

UNDERSTANDING COMPASSION FATIGUE IN THE WORKPLACE

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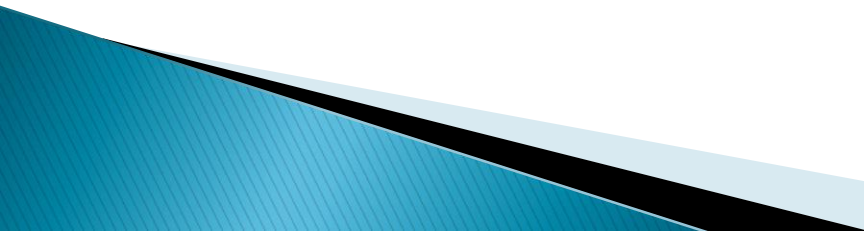


DEFINING COMPASSION FATIGUE

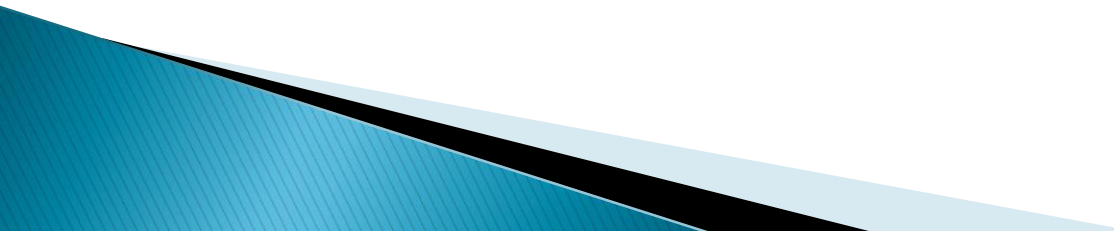
COMPASSION FATIGUE IS A TYPE OF SECONDARY TRAUMA WHICH OCCURS TYPICALLY AMONG HELPING PROFESSIONALS,

- ▶ 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

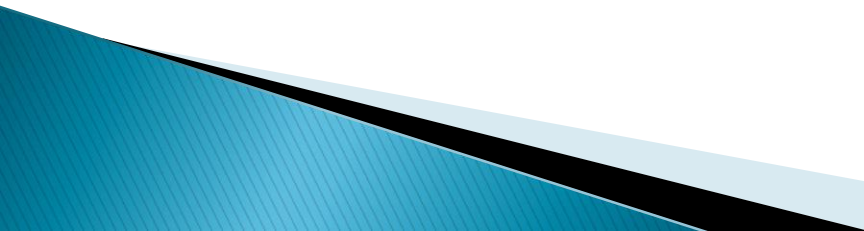
- ▶ COMPASSION FATIGUE HAPPENS MOST OFTEN WHEN THERE IS A COMBINATION OF:
 - ▶ HIGH DEMAND FOR PROFESSIONAL AND PERSONAL RESOURCES IN ORDER TO PROVIDE SERVICES (CATALYST FOR CHANGE)
 - ▶ LITTLE RETURN IN TERMS OF SALARY, BENEFITS, SUPPORT AND/OR DIRECTION (SUPERVISION)
 - ▶ SELF MEDICATION IN ORDER TO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

