

Compassion Fatigue: The Professional Liability for Caring Too Much

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The Importance of Debriefing the Trauma Team: Taking Care of the Care Giver

One group of the most neglected people in the aftermath of a traumatic incident is often the team who went in to work with all the survivors. They often fail to recognize the full impact the event has on their own lives. Caregivers spend the majority of their focus on the people directly involved and impacted by the incident and fail to pay attention to their own needs. There are many people who have technical skills that are helpful in times of need. However, in dealing with individuals who are traumatized, the first critical factor that comes to the forefront is the mental health of the person who would be a helper. A counselor who has difficulty dealing with the rawness of feelings or who is put off with severe emotional pain is unable to function adequately, let alone effectively, in such circumstances. Therefore, it is crucial that in a crisis situation a counselor be ready physically, mentally, and behaviorally. A counselor who tries to do everything ends up not doing anything worthwhile in the short run and becomes a burden to others. Those who choose to work in crises must quickly build a sense of support through interpersonal relationships with other professionals. Caregivers must make sure that they are:

- Are mentally healthy to begin with,
- Interact in positive and professional ways with colleagues,
- Stay flexible and be ready for the unexpected,
- Learn resources and people within the community to whom they can make referrals,
- Be mindful of the influence of nonverbal actions that lend support to those in need, from giving them tissues to offering them symbols of comfort such as stuffed bears, and
- Take care of themselves through physical exercise, keeping a journal, taking in needed nourishment, and debriefing regularly.

Why Debrief Caregivers?

When a trauma response team has finished its work with the people involved in a critical incident, they are normally tired and ready to return to their own lives. However, they still have one piece of work left to be done, namely to take a few minutes to debrief themselves. Because they have spent several hours being exposed to the pain of the people involved in the event, they too have potentially become affected by it. As a result, members of the team may be having some reactions to the debriefing. Through the process of debriefing the response team, three goals should be accomplished:

- (1) To prevent negative reactions such as vicarious traumatization, cumulative stress, and the effects of negative self-judgment.
- (2) Two, to teach and reinforce skills for team members.
- (3) Three, model what is taught to help victims in the debriefings

By assuring that a debriefing of the team is a standard operating procedure the team will increase their effectiveness and longevity on the team. It decreases the chances for any negative personal reactions by members of the team and monitoring the team for any adverse reactions. It also prepares the team for re-entry into the everyday world.

Normally the debriefing should be done shortly after their work is done and before the team disburses. If a team has been involved in a particularly difficult debriefing or a series of defusings/debriefings/demobilizations over a prolonged event response, the debriefing might better be done within a few days. This will allow the team an opportunity to process some of the event on their own and then to finish the work together. While the "debriefing the debriefers" process normally takes 15 to 30 minutes for "regular" debriefings, it can be significantly longer for particularly difficult or long situations.

Who Debriefs the Caregivers?

Usually the team leader can lead the "debriefing debriefers" process. Again, if the debriefing team has been through a particularly difficult or long event, their debriefing is best accomplished by an experienced member who was not a direct part of the debriefing. This allows all team members to participate in the full experience of the debriefing process.

The Debriefing Process

The Debriefing Debriefers process uses a variation of the International Critical Incident Stress Foundation (ICISF) Model. It consists of three phases, **review, response and remind.**

The Review Phase

The REVIEW phase is essentially a combination of the introduction of Fact/Thought phase of the regular debriefing. It utilizes questions designed to have members think about and discuss the debriefing and their participation in it. The following questions are examples of this phase:

- (1) How did it go?
- (2) How do you think you did?
- (3) What inappropriate thing(s) did you do?
- (4) What themes emerged?
- (5) What was the participation level of the group?

During this phase, the leader can guide the discussion into teaching what made the debriefing go well or give examples of other ways to have handled some aspect of the debriefing.

The Response Phase

The RESPONSE phase is a condensation of the Reaction/Symptom phase of the Mitchell Model and works to elicit comments on the self-perception of the team members and any concerns they may have about their performance. The following types of questions seem to work well:

- (1) What did you say that you wish you hadn't?
- (2) What didn't you say that you wish you had?
- (3) How has this debriefing affected you?
- (4) What is the hardest part of this debriefing for you?

