Walking the Walk: Creative Tools for Transforming Compassion Fatigue and Vicarious Trauma

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Are You Ready?

- Lets make sure our cell phones are off or on silent so we can enjoy the time allotted to embrace what we are about to learn.
- Take three deep breathes ......
- Lets close our eyes and clear our minds, we are going to think about absolutely nothing so we are ready to go.

- First Strategies.......great things I have learnt that work!!!!!
  - Power Stanch - Robin Cameron – Life Coach/Therapist
  - Record/Eject – Andre Jette
  - Self Compassion – Dr. Kristin Neff – Educational Psychologist
    University of Texas

Mathieu, Françoise (2012) www.compassionfatigue.ca
Workshop Outline

• What are Compassion Fatigue/Vicarious Trauma/Burnout?
• Why do they occur?
• What can be done about it?
  Early identification of warning signs/Prevention tools
• Taking stock regularly (& ways to do this)
• Self care strategies:
  Strategies at home/at work
  Enhancing your Self care repertoire
  Work/Life balance

Mathieu, Françoise (2012) www.compassionfatigue.ca
The Compassion Fatigue Workbook

Available through Amazon and Caversham books
Training on CF/VT
“The Cost of Caring Too Much!”
“Normal Reactions to Abnormal Situations!”
“This is Education, Not Therapy!”

Mathieu, Françoise (2012) www.compassionfatigue.ca
Prior Training on CF/VT?
What we learn in school....

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• The Onion and the Birch Wood
Definitions

• Compassion
• Fatigue
• Vicarious Trauma
• Burnout

“I’m right there in the room, and no one even acknowledges me.”
Compassion Fatigue

To Weep For A Stranger

• A deep erosion of our compassion, of our ability to tolerate strong emotions/difficult stories in others
• Evident in helpers’ professional and personal life
• Can also happen to caregivers (“caregiver fatigue”)

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Vicarious Trauma

• Repeated exposure to difficult stories changes our view of the world (Saakvitne & Pearlman)
• Can cause nightmares, difficulty getting rid of certain images, an intense preoccupation with a particular story or event we’ve been exposed to.

“On the Cliff of Awakening” by Dr. Linda Lipsky

Mathieu, Françoise (2012) www.compassionfatigue.ca
Laura Van Dernoot Lipsky

Trauma Stewardship
An Everyday Guide to Caring for Self While Caring for Others

Laura van Dernoot Lipsky with Connie Burk
Foreword by Jon R. Conte, PhD

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Primary vs Secondary Trauma

- Primary – Trauma we have encountered ourselves
- Secondary – Trauma we have been exposed to

- As a consequence of our work
- From our personal lives, our own past experiences

Primary or Secondary Trauma could cause - Post Traumatic Stress Disorder (PTSD)

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Burnout

• “Physical & emotional exhaustion as a result of prolonged stress and frustration” (Stamm)
• Depleted ability to cope with work/life demands
• Feel powerlessness to achieve goals
• No control over workload or scheduling
• Can happen in any occupation

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One of the big differences is that Burnout does not change your view on the world……

“On the Cliff of Awakening”
By Laura Lipsky
• **Background** (My Story-without sliming)

  Finished school – pumped and ready to go.
  RCMP – transferring files from hard copy to data files.
  College – financial counseling for students, not so happy ending.
  MFRC – supporting families of deployed CAF members and that of the fallen.
  Personal – family members with PTSD (helplessness), symptoms acknowledged (R2R training), primary trauma, diagnosis and road to recovery.
The reality...

• Deeply compromised system
• Ongoing challenges & cutbacks
• Difficult stories
• Losses

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“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Rachel Naomi Remen,
Kitchen Table Wisdom 1996
The work I currently do

• Transition Assistance
• Personal/Life Skills Coaching (Boundary Setting, Stress Management, Organizational Management)
• Parenting Programs
• Road 2 Mental Health Training
• Inter Communications – Making Conflict Work
• I-Step Facilitation – Individual Success Through Empowering Peers (Teaching Children ages 8-12 how to live and cope with a parent diagnosed with an OSI.)
• YPET Facilitation – Youth of Parents Who Have Experienced Trauma (ages 13-18)
• Anti-bullying programs/ Coping with Cliques
• Lead, Have Fun and Succeed facilitation
• Workshops/training on CF/VT
• Chronic Illness Self Management
• 98% strategies we will discuss are free
• **increasing** your self awareness about what is going on in your life
• **identifying** what you can change and
• **deciding** where to begin

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Activity # 1

- Self Assessment – Where do all the stories go?

