

## Module 10: Compassion Fatigue and Self-Care

### Time Required

1 hour

### Purpose

This module is intended to help participants understand the impact of compassion fatigue on advocates and the importance of self-care.

### Lessons

1. What is Compassion Fatigue? (10 minutes)
2. Effects of Compassion Fatigue and Related Phenomena (10 minutes)
3. Maintaining Healthy Boundaries (15 minutes)
4. Strategies for Self-Care (25 minutes)

### Learning Objectives

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

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

### Participant Worksheets

- Worksheet 10.1, Maintaining Healthy Boundaries
- Worksheet 10.2, Personal Self-Care Plan

## **Equipment and Materials**

No special equipment or materials are required.

## **Preparation**

No special preparation required for this module.

 **Show Visual 10-1.**

**Introduce** the module.

 **Show Visual 10-2.**

**Review** the purpose and learning objectives for this module.

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

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

## **1. What is Compassion Fatigue? (10 minutes)**

**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.

 **Show Visual 10-3.**

### **Paraphrase:**

Like these volunteers, you 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 resolve the aftermath of violence and trauma, you open yourself to the 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.

 **Show Visual 10-4.**

### **Paraphrase:**

Some people have a tremendous capacity for empathy because of their own past victimization. Survivors often become particularly sensitive to the fears and concerns of victims, the

inadequacies of victim services, or the magnitude of victim needs, all of which may contribute to a desire to become involved in victim services.

Survivors of sexual assault may have had a positive experience with the system and now want to offer other victims the same compassionate care.

Alternatively, they may have had a very disappointing experience and want to prevent others from having the same experience.

Every victimization and recovery is different. Experience may or may not give a survivor greater empathy for other victims. Each survivor reacts differently; you cannot expect someone else to react as they did or to have the same needs and concerns.

Survivors may have continuing unresolved issues such as anger, depression, fear, and difficulty trusting others. It will be very hard to help others deal with issues that they have not resolved in themselves.



**Show Visual 10-5.**

**Paraphrase:**

Compassion fatigue is a syndrome that includes changes similar to those experienced by survivors. The American Bar Association (n.d.) defines compassion fatigue as the “cumulative physical, emotional, and psychological effect of exposure to traumatic stories or events when working in a helping capacity, combined with the strain and stress of everyday life.”

Symptoms of compassion fatigue can be similar to vicarious trauma, secondary traumatic stress, and burnout.



**Show Visual 10-6.**

**Paraphrase:**

Vicarious trauma describes a cognitive shift in beliefs about one’s self or one’s worldview about issues such as safety, trust, or control. For instance, hearing about a particularly horrendous event might compromise one’s trust or shatter one’s faith in humanity (Newell and MacNeil 2010). Vicarious trauma is sometimes described as the “cost of caring.”



**Show Visual 10-7.**

**Paraphrase:**

Secondary traumatic stress (STS) describes symptoms of traumatic stress that result from bearing witness to another person’s trauma via the empathetic relationship with that individual.

Thus, the focus here is not on the effects on cognitions, but rather on symptomologies such as anxiety and intrusive thoughts (Newell and MacNeil 2010). Just as PTSD is a normal reaction to an abnormal event, STS is a normal reaction to the stressful and sometimes traumatizing work with survivors (Rosenbloom, Pratt, and Pearlman 1995).

Like compassion fatigue, vicarious trauma and secondary traumatic stress are specifically related to working with trauma survivors. Vicarious trauma and secondary traumatic stress can occur after a single instance of exposure (Newell and MacNeil 2010).



**Show Visual 10-8.**

**Paraphrase:**

Burnout relates more to the service setting and working conditions, while compassion fatigue includes traumatic stress symptoms. Burnout can occur in any stressful work environment and develops over time.

Burnout is physical, emotional, psychological, or spiritual exhaustion resulting from chronic exposure to vulnerable or suffering populations in any social service setting; burnout has dimensions of emotional exhaustion, depersonalization or cynicism and detachment toward victims and situations, and a reduced sense of personal accomplishment (Newell and MacNeil 2010).

For instance, a mental health worker might experience burnout in relation to unmanageably large caseloads and mentally exhausting work.

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.



**Show Visual 10-9.**

**Paraphrase:**

Mary Jo Barrett, director of training and consultation at the Center for Contextual Change, lectures widely on compassion fatigue. She differentiates between compassion fatigue, vicarious trauma, secondary traumatic stress, and burnout. Understanding each of these conditions better prepares advocates to identify and cope with the issues.

**While the nuances of these various phenomena may be difficult to remember, the important thing to keep in mind is that in this field of work, you are especially at risk for changes in your world view, emotional and physical exhaustion, feelings of detachment or cynicism, and symptoms of traumatic stress. These can occur from as little as a single exposure or can build up after cumulative exposure.**

If you begin to experience these symptoms but do not understand why, the symptoms can begin to consume all of your energy. You may see fear where there is no fear, or feel unbalanced or unlike yourself. Therefore, self-care is important to prevent from impairing your work and life.

