UNDERSTANDING COMPASSION FATIGUE IN THE WORKPLACE

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COMPASSION FATIGUE IS A TYPE OF SECONDARY TRAUMA WHICH OCCURS TYPICALLY AMONG HELPING PROFESSIONALS,

- PROFESSIONAL CAREGIVERS AND NONPROFESSIONAL CAREGIVERS.

- IT OCCURS AS A RESULT OF PROLONGED EXPOSURE TO OTHERS WHO HAVE EXPERIENCED TRAUMA, WHO ARE IN NEED OF SERVICE AND/OR REQUIRE THE RESOURCES OF OTHERS TO SURVIVE EMOTIONALLY, PHYSICALLY, OCCUPATIONALLY AND/OR FINANCIALLY.
DEFINING COMPASSION FATIGUE

- COMPASSION FATIGUE HAPPENS MOST OFTEN WHEN THERE IS A COMBINATION OF:
  - HIGH DEMAND FOR PROFESSIONAL AND PERSONAL RESOURCES IN ORDER TO PROVIDE SERVICES (CATALYST FOR CHANGE)
  - LITTLE RETURN IN TERMS OF SALARY, BENEFITS, SUPPORT AND/OR DIRECTION (SUPERVISION)
  - SELF MEDICATION IN ORDER TO RESOLVE THE DISCREPANCY BETWEEN ENERGY DEMAND AND COMPENSATION
REASONS FOR COMPASSION FATIGUE

- LOW SALARY/FINANCIAL STRESS
- LACK OF BENEFITS
- LACK OF ADEQUATE SUPERVISION
- LACK OF SUPPORT
- CRITICAL JUDGMENT OF SERVICE
- LACK OF RESPECT FOR WORK BY OTHERS
- UNDERAPPRECIATION OF SERVICE BY CLIENTELE
- UNRESOLVED TRAUMA IN PERSONAL LIFE
- STRESS RELATED TO MULTI-TASKING
- GOSSIP IN THE WORKPLACE
TOP MEANS OF SELF MEDICATING

- High carbohydrate, high fat “comfort” food
- Caffeine
- Nicotine
- Over-the-Counter medications

- There is a dramatic rise in sexual addiction, gambling and spending compulsion as in the rest of society. Although present, alcohol and/or drugs are not readily used recreationally or in excess by helping professionals.
RAMIFICATIONS OF SECONDARY TRAUMA

- PHYSIOLOGICAL/BIOCHEMICAL

- IMMUNE SYSTEM DISTURBANCE(S)
- AROUSAL SYSTEM DISTURBANCE(S) RESULTING IN POSSIBLE SLEEP DISORDERS, SEXUAL DISORDERS, EATING DISORDERS, DISORDERS OF DIGESTION AND ELIMINATION, HYPERAROUSAL, ANXIETY AND DEPRESSION

- SOMATIC DISORDERS

- HYPERSENSITIVITY TO ENVIRONMENTAL STIMULI PARTICULARLY WITH REGARDS TO RAPID CHANGES AND TRANSITIONS

- PROPENSITY TO SELF MEDICATION AND ADDICTION
EMOTIONAL

RAPID MOOD SHIFTS COINCIDING WITH CHANGES IN INTERNAL AND/OR EXTERNAL ENVIRONMENTS
UNRESOLVED GRIEF RESPONSE
FEELINGS OF POWERLESSNESS AND HOPELESSNESS
EMOTIONAL BLUNTING AND FEELINGS OF DETACHMENT
EMOTION DYSREGULATION
RAMIFICATIONS OF SECONDARY TRAUMA

- EMOTIONAL CONT’D
- ANXIETY/PANIC DISORDERS
- DEPRESSION (MOST OFTEN DYSTHYMIC DISORDER)
- LACK OF EMOTIONAL–COGNITIVE–BEHAVIORAL CONGRUENCE
- LONGER THAN NORMAL RECOVERY PERIOD AFTER EMOTIONAL DISTURBANCE OCCURS
RAMIFICATIONS (CONT’D)

- COGNITIVE
  - DISTURBANCE IN PERCEPTION (RE: SELF, BODY IMAGE, INTENTIONS OF OTHERS, INCREASED PARANOIA, ETC.)
  - DISTURBED PHYSICAL, EMOTIONAL AND SOCIAL BOUNDARIES
  - LACK OF TRUST IN THE SOCIAL ENVIRONMENT
  - PHOBIAS
  - MEMORY DISTURBANCE (SHORT TERM IN PARTICULAR)
  - LEARNING DISORDERS
  - RUMINATIVE THOUGHT PATTERNS
RAMIFICATIONS OF SECONDARY TRAUMA

- COGNITIVE

- DISTURBED PERSONALITY DEVELOPMENT (PROTECTION VS. ADEQUACY)