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Activity # 2
What’s on your plate?

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Strategies……..

Set Strong Personal/Professional Boundaries!

1% Change

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“Video”

“Behind the Mask”

A Paramedics Story of Occupational Traumatic Stress.

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“An Occupational Hazard”

• What I wasn’t told during my training…
• How it manifests itself: A loss of innocence

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Why I started offering these workshops

After 7 years as a Deployment Support Coordinator:

- During the last two years of providing support to families of Fallen Soldiers and with loved ones deployed in Afghanistan - started noticing the following:
- Very Irritable & Frustrated with colleagues
- Avoiding/skipping staff meetings
- Predictability of clients issues
- Dreaming of Traumatic Stories
- Increased Anxiety
- Frustration with continually dwindling resources (nowhere to send them)
- These were some of my symptoms
• **Background** (My Story-what I know now…)

  RCMP – lack of training in how to handle the difficult files I was reading. Where did all this store?

  College – lack of resources, peer support, professional support and debriefing of a horrible event.

  MFRC – lack of education at the beginning of how the work could affect me, lack of resources, peer support, professional support and debriefing of horrible stories, personal attachment. Also the association of a previous horrible event.

  Personal – Too close for comfort (Family members with PTSD), not being able to escape from work (worklife balance), extreme compassion stress, anxiety, panic, primary trauma (Accident) and “CRASH”.
Getting the wake up call

• Health scare?
• Death or illness of a close family member?
• Watching people enjoying life and wondering where mine disappeared?
First Step:

• Understanding what is happening to you: is it CF/VT/Burnout?
• Understanding the warning signs
• Developing an early intervention plan

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ProQoI Inventory

• Testing for CF, burnout and Compassion Satisfaction

“The Thingy”

Email for excel version: thingy@aweber.com

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Text Book Symptoms

• Signs and symptoms checklist

• Your S&S will be your WARNING SIGNS
Physical Signs of Compassion Fatigue

- Exhaustion
- Insomnia
- Headaches
- Increased susceptibility to illness
- Hypochondria

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### Behavioural Signs and Symptoms

<table>
<thead>
<tr>
<th>Increased use of alcohol and drugs</th>
<th>Anger and Irritability</th>
<th>Avoidance of patients/clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absenteeism</td>
<td>Impaired ability to make decisions</td>
<td>Problems in personal relationships</td>
</tr>
<tr>
<td>Attrition</td>
<td>Compromised care for clients</td>
<td>Forgetfulness</td>
</tr>
</tbody>
</table>

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Psychological signs and symptoms

- Distancing
- Negative self image
- Depression
- Reduced ability to feel sympathy and empathy
- Cynicism
- Resentment
- Dread of working with certain patients
- Feeling professional helplessness
- Depersonalization
- Disruption of world view

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Psychological signs and symptoms Con’t

- Problems with Intimacy
- Intrusive imagery
- Heightened anxiety or irrational fears

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Psychological signs and symptoms Con’t

- Hypersensitivity to emotionally charged stimuli
- Insensitivity to emotional material
- Increased sense of personal vulnerability
- Loss of hope
- Difficulty separating personal and professional lives


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Quick Review of the key elements of CF/VT

• CF and VT are normal, occupational hazards of the work: we get CF/VT because we care.

• CF can contaminate a workplace as a whole as well as individual staff.

• Your signs and symptoms are your warning signs

• The solutions lie in reducing your isolation, taking a long hard look at your workload, managing stressful experiences with relaxation and breathing techniques and finally making self-care your number one priority.

• Not all workplaces were created equal. You could be experiencing job burnout due to an unsupportive workplace in addition to the challenging work that you do with clients/patients.

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Your warning signs

Name Your Dragon
What does your dragon look like when he or she is not well???
The Warning Signs Continuum

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Activity
Real Symptoms

What does your Mental Health Continuum look like? How do you know when you are entering the danger zone? Getting in tune with you!