**Ask** participants to visualize themselves as a goblet of energy that gets depleted drop by drop.

**Explain** that victims 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 to victims or to themselves, and they begin to suffer from compassion fatigue.

## 2. Effects of Compassion Fatigue and Related Phenomena (10 minutes)

Compassion fatigue and other similar phenomena can disrupt 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) (McCann and Pearlman 1990).

### Disruptions in Frame of Reference



**Show Visual 10-10.**

#### Paraphrase:

Compassion fatigue and related phenomena can shake the foundation of your basic identity. As a result of working with trauma survivors, you may 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 (Rosenbloom, Pratt, and 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 of your other needs.

These phenomena can disrupt your worldview, including your moral principles and life philosophy (Rosenbloom, Pratt, and 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 (Rosenbloom, Pratt, and 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 (Maltz 1992). 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 (Rosenbloom, Pratt, and Pearlman 1995).

## **Disruptions in Self-Capacities**



**Show Visual 10-11.**

### **Paraphrase:**

Engaging empathically with victim after victim can be draining, and one response is to shut down emotionally (Rosenbloom, Pratt, and 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 victims 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, drugs (prescription or illegal), or nicotine increase.

Sleep disturbances are common, as are changes in sexual appetite. Compassion fatigue and related phenomena 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 10-12.**

### **Paraphrase:**

Ego resources refer to being able 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 assault (Rosenbloom, Pratt, and 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 Working With Survivors**



**Show Visual 10-13.**

### **Paraphrase:**

The consequences of working with survivors are pervasive and real. Those who suffer from compassion fatigue and other such phenomena may find it increasingly difficult to attend to victims and survivors with an empathetic, hopeful, and compassionate response.

Once affected, advocates may dread going to work and taking calls, become irritable, and appear to shut down or distance themselves when interacting with survivors.

Both caregivers and supervisors must be aware of this possibility and recognize early symptoms, such as feeling used or unappreciated by the system or the survivors they serve.

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 sexual assault 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 that they found rewarding, including being able to help people in crisis move toward recovery.

In a more recent study (Baird and Jenkins 2003) of 101 trauma counselors, researchers found that while younger workers experienced slightly more burnout, more experienced trauma workers reported both more emotional exhaustion and more sense of personal accomplishment.

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 survivors are telling their accounts of sexual assault, keep remembering that

they have survived, are now connected to caring people and helpful resources, and that healing can and does happen.



**Show Visual 10-14.**

**Paraphrase:**

Compassion fatigue and its variations, the terms of which are often used interchangeably in the literature, pose a problem to caregivers, yet our profession has only recently 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 victims. If you are good at advocacy and victim services work, however, it is very difficult not to get compassion fatigue or these related occupational hazards.

The only way to avoid these consequences of working with survivors is to not 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, prioritize your own self-care, and do whatever you need to do to keep refilling your goblet again and again.

### **3. Maintaining Healthy Boundaries (15 minutes)**

It is essential that you maintain healthy boundaries with the survivors with whom you work. This means being willing and able to set limits on what you will do for victims and when you will be available.

Being a good advocate or victim service provider does not mean doing anything that is asked of you at any time; rather, it requires being able to distinguish between appropriate and inappropriate requests. There are times when it is perfectly legitimate not to meet the requests of the victim and to put our own needs ahead of those of the victim.



**Show Visual 10-15.**

**Introduce** the activity.



**Activity: Boundaries Checklist (10 minutes)**

- 1. Ask participants to turn to Worksheet 10.1, Maintaining Healthy Boundaries, in the Participant Manual, and to complete the checklist related to boundaries.**
- 2. Briefly review which of these actions are inappropriate, and why.**

## 4. Strategies for Self-Care (25 minutes)



**Show Visual 10-16.**

### **Paraphrase:**

Caregivers generally know what to do to help themselves feel healthy, but they are often too tired or busy to do it. Once you understand compassion fatigue and related phenomena, you must recognize that taking care of yourself is both your right and your responsibility, and you must commit to replenishing yourself.

Part of self-care is self-compassion; that is, being caring and compassionate toward yourself in the face of hardship or perceived inadequacy. Self-compassion is taking a balanced approach to your negative experiences so that painful feelings are neither suppressed nor exaggerated (Neff, Kirkpatrick, and Rude 2006).

Advocate supervisors also must support their staff in doing the things that staff need to do to keep themselves healthy. Supervisors need to set a good example by making self-care a priority in their own lives as well.

The alternative is to continue doing victim services work at an impaired level or leaving the field entirely, neither of which serves survivors or advocates.

You should figure out what depletes you, then automatically do something to replenish that energy. Effective self-care means raising your awareness of how well you are/are not eating, sleeping, exercising, socializing, enjoying life, spending time with family, and participating in the hobbies and activities you love, then taking measures to make your own needs a priority.

As much as it is normal for a sexual assault survivor to experience symptoms of distress because of the assault, so it is for those who work with them.

It does not mean you are doing anything wrong or that you are unfit for this work. It means you need to recognize the impact and take measures to take care of yourself, reducing your distress by whatever means you can reasonably achieve.

It is crucial that you have a supervisor with whom you meet regularly to discuss cases. The frequency of these meetings will depend upon the amount of time you work, the number of cases you see, and your level of experience. Supervision once a month is probably the minimum for maintaining consistency. Less experienced advocates and victim service providers should schedule more frequent meetings.



**Show Visual 10-17.**

**Discuss** what might happen when an advocate meets with a supervisor.

When meeting with a supervisor, you will want to discuss:

- Difficult, new, or unusual cases.
- Cases involving compassion fatigue, vicarious trauma, and secondary traumatic stress.
- Cases with boundary issues.
- Cases in which you meet with the victim more than once a week or 12 total sessions.
- Cases similar to your own victimization (if the advocate wants to disclose that to their supervisor).



**Show Visual 10-18.**

**Introduce** the activity.



*Activity: Self-Care Planning (10 minutes)*

*Self-care plans are unique to each individual, so it is important that participants create their own.*

- 1. Instruct participants to turn to Worksheet 10.2, Personal Self-Care Plan, in the Participant Manual to create a personalized plan to help prevent compassion fatigue. Allow 10 minutes for this activity.*
- 2. Ask if anyone would like to share one item from their plan.*
- 3. Summarize the importance of not only developing a self-care plan, but of implementing it.*



**Show Visual 10-19.**

**Review** the learning objectives and **ensure** that these were met.

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

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



**Show Visual 10-20.**

Remember: Every time we interact from a position of compassion, controlling our empathic response with clients, patients, friends, congregants, strangers or neighbors, we are putting ourselves at risk. You need to understand your risk and be open to assistance.

**Ask** if there are any final questions or comments before moving to the next module.

Module 10  
Compassion Fatigue  
and Self-Care



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Learning Objectives

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

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Compassion Fatigue

- Advocates get doses of the trauma while helping survivors to heal.
- Work also provides meaning and reward.



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## Survivors as Advocates

- Often become particularly sensitive to fears and concerns of victims, and the magnitude of their needs.
- May have had a positive or disappointing experience with the system.
- May seek to continue healing.
- May or may not have greater empathy.
- Wounds may reopen.

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## Compassion Fatigue

“...the cumulative physical, emotional, and psychological effect of exposure to traumatic stories or events when working in a helping capacity, combined with the strain and stress of everyday life.”

(American Bar Association n.d.)



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## Vicarious Trauma

Vicarious trauma is a cognitive shift in beliefs about one's self or one's world view about issues such as safety, trust, or control.

For example, hearing about a particularly horrible event might compromise one's trust or faith in humanity.



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(Newell and MacNeil 2010)

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## Secondary Traumatic Stress

Secondary traumatic stress (STS) results from bearing witness to another person's trauma via an empathetic relationship, often resulting in anxiety and intrusive thoughts—however, STS is a normal reaction to the stressful and sometimes traumatizing work with survivors. STS may occur independently or co-occur with vicarious trauma.

(Newell and MacNeil 2010; Rosenbloom, Pratt, and Pearlman 1995)

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## Burnout

Burnout is a physical, emotional, psychological, or spiritual exhaustion resulting from chronic exposure to vulnerable or suffering populations. Burnout can include emotional exhaustion, depersonalization or cynicism and detachment, as well as a reduced sense of personal accomplishment.

(Newell and MacNeil 2010)

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## Conditions Affecting Advocates

Condition	Who is Affected	Exposure
Compassion Fatigue	Those who work with trauma survivors.	Develops over multiple exposures to traumatic stories.
Vicarious Trauma	Those who work with trauma survivors.	May develop from exposure to one or more instances.
Secondary Traumatic Stress	Those who work with trauma survivors.	May develop from exposure to one or more instances.
Burnout	Anyone in a stressful work environment.	Develops over time.

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### 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.



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### Disruptions in Self-Capacities

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



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### Disruptions in Ego Resources

Disruption of your abilities to effectively meet your psychological needs and manage interpersonal relationships.



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## Costs of Working With Survivors

- Increasingly difficult to attend to survivors with empathy, hope, and compassion.
- Caregivers and supervisors must be aware of this possibility and recognize early symptoms.
- Remain connected to survivors and protect yourself emotionally by remaining conscious of the broader context.

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## Costs of Compassion Fatigue

Caregivers often work in a culture where it is largely unacceptable to talk about feeling exhausted, overwhelmed, or not connecting with victims.

Pay attention to how you are affected by your work, and prioritize your own self-care.



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## Activity



*Boundaries Checklist*  
*Worksheet 10.1*

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## Strategies for Self-Care

- Commit to replenishing yourself.
- Practice self-compassion.
- The alternative is to continue doing advocacy at an impaired level or leave the field.
- Be aware of how well you are functioning.
- Meet with your supervisor.



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## 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 frequently.
- Cases similar to your own victimization.



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## Activity

**Self-Care Planning**  
Worksheet 10.2



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## Review of Learning Objectives

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

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## End of Module 10

Questions? Comments?



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