

Module 7: Compassion Fatigue and Self-Care

Time Required

1 hour, 5 minutes

Purpose

This module helps participants understand the impact of compassion fatigue on advocates and the importance of self-care.

Lessons

- What Is Compassion Fatigue? (10 minutes).
- Effects of Compassion Fatigue (10 minutes).
- Maintaining Healthy Boundaries (15 minutes).
- Strategies for Self-Care (30 minutes).

Learning Objectives

By the end of this module, participants will be able to

- Identify actions and behaviors that violate healthy boundaries.
- Develop a personalized self-care plan to prevent compassion fatigue.

Equipment and Materials

- Laptop PC (with PowerPoint), LCD projector and screen (or blank wall space for projection), PowerPoint presentation, and vignette 6.
- Participant's materials.
- Flip chart and easel.
- Multicolored, thick markers (dark colors only) for use with flip chart.

Preparation

- Review vignette 6, which deals with secondary post-traumatic stress (SPTS) and is on the SAACT Web site, available at www.ovcttac.org. SPTS is one of the most common forms of compassion fatigue suffered by advocates.
- If your organization has implemented specific strategies (such as regular supervisory meetings, limited shifts, or peer support) to prevent compassion fatigue, you may wish to prepare a handout addressing these strategies and discuss them at the beginning of the section of the module entitled “Strategies for Self-Care.” If you include this additional discussion, adjust the training schedule accordingly.

What Is Compassion Fatigue? [10 minutes]

Show visuals 1 and 2. Review the module's purpose and objectives.



Show visual 3.

Tell participants that when Judith Herman, author of the highly acclaimed book *Trauma and Recovery*, spoke at a conference on child sexual abuse in 1998, she described the volunteers who staffed the health stations during Vietnam peace marches. The volunteers thought they were there to help if someone got injured, but when the marchers started getting tear-gassed and coming to the health stations, the health workers got doses of tear gas as well.



Explain that like these volunteers, advocates get doses of the trauma while helping trauma survivors heal. This work, however, is not without substantial meaning and reward. McCann and Pearlman (1990) point out that by engaging empathetically with survivors to help them in the aftermath of violence and trauma, advocates open themselves to deep transformation that encompasses personal growth, a deeper connection with individuals and the human experience, and a greater awareness of and appreciation for all aspects of life. The darker side of this work, however, includes changes that are similar to those experienced by survivors. Compassion fatigue is defined as the enduring negative psychological consequence of caregivers' exposure to the traumatic experiences of victims in their care (Schauben and Frazier, 1995).

Show visual 4.

Explain that there are various subtleties of compassion fatigue in current literature. Mary Jo Barrett, director of training and consultation at the Center for Contextual Change, lectures widely on compassion fatigue. She differentiates between compassion fatigue, burnout, secondary post-traumatic stress, and vicarious traumatization. Understanding each of these better prepares advocates to identify and cope with the issues.



Explain that according to Barrett (2001), all individuals have energy in five different compartments: intellectual, physical, emotional, spiritual, and sexual. When your work depletes these energy reserves, especially your emotional and spiritual energies, the result is compassion fatigue. Advocates working

with sexual violence issues are likely to be depleted of sexual energy as well.

Ask participants to visualize themselves as a goblet of energy that gets depleted drop by drop. Clients rely on advocates' energy for their healing; however, if advocates neglect their own needs too long and do not replenish their goblets, they run dry. With emotional and spiritual energy reservoirs drained, advocates no longer have the vital energy to offer their clients or themselves, and they begin to suffer from compassion fatigue.



Burnout

Show visual 5.

Explain that burnout is the depletion of physical and intellectual energy that happens when you are overworked, stressed, and involved in demanding situations over a long period of time. As a result, you may feel tired, rundown, overwhelmed, and irritable. Burnout also has been associated with a reduced sense of personal accomplishment and with discouragement as an employee (Maslach and Jackson, 1985). Burnout can happen concurrently with the emotional, spiritual, and sexual energy depletion indicative of compassion fatigue. This occurs in mental health workers who have unmanageably large caseloads, for instance. Individuals also may experience burnout in other professions, such as technical or business fields; however, they generally do not have their emotional and spiritual energy challenged or used up. Although these individuals may become tired, drained, and unmotivated, they are not inclined to begin wondering if people are basically good or evil, or if the world is safe, both of which may happen to those repeatedly exposed to violence.