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Let’s stop blaming the helpers

- Killian: by only focusing on individual self care, we risk falling into the pitfall of blaming the helper for developing CF and VT
- "this focus implies that helping professionals who are hurting are somehow at fault - they are not balancing work and life […]"
- Far more effective were organizational changes which offered helpers better working conditions, more control over their schedule, good quality supervision and a reduced exposure to trauma.

How many helpers get CF/VT?

All studies come to the same conclusions:

- Affects the most caring
- % of traumatic cases on caseload: the more traumatic the work = higher incidence of VT
- Full time vs part time
- Availability of social support is protective
- Helper’s own trauma history
- Adequate training is protective

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Some recent data

- Depending on the studies, 40-85% of health care professionals were found to have CF and/or high rates of STS.
- 57% of SW have been threatened, 16% physically assaulted.
- 40% of nurses physically assaulted.
- Surgeons suicide rate.

Stats…. Seeking Help for Mental Health

- 59% of MH professionals vs 15% of LE professionals will seek help!
- “Why do you think that is?”
Consequences of overworking

• Depleted parenting ("Can we read & color, Mommy"?)
• Depleted friendships & family relationships
• No time for partner

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The toxic workplace/home: The BMWs

The “Must Be Nice Syndrome”
“What we Permit, We Promote”

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Managing workplace/home toxicity

- Feeling wronged & bitter: A sense of helplessness, of persecution
- “We become convinced that others are responsible for our well-being and that we lack the personal agency to transform our circumstances” Lipsky P93

Laura van Dernoot Lipsky (2009) Trauma Stewardship

Mathieu, Françoise (2012) www.compassionfatigue.ca
Strategy

• Low Impact Debriefing
  (anti-sliming strategy)

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Low Impact Debriefing

1) Increased Self Awareness
2) Fair Warning
3) Consent
4) Low Impact Disclosure

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Questions to ask yourself before you share graphic details:

Is the listener:

• Aware that you are about to share graphic details?
• Able to control the flow of what you are about to share with them?
• Read article on LID: www.compassionfatigue.ca and clicking on “Resources”

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Addressing CF: Strategies

You

- Professional
  - Debriefing Training

- Organizational
  - Peer Supervision Acknowledging CF

- Personal
  - Transition time
  - Hobbies

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The Four Steps of CF Strategies

Step one
Take Stock of stressors at home and at work

Step two
Enhance self care at home and at work & Improve Work/Life balance

Step three
Develop CF resiliency

Step four
Make a commitment to implement changes

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Enhancing Self Care and Improving work/life balance

Mathieu, Françoise (2012) www.compassionfatigue.ca
Take Time for Your Life
Cheryl Richardson

• The Ideal Schedule
• If you only had to work 10 hours a week?

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MAKING A COMMITMENT TO SELF-CARE

Could you protect one hour/one night or one half day per week to self-care?

Is there anything you could:

• Delegate?

• Trade your time for? (e.g. a babysitting trade, lunch making co-op? What else?)

• For 2 weeks, take note of tasks that could be delegated to someone else.

(This idea comes from Cheryl Richardson, *Take time for your life*, 1999)

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Self Care - What has been shown to work?

- Simple strategies
- Abc’s of basic self care: Sleep, rest, proper diet, exercise, vacations
- Renewal
- Activities that replenish you
- Working part time/life work balance
- Nourishing activities every day
- Debriefing process

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Developing CF resiliency through relaxation training and stress reduction techniques

Relaxation and Stress Reduction is a personal preference, find something that works for you, something that you thoroughly enjoy doing to take you back to your childhood where you can remember having so much fun or you are so relaxed that you don’t remember where the time went because you got lost in it.

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Making a Commitment to Change
One step at a time in bite size pieces!

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• Rewards of the work and help we provide
• Commitment after today’s workshop
“First, do no harm to yourself in the line of duty when helping/treating others. Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services for those who look to you for support as a human being.”

Charles Figley, Green Cross Ethical Guidelines for standards of helper self care

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Someone said to me a couple years ago and I would like to pass it along……..

“You are such a wonderful person, don’t give so much away that you have nothing left for you!”

This is a quote that I repeat and remember often when I start to notice myself slipping from the left side to the right side of the continuum! Find something to help you stay on track mentally!

Ted Talk Brene Brown – “Listening to Shame”

Thank – You!
Resources: