

COMPASSION FATIGUE 101

VIDEO COURSE WORKBOOK

Presented by:
Françoise Mathieu



REFLECTION EXERCISE

**HAS YOUR VIEW
OF THE WORLD CHANGED
BECAUSE OF EXPOSURE
TO DIFFICULT STORIES?**

REFLECTION ON THE WORK THAT YOU DO

1. In your work and life are you caring for and helping others?
2. Do you often hear stories about traumatic stories that have happened to your patients or clients?
3. When you are done your work, do you have a transition ritual?
4. Where do the stories go, the ones that you hear from your clients and patients at the end of your day?
5. What are your personal vulnerabilities?
6. What are the unique elements in your life that may make you more vulnerable to compassion fatigue and secondary trauma?
7. How do you protect yourself?
8. Is your volume of work appropriate?

TAKE A LOOK AT THE CIRCLES BELOW

Which ones are currently a factor for you?

MULTIPLE EXPOSURE: INCREASED RISK

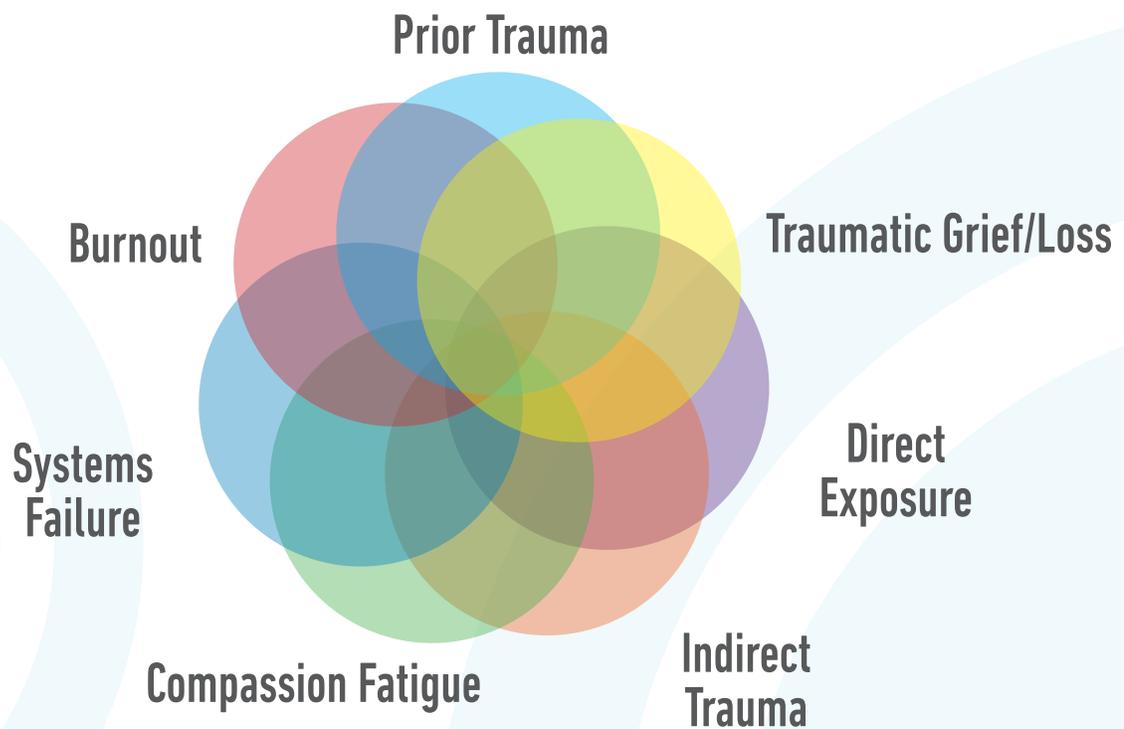
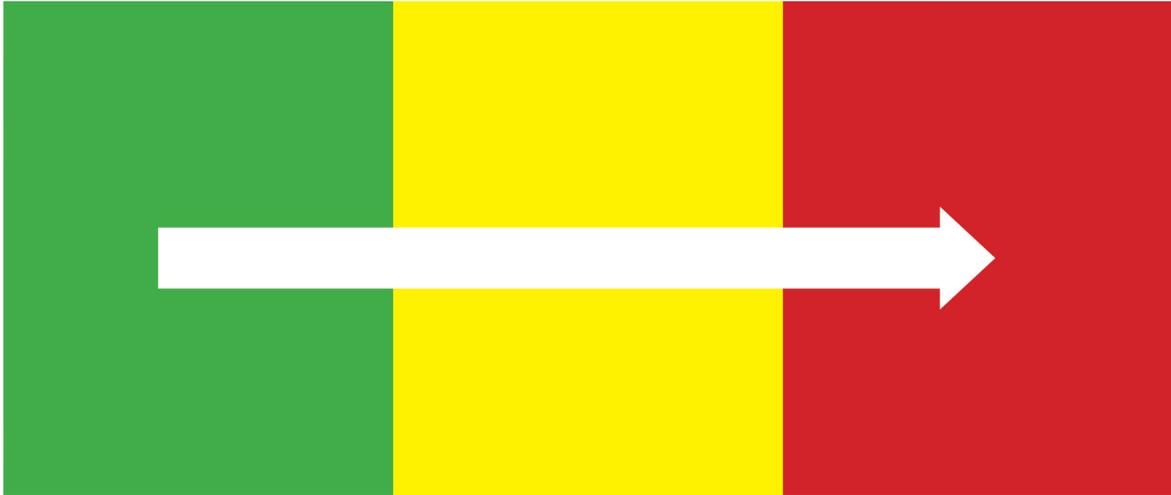


Image courtesy of Dr Leslie Anne Ross, Children's Institute Inc. Los Angeles

IDENTIFYING YOUR BIG THREE WARNING SIGNS



Write down 3 warning signs that you are getting overloaded with stress (could be physical, emotional or behavioural):

1.

2.

3.

SELF-CARE INVENTORY

from *Transforming the Pain: A Workbook on Vicarious Traumatization*
by Karen W. Saakvitne and Laurie Anne Pearlman.

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Instructions:

- X Check what you already do
 - O Circle what you wish you did more often
-

Physical Self Care

- Eat regularly (e.g. breakfast, lunch, and dinner)
- Eat healthily
- Exercise
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when sick
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual - with yourself, or with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones
- Other:

Psychological Self Care

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Notice your inner experience - listen to your thoughts, judgments, beliefs, attitudes, and feelings
- Let others know different aspects of you
- Engage your intelligence in a new area e.g. go to an art museum, history exhibit, sports event, auction, theatre performance
- Practice receiving from others
- Be curious
- Say no to extra responsibilities sometimes
- Other:

Emotional Self Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmations, praise yourself
- Love yourself
- Reread favourite books, re-view favourite movies
- Identify comforting activities, objects, people, relationships, places and seek them out
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in social action, letters, donations, marches, protests
- Play with children
- Other:

Spiritual Self Care

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to you and notice its place in your life
- Meditate
- Pray
- Sing
- Spend time with children
- Have experiences of awe
- Contribute to causes in which you believe
- Read inspirational literature (talks, music, etc.)
- Other:

Workplace or Professional Self Care

- Take a break during the workday (eg. lunch)
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with clients and colleagues
- Balance your caseload so no one day or part of a day is "too much"
- Arrange your work space so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs (benefits, pay raise)
- Have a peer support group
- Develop a non-trauma area of professional interest
- Other:

Balance

- Strive for balance *within* your work-life and workday
- Strive for balance *among* work, family, relationships, play, and rest

MAKING A COMMITMENT

Commitment to changes I could make in the next...

Immediate plan: Can you think of one small step you could take in the very near future to move you closer to this goal? *(you could consult a friend/coach/counsellor for additional ideas if you feel stuck here)*

Change I could make in the next Week:

What do you need to get in place to make this happen?

Change I could make in the next Month:

What do you need to get in place to make this happen?

Change I could make in the next Year:

What do you need to get in place to make this happen?

REFLECTION: MY SUPPORT SYSTEM

Take a few minutes to reflect on and answer the following questions about your social support system.

How do I know when I need to access my support system?

When I am having a bad day, who do I connect with?

Who are my social supports in my work/volunteer life?

Who are my social supports in my home/personal life?

What areas of my support system do I need to enhance?

ARTICLES FOR FURTHER READING

Low Impact Debriefing: Preventing Retraumatization

Helpers who bear witness to many stories of abuse and violence notice that their own beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.

Karen Saakvitne and Laurie Ann Pearlman,
Trauma and the Therapist (1995).

After a hard day...

How do you debrief when you have heard or seen hard things? Do you grab your closest colleague and tell them all the gory details? Do your workmates share graphic details of their days with you over lunch or during meetings?

When helping professionals hear and see difficult things in the course of their work, the most normal reaction in the world is to want to debrief with someone, to alleviate a little bit of the burden that they are carrying - it is a natural and important process in dealing with disturbing material. The problem is that we are often not doing it properly - we are debriefing ourselves all over each other, with little or no awareness of the negative impact this can have on our well-being.

Contagion

Helpers often admit that they don't always think of the secondary trauma they may be unwittingly causing the recipient of their stories. Some helpers (particularly trauma workers, police, fire and ambulance workers) tell me that sharing gory details is a "normal" part of their work and that they are desensitized to it, but the data on vicarious trauma show otherwise - we are being negatively impacted by the cumulative exposure to trauma, whether we are aware of it or not.

Two kinds of debriefing

There are two kinds of debriefing: (1) the informal debrief, which often takes place in a rather ad hoc manner, whether it be in a colleague's office at the end of a long day, in the staff lunchroom, the police cruiser or during the drive home; and (2) the formal debrief which is a more structured process, and is normally scheduled ahead of time and often referred to as peer consultation, supervision or critical incident stress debriefing.

Are you being slimed during informal debriefs?

The main problem with informal debriefs is that the listener, the recipient of the traumatic details, rarely has a choice in receiving this information. Therefore, they are being slimed rather than taking part in a debriefing process.

On the other hand, part of the challenge of formal debriefing or pre-booked peer supervision is the lack of immediacy. When a helper has heard something disturbing during a clinical day, they usually need to talk about it to someone there and then or at least during the same day. I used to work at an agency where peer supervision took place once a month. Given that I was working as a crisis counsellor, I almost never made use of this time for debriefing as my work was very live and immediate. A month was a lifetime for the crises I witnessed. This is one of the main reasons why helpers take part in informal debriefing instead. They grab the closest trusted colleague and unload on them.

A second problem for some of us is the lack of satisfactory supervision. Sadly, many helpers have access to little or poor quality supervision so we have nowhere to go with our stories.

Low Impact Debriefing

Almost all helpers acknowledge that they have, in the past, knowingly and unknowingly traumatized their colleagues, friends and families with stories that were probably unnecessarily graphic. Using Low Impact Debriefing can help with this: it involves four key steps: self-awareness, fair warning, consent and the debrief, also called limited disclosure.

1) Increased Self Awareness

Have you ever shocked or horrified friends or family with a work story that you thought was fairly benign or even funny? Working in this field, we rapidly become desensitized to the trauma and loss we are exposed to daily. Try and become more aware of the stories you tell and the level of detail you provide when telling a story. Ask yourself: Were all those details really necessary to the storytelling? Could you have given a "Coles notes" version and still passed on the necessary information?

2) Fair Warning

We use fair warning in everyday life: If you had to call your sister and tell her that your grandfather has passed away, you would likely start the phone call with "I have some bad news" or "You better sit down". This allows the listener to brace themselves to hear the story. Why not do the same when debriefing? If I know that you are coming to tell me a traumatic story, I will be prepared to hear this information and it will be less traumatic for me to hear.