Secondary Post-Traumatic Stress

Show visual 6.

Explain that secondary post-traumatic stress (SPTS) is a specific form of compassion fatigue that occurs when we get symptoms of post-traumatic stress disorder (PTSD), including sleep disturbances, nightmares, intrusive thoughts, flashbacks



of clients' stories, exaggerated startle response, irritability, withdrawal from others, feelings of increased vulnerability, and emotional reactions such as fear and anxiety. As someone who works with victims of sexual violence, you are susceptible to SPTS because you are repeatedly exposed to traumatic events and you accumulate traumatic memories that affect your physiological reactions and view of the world. Just as PTSD is a normal reaction to an abnormal event, SPTS is a normal reaction to the stressful and sometimes traumatizing work with survivors (Rosenbloom, Pratt, and Pearlman, 1995). Advocates and trauma therapists are especially at risk, as are people who are close to the survivor. If you begin to experience these symptoms but do not understand why, the symptoms begin to consume all your energy. You may perceive fear where there is no fear; you also may feel "crazy" or not your "usual" self. SPTS is cumulative; symptoms increase over time. Therefore, self-care is important to prevent SPTS from impairing your work and life.

Show vignette 6, which is based on the following scenario:

SPTS Scenario: Teresa, an advocate who enjoyed her work and had a very active social life, has recently started conducting debriefing sessions for other rape crisis advocates. After a couple months conducting these sessions, however, she has started to feel drained and nervous and has started to pull away from friends, family members, and coworkers. Her supervisor has noticed the change, as has Teresa. What should Teresa do? Should the supervisor get involved?

Discuss Teresa's situation, asking participants to offer ideas on what she can do to help herself and what her supervisor might do as well. Tell participants that there is space for notes in the participant's materials on page VII-4.

Vicarious Traumatization

Show visual 7.

Explain that in contrast to the cumulative nature of compassion fatigue, burnout, and SPTS, vicarious traumatization can emerge suddenly. It happens when you are actually traumatized during your job; for example, you have a traumatic reaction



upon hearing a survivor's account of her assault that is particularly painful to you, or you witness violence or its immediate aftermath.

Effects of Compassion Fatigue [10 minutes]

Compassion fatigue disrupts your frame of reference (identity, worldview, and spirituality), self-capacities (eating, sleeping, exercising, hobbies, and relationships with friends and partners), and ego resources (the ability to self-monitor) as outlined below (McCann and Pearlman, 1990).

Disruptions in Frame of Reference



Show visual 8.

Compassion fatigue can shake the foundation of your basic identity. As a result of working with trauma survivors, you will likely experience disruptions in your sense of who you are as a woman/man, activist, partner, caregiver, and mother/father, or how you customarily characterize yourself (Pearlman, 1995). Such disruptions occur when your identity becomes too aligned with your work. You may find yourself putting in too many hours, taking more calls than you can handle, and believing that your work is a mission that takes priority over all your other needs.

Compassion fatigue also can disrupt your worldview, including your moral principles and life philosophy (Pearlman, 1995). Repeated exposure to violence and suffering can cause you to question your beliefs about the world and its inhabitants, whether random acts of violence are inevitable, or if justice exists. You may begin to feel unsafe and vulnerable, checking the backseat of your car or feeling unusually afraid at home. Spirituality—defined here as your sense of meaning and hope, appreciation of a larger humanity, and sense of connection with a higher power—may be challenged by your work with trauma survivors (Pearlman, 1995). You may struggle to maintain your faith and trust, belief in a higher power, and sense of cosmic meaning and goodness.

Another type of disruption reported by trauma workers is the intrusion of sexually traumatic images while engaging in sexual activity. This is a distressing example of how images from your professional life can blur into the intimacies of your private life. One way to deal with this intrusion is to explain the cause of your distress to your partner (without revealing any details that would betray confidentiality) and focus on processing your own feelings and need to reconnect (Pearlman, 1995).

Disruptions in Self-Capacities

Show visual 9.