- DEPERSONALIZATION OF SELF AND OTHERS

- SELF HARM IDEATION
RAMIFICATIONS (CONT’D)

- BEHAVIORAL

- POOR IMPULSE CONTROL
- INEFFECTIVE COPING (REGRESSION, DENIAL AND PROJECTION)
- INEFFECTIVE JUDGMENT AND DECISION MAKING
- INEFFECTIVE SELECTION PROCESS
- ADHD LIKE SYMPTOMS
- SEXUALIZED BEHAVIOR
- DEPENDENCY/CODEPENDENCY
- ADRENALINE DEPENDENCY
RAMIFICATIONS OF SECONDARY TRAUMA

- BEHAVIORAL (CONT’D.)
- CONTROLLING BEHAVIORS
- OBSESSIVE–COMPULSIVE PATTERNS OF BEHAVIOR
- REPETITION COMPULSION
- ANTISOCIAL BEHAVIORS
- SELF DEFEATING BEHAVIORS
- SELF HARMING BEHAVIORS (E.G. SELF MEDICATION)
RAMIFICATIONS (CONT’D)

- SPIRITUAL
- LACK OF BLUEPRINT OR LIFE PLAN LEADING TO CHRONIC DEPRESSION AND ANXIETY
- AMORALITY
- EXISTENTIAL LONELINESS
- ETHICAL DIFFICULTIES IN PRACTICE
SYMPTOMS OF COMPASSION FATIGUE

JOB TASKS

Decrease in quality of work
Decrease in quantity of work
Low Motivation
Avoidance of job tasks
Procrastination
Perfectionism (obsessive thoughts/behavior)
SYMPTOMS OF COMPASSION FATIGUE

- **MORALE**
  - Decrease in confidence
  - Loss of interest in work/profession
  - Negativity
  - Apathy
  - Demoralization
  - Lack of appreciation
  - Detachment
  - Feelings of inadequacy
SYMPTOMS OF COMPASSION FATIGUE

**INTERPERSONAL**

- Withdrawal from colleagues
- Impatience/increased irritability
- Decrease of communication
- Increase in codependency
- Staff conflicts
- Shift in ability to maintain professional boundaries
SYMPTOMS OF COMPASSION FATIGUE

- BEHAVIORAL
  - Increase in absenteeism
  - Exhaustion
  - Physical illness (arousal system, immune system)
  - Impaired judgment
  - Increase in tardiness
  - Overwork
  - Frequent job changes (especially in the same agency)
INTERVENTIONS TO MANAGE COMPASSION FATIGUE

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ENHANCE RESILIENCY

- THROUGH EMOTION REGULATION
- BEHAVIORAL MODIFICATION
TWELVE INTERVENTIONS

1. EATING

*Nutritionists have known lowered carbohydrate and fat intake will promote health & help us become resilient both physically and emotionally.*

- 6 smaller meals containing combination of carbohydrate and protein to enhance energy and brain power for longer periods of time
TWELVE INTERVENTIONS

2. EXERCISE

- For healthy metabolism -- Trainers suggest 30 minutes of low impact exercise three times a week
- For stress and/or compassion fatigue management -- 45 minutes four times a week
3. ELIMINATION

- 6–8 cups of water per day
- 4–6 cups of water per day if in combination with a high fruit and/or vegetable diet
- Other beverages may be consumed but should not take the place of water intake
- At least 2 meals/day containing high fiber
4. SLEEP

- 7–9 hours / per night
- Power naps although suggested should not take the place of nightly sleep
5. EMOTIONAL REGULATION

- Know your emotional triggers
- Find healthier coping strategies (problem solving)
- Don’t sweat the small stuff – remain “Mindful”
- “Balance the Brain” by grounding
TWELVE INTERVENTIONS

6. SELF SOOTHING

7. RELAXATION
   ◦ 25 minutes 3/per week

8. RECREATION

9. SET HEALTHY BOUNDARIES
TWELVE INTERVENTIONS

10. SUPPORT
   ◦ Support of “like people”
   ◦ Support of “unlike people”

11. PSYCHOPHARMOCOLOGY & PSYCHOTHERAPY
TWELVE INTERVENTIONS

12. ADMINISTRATIVE SUPPORT

SUPERVISORS AND ADMINISTRATORS SHOULD:

- Promote a healthy work environment
- Promote a safe work environment
- Support a work environment that supports healthy living
- Provide adequate supervision and direction
- Promote educational advancement
- Support increased benefits/salary packages (when able)
HELPFUL REMINDERS

- Remain mindful
- Reduce intake of carbohydrates and fats in your diet
- Reduce intake of nicotine, caffeine and alcohol
- Reduce intake of carbonated beverages especially the high caloric, caffeinated types
- Form a social network of supportive people
- Set healthy limits around giving
- “Don’t sweat the small stuff”
- Self soothe whenever possible