3) Consent

Once you have warned the listener, you need to ask for consent. This can be as simple as saying: "I need to debrief something with you, is this a good time?" or "I heard something really hard today, and I could really use a debrief, could I talk to you about it?" The listener then has a chance to decline, or to qualify what they are able/ready to hear.

4) Limited Disclosure

Now that you have received consent from your colleague, you can decide how much to share. I suggest imagining that you are telling the story starting on the outer circle of the story (i.e. the least traumatic information) and slowly move in towards the core (the very traumatic information) at a gradual pace. You may, in the end, need to tell the graphic details, or you may not, depending on how disturbing the story has been for you.

How much detail is enough? How much is too much?

Don't assume you need to disclose all the details right away. Is sharing the graphic details necessary to the discussion? For example, when discussing a child being removed from the home, you may need to say "the child suffered severe neglect and some physical abuse at the hands of his mother" and that may be enough, or you may in certain instances need to give more detail for the purpose of the clinical discussion.

I would recommend applying this approach to all conversations you have. Ask yourself: Is this too much trauma information to share? Low Impact Debriefing is a simple and easy strategy to protect ourselves, our loved ones and co-workers from unnecessary traumatic details.

Mindfulness-Based Stress Reduction: An Important Tool in Mitigating Compassion Fatigue in Helpers

By Françoise Mathieu, M.Ed., CCC. RP.

September 2009

Mindfulness-Based Stress Reduction (MBSR) is a holistic mind/body approach developed by Jon Kabat-Zinn at the University of Massachusetts Medical Center in 1979. MBSR is “[...] based on the central concept of mindfulness, defined as being fully present to one’s experience without judgment or resistance”. (Cohen-Katz et al, 2005) The MBSR program recommends using meditation, yoga, relaxation training as well as strategies to incorporate these practices into every day life.

Research on the effectiveness of MBSR is highly conclusive: over 25 year of studies clearly demonstrate that MBSR is helpful in reducing emotional distress and managing severe physical pain. In fact, MBSR has been used successfully with patients suffering from chronic pain, depression, sleep disorders, cancer-related pain and high blood pressure. (Cohen-Katz et al, 2005) Based at Toronto’s CAMH, Zindel Segal has developed a mindfulness-based cognitive therapy program for treating depression that has shown to be highly effective.

MBSR and Compassion Fatigue

Researchers recently turned their attention to the interaction between MBSR and compassion fatigue (CF), to see whether MBSR would help reduce CF symptoms among helpers. One study of clinical nurses found that MBSR helped significantly reduce symptoms of CF, as well as helping the subjects be calmer and more grounded during their rounds and interactions with patients and colleagues. (Cohen-Katz et al, 2005) Another study investigated the effects of teaching mindfulness-based stress reduction to graduate students in counseling psychology. The study found that participants in the MBSR program “reported significant declines in stress, negative affect, rumination, state and trait anxiety, and significant increases in positive affect and self-compassion.” (Shapiro, 2007)

The Full MBSR Program

“The MBSR is taught as an 8-week program that meets approximately 2.5 hours a week and includes a 6-hour daylong retreat between the 6th and 7th weeks. Participants are asked to practice the mindfulness techniques 6 days a week as “homework” and given audiotapes to facilitate this. Group sessions include a combination of formal didactic instruction on topics such as communication skills, stress reactivity, and self-compassion and experiential exercises to help participants integrate these concepts. The program is described in detail in Kabat-Zinn’s textbook “Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face Stress, Pain and Illness.” (Cohen-Katz et al, 2005)

Incorporating MBSR into Your Life

The key strategies of MBSR mirror the best compassion fatigue reduction techniques described in my book *The Compassion Fatigue Workbook: developing self-awareness, self-regulation (how to cope when events are overwhelming and/or stressful) and how to balance the competing demands in our lives.* (Shapiro, 2007)

In the Shapiro study with counseling students, five mindfulness practices were taught, adapted from Kabat-Zinn's program:

1) Sitting meditation: This is the cornerstone of MBSR - To develop, over time, a sitting meditation that is done daily, if possible. It involves the "concentration of attention to the sensations of breathing, while remaining open to other sensory events, and to physical sensations, thoughts and emotions."