Engaging empathically with client after client can be draining, and one response is to shut down emotionally (Pearlman, 1995). As a result, you may tend to refuse social engagements or activities as a way of storing up energy to cope with the demands of your job. You may find yourself answering your phone less or making excuses to stay home. This coping mechanism is particularly maladaptive because you limit your life while simultaneously severing yourself from some of the most effective ways to restore your energy. Connection is an antidote to violence and helps caregivers maintain the optimism and hope that clients rely on for their own healing.

You also may notice disruptions in self-care habits. Your eating habits may steadily worsen, and your consumption of caffeine, alcohol, or nicotine may increase. Sleep disturbances are common, as are changes in sexual appetite. Compassion fatigue may affect your overall motivation, and you may see the hobbies you once enjoyed become a thing of the past.

Disruptions in Ego Resources

Show visual 10.



Ego resources enable you to effectively meet your psychological needs and manage interpersonal relationships. These resources include self-examination, intelligence, willpower, a sense of humor, empathy, and the ability to set and keep boundaries, all of which can be affected by working with issues of sexual violence (Pearlman, 1995). Regarding your overall functioning, these disruptions are arguably the

most insidious. When your ability to step back and assess your choices and behaviors becomes impaired, it is difficult to even recognize that you have a problem or no longer feel fulfilled and balanced.



Costs of Compassion Fatigue

Show visual 11.

Tell participants that the consequences of compassion fatigue are pervasive and real. Those who suffer from it find it increasingly difficult to attend to survivors with an empathetic, hopeful, and compassionate response. Once affected, advocates may dread going to work and taking calls, become irritable, or appear to shut down or distance themselves when interacting with survivors. In the worst circumstances, compassion fatigue can result in the caregiver's changing roles—from caregiver to victim. The caregiver and her supervisor both must be aware of this possibility and recognize early symptoms, such as feeling used or unappreciated by the system or the survivors whom she serves.

Tell participants it is important to remember the rewards of advocacy even when considering its possible drawbacks. In a study of both sexual assault counselors and those who work with a wide variety of populations, Schauben and Frazier (1995) found that counselors' disruption in their belief about the safety of the world and the goodness of others, PTSD symptoms, and self-reported compassion fatigue were associated with the percentage of sexual assault survivors in an individual's caseload. Yet, working with a higher percentage of rape survivors was not correlated with job burnout or the negative effects associated with depression. They concluded this was likely because many caregivers also reported the work's positive aspects which they found rewarding, including being able to help people in crisis move toward recovery. In this light, McCann and Pearlman (1990) suggest that you can remain connected to survivors and protect yourself emotionally by remaining conscious of the broader context. For example, while a survivor is telling her account of sexual violence, keep remembering that she has survived, is now connected to caring people and helpful resources, and that healing can and does happen.

Explain that compassion fatigue and its variations, terms often used interchangeably in the literature, pose a problem to caregivers, yet our profession only recently has begun to talk about it. We still work in a culture where it is largely unacceptable to talk about feeling exhausted or overwhelmed or not connecting with clients. However, if you are good at advocacy work, it is very difficult not to get compassion fatigue; it is an occupational hazard. The only way to avoid it is not to care, which is hardly an option. The only way to continue caring is to pay attention to how you are being affected by your work and to prioritize your own self-care.

Maintaining Healthy Boundaries [15 minutes]

Tell participants that it is essential that they maintain healthy boundaries with the survivors with whom they work. This means being willing and able to set limits on what advocates will do for victims and when advocates will be available. Being a good advocate does not mean doing anything asked at any time; rather, it requires being able to distinguish between appropriate and inappropriate client requests. There are times when it is perfectly legitimate to put our own needs ahead of those of the victims.

Show visual 12.

Boundaries Checklist

Ask participants to turn to pages VII-7 through VII-8 of their materials and complete the checklist related to boundaries.

Based on protocols and procedures at your center, briefly review which of these actions are inappropriate, and why.



Strategies for Self-Care [30 minutes]

Show visual 13.

Explain that caregivers generally know what to do to help themselves feel healthy, but they are often too tired to do it. Once advocates understand compassion fatigue, however, they must commit to replenishing themselves. The alternative is to continue doing advocacy at an impaired level or leaving the field entirely, neither of which serves survivors or advocates. Advocates should figure out what depletes them, then



automatically do something to replenish that energy. Effective self-care means raising their awareness of how well they are eating, sleeping, exercising, socializing, enjoying life, spending time with family, and participating in the hobbies and activities they love; then taking measures to make their own needs a priority.