▶ EMOTIONAL

RAPID MOOD SHIFTS COINCIDING WITH
CHANGES IN INTERNAL AND/OR EXTERNAL
ENVIRONMENTS

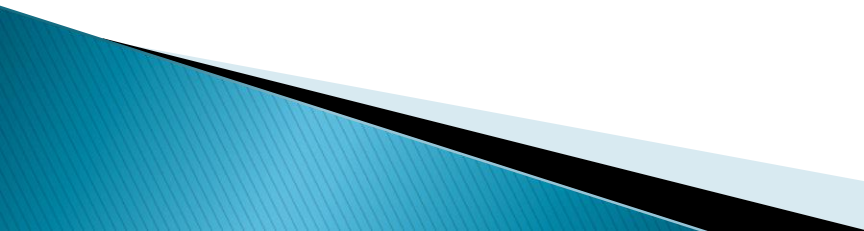
UNRESOLVED GRIEF RESPONSE

FEELINGS OF POWERLESSNESS AND
HOPELESSNESS

EMOTIONAL BLUNTING AND FEELINGS OF
DETACHMENT

EMOTION DYSREGULATION

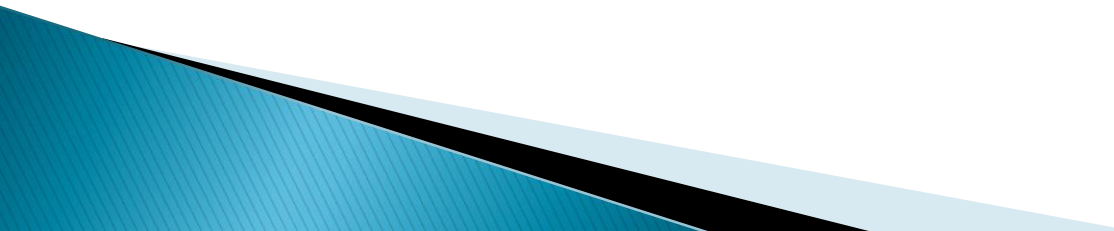
RAMIFICATIONS OF SECONDARY TRAUMA

- ▶ 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
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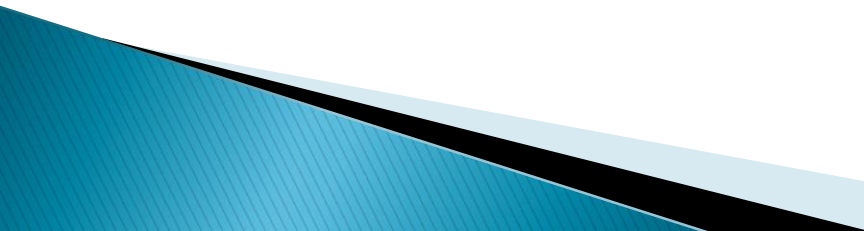
RAMIFICATIONS (CONT'D)

- ▶ 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

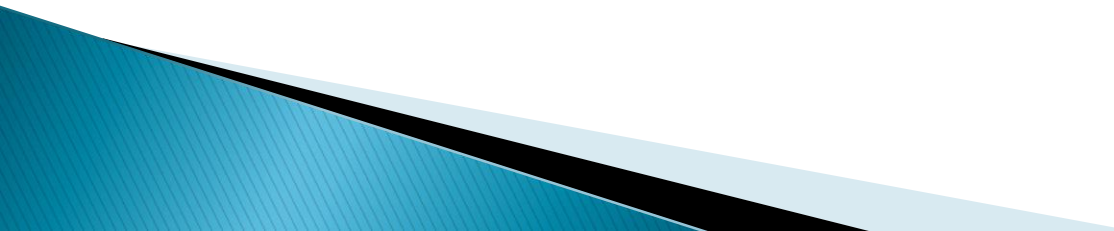
RAMIFICATIONS OF SECONDARY TRAUMA

- ▶ COGNITIVE
 - ▶ DISTURBED PERSONALITY DEVELOPMENT
(PROTECTION VS. ADEQUACY)
 - ▶ DEPERSONALIZATION OF SELF AND OTHERS
 - ▶ SELF HARM IDEATION
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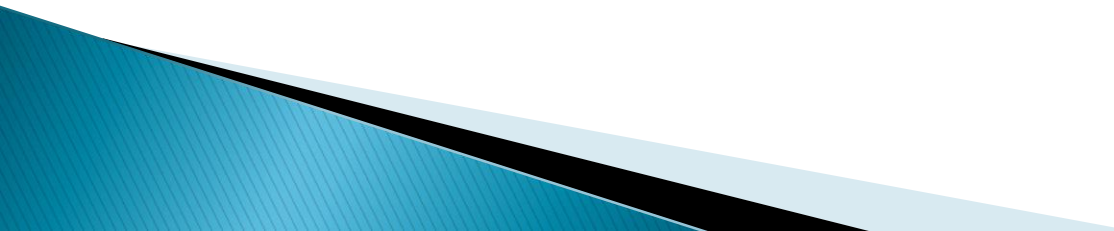
RAMIFICATIONS (CONT'D)

- ▶ **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
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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)
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RAMIFICATIONS (CONT'D)

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

JOB TASKS

Decrease in quality of work

Decrease in quantity of work

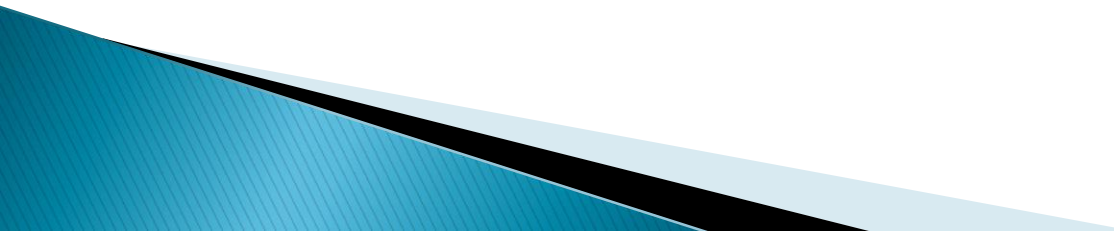
Low Motivation

Avoidance of job tasks

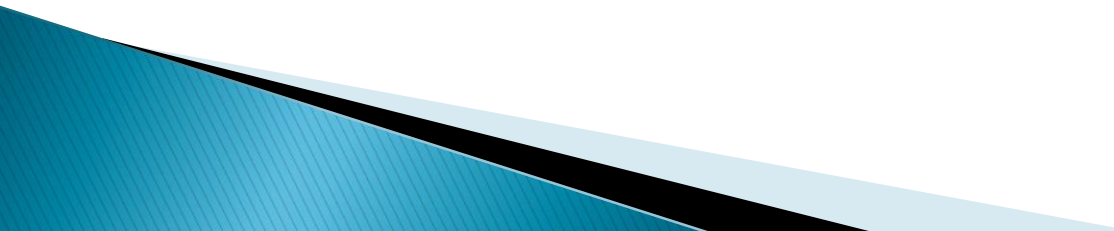
Procrastination

Perfectionism (obsessive thoughts/behavior)

SYMPTOMS OF COMPASSION FATIGUE

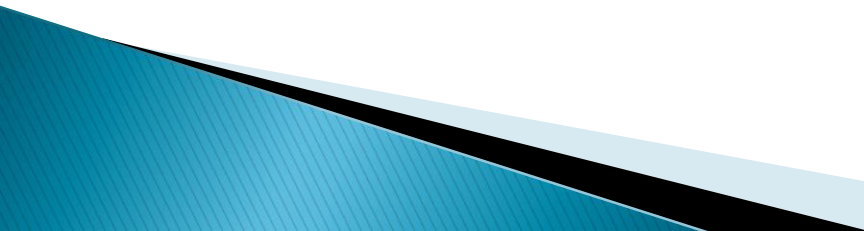
- ▶ MORALE
 - ▶ Decrease in confidence
 - ▶ Loss of interest in work/profession
 - ▶ Negativity
 - ▶ Apathy
 - ▶ Demoralization
 - ▶ Lack of appreciation
 - ▶ Detachment
 - ▶ Feelings of inadequacy
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SYMPTOMS OF COMPASSION FATIGUE

- ▶ INTERPERSONAL
 - ▶ Withdrawal from colleagues
 - ▶ Impatience/increased irritability
 - ▶ Decrease of communication
 - ▶ Increase in codependency
 - ▶ Staff conflicts
 - ▶ Shift in ability to maintain professional boundaries
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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)
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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

TWELVE INTERVENTIONS

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

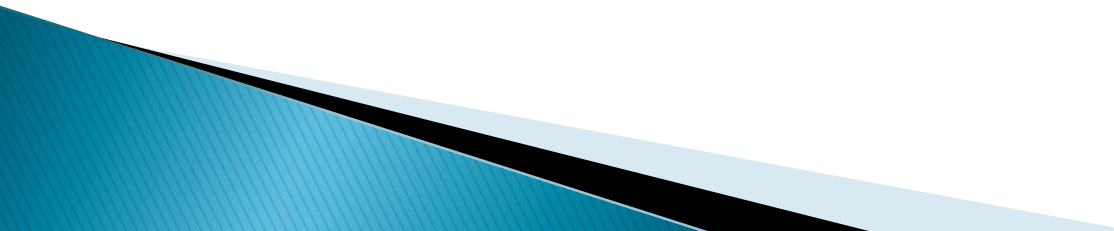
TWELVE INTERVENTIONS

4. SLEEP

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

TWELVE INTERVENTIONS

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
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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. PSYCHOPHARMACOLOGY & 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
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