Compassion Fatigue (CF) Secondary Traumatic Stress (STS) Concerning High Risk/High Need Participants

UNDERSTANDING, ASSESSING, AND LIFESTYLE CHANGES TO ADDRESS COMPASSION FATIGUE

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WORKSHOP GOALS & OBJECTIVES

- What is Compassion Fatigue/Secondary Traumatic Stress
- Identify target population’s “condition(s)” that could possibly contribute to the CF/STS
- Identify symptoms of CF/STS in shifts of cognition, workplace, and interpersonal areas
- Implement lifestyle changes for CF/STS management

Traumatologist Eric Gentry:

Individuals who are attracted to care giving often enter the field already experiencing C/F. A strong identification with helpless, suffering or traumatized people could possibly the motive to enter the medical field

2017 Compassion Fatigue Awareness Project Patricia Smith is the founder and CEO of the Compassion Fatigue Awareness Project© www.compassionfatigue.org
WHAT IS COMPASSION FATIGUE

- A state of exhaustion and dysfunction (biologically, psychologically, and socially) as a result of prolonged exposure to secondary trauma or a single intensive event.

CS-CF Model

Professional Quality of Life

- Compassion Satisfaction
- Compassion Fatigue
  - Burnout
  - Secondary Trauma

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Compassion Satisfaction

- The positive aspects of helping
  - Pleasure and satisfaction derived from working in helping, care giving systems

- Maybe related to
  - Providing care
  - To the system
  - Work with colleagues
  - Beliefs about self
  - Altruism
Compassion Fatigue

- The negative aspects of helping
- The negative aspects of working in helping systems may be related to
  - Providing care
  - To the system
  - Work with colleagues
  - Beliefs about self
- Burnout
- Work-related trauma
Burnout and STS: Co Travelers

- Burnout
  - Work-related hopelessness and feelings of inefficacy
- STS
  - Work-related secondary exposure to extremely or traumatically stressful events
- Both share negative affect
  - Burnout is about being worn out
  - STS is about being afraid
Burnout

Perceived Demands
out weigh
Perceived Resources

Secondary Traumatic Stress

Stressors
- Reoffending
- Responsivity needs
- Criminogenic Needs
- Disease

Perceived Resources
- Budget and Staffing
- Scientific Knowledge

#1 stressor is the events in the CLIENT’S LIFE out weigh Perceive Resources
PERSONAL RELATED RISK FACTORS

- Elevated Conscientious:
  - very careful or vigilant, extreme care/great efforts

- Perfectionists:
  - striving for flawlessness, setting high performance standards

- Having small support system:
  - isolates from others outside of immediate family;

- Limited feedback loop about thoughts and perceptions

PERSONAL RELATED RISK FACTORS

- High level of personal stress:
  - Parents, spouse, children, close friends, finances, health issue
- Previous histories of personal trauma:
  - Verbal, physical, sexual
- Women
- Lack of self-awareness (reference)

WORK RELATED RISK FACTORS

- Caregiving professions
- Limited supportive work environment
- High level of work environment stress: hours, caseloads and responsibilities
- Standards of Care
- Productivity Standards
- Business Models vs Mission
- Supervision
- Co-worker issues
SYMPTOMS OF CF/STS

Cognitive Shifts:

Feelings of hopelessness & helplessness
Decrease in experiences of pleasure
Constant Stress
Anxiety; feeling overwhelmed
Sleep issues: insomnia or awakenings during the night
See the “cup as half-empty”
See deficits, not assets within others

“Compassion Fatigue –Because You Care” St. Petersburg Bar Association Magazine. 2008
SYMPTOMS OF CF/STS

Relational Shifts:

- Pervasive-negative attitude
- Countertransference
- Impatience
- Limited input
- Disengaged
- Drifting

SYMPTOMS OF CF/STS

**Workplace shifts:**

- Absenteeism
- Decreased productivity
- Inability to focus
- Feelings of incompetency and self-doubt
- Isolation from other co-workers
- Struggle to meet deadlines
- Feel disconnected from team members
- Possibly look for other employment or change in career

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HIGH RISK/HIGH NEEDS
CRIMINAL JUSTICE POPULATION

High Risk
- likelihood that the individual will reoffend without appropriate intervention

High Needs
- barriers that inhibit full treatment engagement

Responsivity
- housing, transportation, unemployment, finances, family issues, mental/physical

Criminogenic
- criminal history, neighborhood problems, education/employment/financial, substance use, peer association

10 Key Components of Drug Courts NADCP, 1997
Alcohol/drug addiction is a chronic disease characterized by drug seeking, use is compulsive/difficult to control, despite harmful consequences.

The pathology (course) of the disease may be known or unknown with specific signs (physical findings) and symptoms (visual findings) that are consistent with addicted persons.