Much as it is normal for a rape survivor to experience symptoms of distress because of the assault, so it is for the caregiver. It does not mean the advocate is doing anything wrong, or that she is unfit for this work. It means the advocate needs to recognize the impact and take measures to take care of herself, reducing her distress by whatever means she can reasonably achieve.



Show visual 14.

Explain that it is crucial that advocates have a supervisor for their clinical work with whom they meet regularly to discuss cases. The frequency of these meetings will depend on the amount of time the advocates work, the number of cases they see, and their level of experience. Once a month is probably the minimum for maintaining consistency. Less-experienced advocates/counselors should schedule more frequent meetings.

When meeting with a supervisor, advocates will want to discuss

- Difficult, new, or unusual cases.
- Cases involving vicarious trauma.
- Cases with boundary issues.
- Cases in which they are meeting with the victim more than once a week.
- Cases in which they have met with a victim 12 or more times.

Show visual 15.

Self-Care Planning Activity

Self-care plans are unique to each individual, so it is important that participants create their own. Instruct participants to turn to page VII-10 in their materials to create a personalized plan to help prevent compassion fatigue. Some self-care suggestions are contained on page VII-9. Allow 10 minutes for this activity.

Show visual 16. Ask participants if they have questions about anything discussed in this module.



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.

Module 7 References

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Module 7: Compassion Fatigue and Self-Care

Purpose

This module helps participants understand the impact of compassion fatigue and the importance of self-care.

Module 7 Objectives

By the end of this module, you will be able to

- Identify actions and behaviors that violate healthy boundaries.
- Compose a personalized self-care plan to prevent compassion fatigue.

Compassion Fatigue

- Advocates get doses of the trauma while helping survivors to heal.
- Work is not without substantial meaning and reward.
- Compassion fatigue is defined as a psychological consequence of caregivers' continual exposure to the traumatic experiences of victims, without sufficient relief for themselves (Schauben and Frazier, 1995).

Compassion Fatigue (cont.)

- Mary Jo Barrett differentiates between compassion fatigue, burnout, secondary post-traumatic stress, and vicarious traumatization.
- Intellectual, physical, emotional, spiritual, and sexual energy gets depleted.

Burnout

- Depletion of physical and intellectual energy.
- Happens when overworked, stressed, and involved in demanding situations over a long period of time.
- May feel tired, rundown, overwhelmed, and irritable.
- Reduced sense of personal accomplishment and discouragement as an employee/volunteer.

Secondary Post-Traumatic Stress

- Specific form of compassion fatigue.
- Occurs when advocates get symptoms of post-traumatic stress disorder.
- Susceptible when repeatedly exposed to traumatic events.

Vicarious Traumatization

- Can emerge suddenly.
- Happens when you are actually traumatized during your job.



Disruptions in Frame of Reference

- Likely to experience disruptions in your sense of who you are.
- Disrupted worldview.
- Spirituality challenged.
- Intrusion of sexually traumatic images.



Disruptions in Self-Capacities

- Shut down emotionally.
- Refuse social engagements or activities.
- Disruptions in self-care habits.



Disruptions in Ego Resources

Disruption of inner ability to self-monitor to effectively meet your psychological needs and manage interpersonal relationships.

Costs of Compassion Fatigue

- It becomes increasingly difficult to attend to survivors with empathy, hope, and compassion.
- It can result in caregivers changing roles from caregiver to victim.
- Caregivers often work in a culture in which it is largely unacceptable to talk about feeling exhausted, overwhelmed, or not connecting with clients.
- Pay attention to how you are affected by your work, and prioritize your own self-care.

Boundaries Checklist

Participant's materials,
pages VII-7 through VII-8

Strategies for Self-Care

- Commit to replenishing yourself.
- The alternative is to continue doing advocacy at an impaired level or leave the field.
- Be aware of how well you are eating, sleeping, exercising, socializing, enjoying life, spending time with family, and participating in the hobbies and activities you love.

Meet With a Supervisor

- Difficult, new, or unusual cases.
- Cases involving vicarious trauma.
- Cases with boundary issues.
- Cases in which you are meeting with the victim more than once a week, or for a total of 12 sessions.

Self-Care Planning Activity

Participant's materials,
page VII-10

Module 7

Questions or comments?