2) Body scan: A very effective exercise from the field of relaxation training and stress reduction. The full version of the body scan encourages you to focus on each part of your body one after the other, to identify where you are holding tension. This process is normally done lying down, in a quiet room. If time does not allow you to do the full scan, you can also carry out a modified version of the body scan:

Sitting in a quiet, peaceful room, close your eyes and focus on your breathing. Notice what is happening in your body: Working your way down from the top of your head, notice how your jaw, neck and shoulders are feeling at this moment. Remember to keep breathing and, if your mind wanders, gently bring it back. If that is all the time you have, take three, slow deep breaths through your nose and gently open your eyes. If you have more time, work your way down your body, noticing how your shoulders, arms, stomach, calves and toes feel right now.

Where to find the full body scan exercise:

On the web: Through Google, I was able to find several audio and scripted body scan exercises in a matter of seconds.

Books: *The Anxiety and Phobia Workbook* by Edmund J. Bourne (2000) has a body scan script as well as many other excellent resources on managing stress.

3) Hatha Yoga consists of "stretches and postures designed to enhance mindful awareness of the body and to balance and strengthen the musculoskeletal system." (Shapiro, 2007)

4) Guided loving-kindness meditation: A meditation practice which focuses on developing loving acceptance towards oneself and others. You can find examples of loving-kindness meditation on the web.

5) Informal practices: Exploring ways to bring mindfulness into our everyday life (while waiting in line at the grocery store, stuck in traffic, dealing with a challenging patient, etc.)

Final thoughts

If you are new to meditation practice, the most important thing to remember is that you cannot fail at meditation. There will be times where you can meditate with ease, and other times where your mind will be racing and you will have great difficulty focusing on being mindful. (You may also fall asleep). All of those are part of the process of mindfulness practice. Try not to judge your meditations. Simply try to refocus on your breath and on the meditation itself. It takes time and practice but it could literally save your life.

Sources:

Cohen-Katz, J., Wileys, S.D., Capuano, T., Bakers, D.M., Kimmel, S., & Shapiro, S. (2005). The effects of mindfulness-based stress reduction on nurse stress and burnout, Part II: A quantitative and qualitative study. *Holistic Nursing Practice*, 19, 26-35.

Shapiro, S., Brown, K.W., & Biegel, G.M., (2007) Teaching self-care to caregivers: effects of mindfulness-based stress reduction on the mental health of therapists in training. *Training and Education in Professional Psychology*, Vol. 1, No. 2, 105-115.

RECOMMENDED RESOURCES

Compassion Fatigue/Vicarious Trauma

The Compassion Fatigue Workbook by Françoise Mathieu (available at www.tendacademy.ca)

Trauma Stewardship by Laura Van Dernoot Lipsky

Organizational Health

Building Resilient Teams by Patricia Fisher (available at www.tendacademy.ca)

Is work Killing You? A Doctor's Prescription for Treating Workplace Stress by David Posen

Trauma and the Body

Childhood Disrupted: How your Biography Becomes your Biology. Donna Jackson Nakazawa, (2015).

The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma by Bessel Van Der Kolk, 2014.

The Body Bears the Burden: Trauma, Dissociation and Disease by Robert Scaer, 2014.

Stress/Immune System

Resilience, Balance & Meaning Workbook by Patricia Fisher (available at www.tendacademy.ca)

When the Body Says No by Gabor Maté

Mindfulness & Self-compassion websites

www.franticworld.com/free-meditations-from-mindfulness

www.self-compassion.org

www.mindfulselfcompassion.org

Life/Work Balance

Take Time for Your Life: a 7 Step Program for Creating the Life you Want by Cheryl Richardson (1999)

Self Care/Stress Reduction

Do One Thing Different: 10 simple ways to change your life by Bill O'Hanlon

Little book of stress relief by David Posen

Simplify Your Life: 100 Ways to Slow Down and Enjoy the Things That Really Matter by Elaine St James