All diseases have 2 features within the pathology:

- Remission: disappearance of signs & symptoms
- Reoccurrence: return of signs and/or symptoms
* These symptoms are only for a person who is in late abuse or dependency status where cognition & emotional functioning have been damaged; leading to verbal & physical behaviors that challenge us professionally

Could responsivity & criminogenic needs be symptoms of a disease?
WHAT’S HAPPENING???
Converging Risks

The Perfect Storm

Personal Risk Factors

Work Risk Factors

High Risk High Needs Population

The Perfect Storm
Pathology of The Perfect Storm

Professional QOL Model

CS-CF Model

Professional Quality of Life

- Compassion Satisfaction
- Compassion Fatigue
  - Burnout
  - Secondary Trauma

Professional Quality of Life

- Compassion Satisfaction
- Compassion Fatigue
  - Burnout
  - Secondary Trauma

Participant Failure to Thrive
PROPOSAL TO REDUCE POPULATION RISK FACTOR CONTRIBUTING TO CF

The Perfect Storm

- Work Risk Factors
- Personal Risk Factors
- High Risk High Needs Population

Responsivity Criminogenic Needs Symptoms of Disease

Risk Reduction
STRATEGIES OF PERSONAL RISK REDUCTION

Internal Coping Resources

- Educations on the concepts of CF/STS
- Knowledge of symptoms (cluster and duration)
- Spiritual dynamics of self-maintenance
- Half-full concept
- Gratitude list (on purpose)
- Focus on strengths not deficiencies
External Coping Resources

- Diet/Exercise
- Hobbies/Leisure activities
- Accountability partner
- Become an accountability partner
STRATEGIES OF WORK RISK REDUCTION

Coping Resources

- Understand Reoccurrence
- Utilize TAP
- Recognize Early Signs and Symptoms
- Team Discussions
- Identify one Success Story everyday
- Realistic Treatment Goal Setting
STRATEGIES FOR PARTICIPANTS

- Strength Based Model
  - Identifying Individual strengths
  - Past accomplishments
- Motivational Interviewing
- Incentives vs Sanction
- Living the Dream
- Gratitude
- What Went Well
- Growth Mind Set
- Compassion Satisfaction
Reflecting: a Case Study

Personal Risk Factors

- Always Smiling/Jokes /Magician
- Performance Anxiety
- 1st Professional Employment
- Single Male 35 y.o. living alone

Work Risk Factors

- Limited Resources
- Physical Therapist Assistant

Oncology Rehab

- Limited Science and Professional Guidance
- Away from Family: Destination Health Care
- Treatment Induced Physical Decline
- Disease Progression Contrary to Traditional Rehab
- Seeks a PTA position in an out patient orthopedic facility
“The more often he feels without acting, 
the less he will be able ever to act, 
and, in the long run, 
the less he will be able to feel.”

C.S. Lewis, The Screwtape Letters
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ABSTRACT FOR COMPASSION FATIGUE

Compassion Fatigue (CF), also known as Secondary Traumatic Stress (STS) is a progressive condition characterized by a gradual lessoning of compassion over time. This can put a Health Care Professional (HCP) at risk of experiencing a state of emotional, mental, and physical exhaustion. Not functioning at an optimum level due to professional disappointment linked to self-worth, decreased productivity, and possible “burn out” may be results of CF. Acknowledging CF and taking steps to decrease and manage the symptoms is crucial in order for the HCP to continue to have an empathetic-therapeutic relationship with participants.
OBJECTIVES OF TRAINING

1. What is CF/STS and possible risk factors

2. Identify Target Population and their “condition(s)” that could possibly contribute to the HCP’s CF/STS

3. Identify symptoms of CF/STS in shifts of cognition, workplace, and interpersonal

4. Implement lifestyle changes for CF/STS management

Traumatologist Eric Gentry:

Individuals who are attracted to care giving often enter the field already compassion fatigued. A strong identification with helpless, suffering, or traumatized people or animals is possibly the motive.
TARGET POPULATION

High Risk/High Needs Adults in the Criminal Justice System

High Risk: likelihood that an individual will reoffend without appropriate intervention

High Needs: barriers that inhibit full engagement in treatment program

NEEDS:

Responsivity: housing, transportation, finances, unemployment, family issues, mental/physical/dental

Criminogenic: criminal history, education/employment/and financial situation, neighborhood problems, substance use, peer associations, criminal attitudes/behavioral patterns
DISEASE/ALLERGY/MEDICAL MODEL OF ADDICTION

DEFINITION

Drug Addiction is a chronic disease characterized by drug seeking and use is compulsive, or difficult to control, despite harmful consequences.

The pathology (course) of the disease may be known or unknown. With most diseases, 2 features are common and predictable:

REMISSION: Disappearance of the signs and symptoms

RE-OCCURANCE: Return of a signs or symptoms

Signs: physical findings (blood work, tissue sample)

Symptoms: visual findings
POSSIBLE CONSIDERATION:

Responsivity and Criminogenic Needs are symptoms?

RISK FACTORS FOR CF/STS

(inward reflection)

Conscientious:

careful or vigilant, extreme care and great effort, strives to do what is right

Perfectionists:

Striving for flawlessness & setting high performance standards

Having small support systems:

isolates from others outside of immediate family; limited feedback loop about thoughts and perceptions

High level of work environment stress:

work demands, case loads, lack of supervision, co-worker conflicts

High level of personal stress:

Parents, siblings, spouse, children, close friends

Previous histories of personal trauma:
# SYMPTOMS OF CF/STS

**Workplace Shifts:**
- decrease in productivity
- Inability to focus
- Feelings of incompetency and self-doubt
- Isolation from other co-workers
- Absenteeism
- Burnout

**Cognitive Shifts:**
- feelings of hopelessness
- Decreased in experiences of pleasure
- Constant Stress
- Anxiety, feeling overwhelmed
- Sleep issues: insomnia or awakenings at night

**Relational Shifts:**
- Pervasive – negative attitude
- Countertransference

- These symptoms could impair our ability to focus on participant’s strength-based attributes and to engage Motivational Interviewing techniques
PREVENTIVE – INTERVENTIVE MEASURES

INTERNAL COPING RESOURCES:

Education on the concept of CF/STS
Knowledge of symptoms (cluster & duration)
Spiritual dynamics of self-maintenance
Gratitude list (on purpose)
Half-full concept

EXTERNAL COPING RESOURCES:

Diet
Exercise
Hobbies/Leisure activities
Social support (individuals/group)
1 accountability partner
I become an accountability partner
PROFESSIONAL QUALITY OF LIFE SCALE (ProQOL)
Compassion Satisfaction and Fatigue
(ProQOL) Version 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never  2=Rarely  3=Sometimes  4=Often  5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I [help].
3. I get satisfaction from being able to [help] people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I [help].
7. I find it difficult to separate my personal life from my life as a [helper].
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
9. I think that I might have been affected by the traumatic stress of those I [help].
10. I feel trapped by my job as a [helper].
11. Because of my [helping], I have felt "on edge" about various things.
12. I like my work as a [helper].
13. I feel depressed because of the traumatic experiences of the people I [help].
14. I feel as though I am experiencing the trauma of someone I have [helped].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a [helper].
20. I have happy thoughts and feelings about those I [help] and how I could help them.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
24. I am proud of what I can do to [help].
25. As a result of my [helping], I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a [helper].
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

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YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, your personal scores are below. If you have any concerns, you should discuss them with a physical or mental health care professional.

**Compassion Satisfaction**

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

**Burnout**

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of compassion fatigue. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

**Secondary Traumatic Stress**

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. You may see or provide treatment to people who have experienced horrific events. If your work puts you directly in the path of danger, due to your work as a soldier or civilian working in military medicine personnel, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, such as providing care to casualties or for those in a military medical rehabilitation facility, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

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What is my score and what does it mean?

In this section, you will score your test and then you can compare your score to the interpretation below.

Scoring

1. Be certain you respond to all items.
2. Go to items 1, 4, 15, 17 and 29 and reverse your score. For example, if you scored the item 1, write a 5 beside it. We ask you to reverse these scores because we have learned that the test works better if you reverse these scores.

<table>
<thead>
<tr>
<th>You Wrote</th>
<th>Change to</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>4</td>
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<tr>
<td>3</td>
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<tr>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

To find your score on **Compassion Satisfaction**, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.

<table>
<thead>
<tr>
<th>The sum of my Compassion Satisfaction questions was</th>
<th>So My Score Equals</th>
<th>My Level of Compassion Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
</tr>
<tr>
<td>Between 23 and 41</td>
<td>Around 50</td>
<td>Average</td>
</tr>
<tr>
<td>42 or more</td>
<td>57 or more</td>
<td>High</td>
</tr>
</tbody>
</table>

To find your score on **Burnout**, add your scores questions 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29. Find your score on the table below.

<table>
<thead>
<tr>
<th>The sum of my Burnout questions</th>
<th>So My Score Equals</th>
<th>My Level of Burnout</th>
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<tbody>
<tr>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
</tr>
<tr>
<td>Between 23 and 41</td>
<td>Around 50</td>
<td>Average</td>
</tr>
<tr>
<td>42 or more</td>
<td>57 or more</td>
<td>High</td>
</tr>
</tbody>
</table>

To find your score on **Secondary Traumatic Stress**, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Find your score on the table below.

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<th>The sum of my Secondary Traumatic Stress questions</th>
<th>So My Score Equals</th>
<th>My Level of Secondary Traumatic Stress</th>
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</thead>
<tbody>
<tr>
<td>22 or less</td>
<td>43 or less</td>
<td>Low</td>
</tr>
<tr>
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