective strategies:

1. Create an atmosphere in which reactions to traumatic material are considered normal and inevitable and employees are supported and validated.
2. Discourage staff from working overtime. Creating a position with duties that cannot be carried out in the number of paid hours is a setup for compassion fatigue. If an employee exhibits satisfactory job performance, it is ultimately the agency's responsibility to ensure that they complete their duties during their paid hours, or change the job description to make this possible.
3. Schedule regular, full-staff meetings with periodic facilitated meetings to process reactions resulting from exposure to traumatic material, assess compassion fatigue, brainstorm successful self-care strategies, and discuss the future visions and successes of employees.
4. Enforce a work ethic that encourages staff to take full lunch breaks away from their desks.
5. Provide generous amounts of paid time off to allow for self-care, validate the difficulty of the work, and compensate for the lower pay typically offered at social service agencies.
6. Make available funds and time for professional development to allow employees to attend conferences, learn new intervention tools, and get "recharged."
7. Emphasize the importance of self-care. Make sure employees regularly have full days off with no on-call duties. Inquire about self-care strategies in all volunteer/employee interviews.
8. Plan periodic picnics, retreats, nature walks, group lunches, or other agency-wide activities.
9. Select a health plan that offers good mental health coverage.
10. Include as part of the agency's mission statement the awareness of and commitment to the prevention of compassion fatigue among employees.

Appendix References

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