During this phase, the leader guides some group discussion of the members' impressions. What usually follows is reassurance by the team members that no major errors occurred. This is also an opportunity for the team leader and team members to reassure each other that each individual contributed to the process and to offer alternative methods for handling problem issues.

The Remind Phase

The REMIND phase correlates to the Teaching/Re-entry phase of the ICISF Model. Questions in this step serve to help the team remember to do the same sort of things that we encourage the debriefees to do.

- (1) Is there any follow up to be done?
- (2) What are you going to do to take care of yourself in the next 24 hours?
- (3) What will it take for you to "let go" of this debriefing?

By using this structured approach to debriefing, debriefers of trauma response teams are maximizing the opportunities for teaching members new skills, minimizing the chances for members returning home distressed or full of self doubt, and assuring its members that they are valuable assets to the team. Being involved in a trauma response team ought to be a rewarding experience for all team members. It is a responsibility to take care of the caregivers as well as caregivers taking care of survivors.

The Cost of Caring for Helping Professionals

With the increased incidence of violence in our society, helping professionals will continue to be called upon to process emotionally stressful events. Holaday and Smith (1995) concluded that to protect their emotional well-being, helping professionals would benefit from five categories of coping strategies: social support, task focused behaviors, emotional distancing, cognitive self-talk, and altruism (p. 360).

Helping professionals who listen to the stories of fear, pain, and suffering of others may feel similar fear, pain, and suffering because they care. Helping professionals in all therapeutic settings are especially vulnerable to "compassion fatigue" and include emergency care workers,

counselors, teachers, school administrators, mental health professionals, medical professionals, clergy, advocate volunteers, and human service workers. The concept of *compassion fatigue* emerged only in the last several years in the professional literature. It represents the cost of caring both about, and for traumatized people.

Compassion fatigue is the emotional residue of exposure to working with the suffering, particularly those suffering from the consequences of traumatic events. Professionals who work with people who are suffering, must contend with not only the normal stress or dissatisfaction of work, but also with the emotional and personal feelings for the suffering. *Compassion fatigue* is a state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways including re-experiencing the traumatic event, avoidance/numbing of reminders of the event, and persistent arousal. Although similar to critical incident stress (being traumatized by something you actually experience or see), with *compassion fatigue* helping professionals absorb the trauma through the eyes and ears of your clients. It can be thought of as secondary post-traumatic stress.

There are human costs associated with *compassion fatigue*. It reflects physical, emotional, and spiritual fatigue or exhaustion that takes over a person and causes a decline in his or her ability to experience joy or to feel and care for others. *Compassion fatigue* is a one-way street, in which individuals are giving out a great deal of energy and compassion to others over a period of time, yet aren't able to get enough back to reassure themselves that the world is a hopeful place. It's this constant outputting of compassion and caring over time that can lead to these feelings.

Compassion fatigue comes from a variety of sources. Although it often affects those working in care-giving professions - nurses, physicians, mental health workers and clergymen - it can affect people in any kind of situation or setting where they're doing a great deal of caregiving and expending emotional and physical energy day in and day out. *Compassion fatigue* develops over time - taking weeks, sometimes years to surface. Basically, it's a low level, chronic clouding of caring and concern for others. Over time, the ability to feel and care for others becomes eroded through the overuse of skills expressing compassion. Caregivers may also experience emotional blunting reacting to situations differently than others would normally expect. *Compassion fatigue* occurs when caregivers become emotionally drained from hearing about and being exposed to the pain and trauma of the people they are helping. Listed below are compilation self-care strategies that helping professionals should become aware of to inhibit the fatigue of caring too much.

School Faculty and Staff Strategies for Taking Care of Each Other

Everyone involved with students and their families at school are often victims of disaster themselves, because they must also deal with children who are experiencing stress in the aftermath of a traumatic event on a daily basis. This can be incredibly taxing to teachers and staff who virtually feel isolated and alone with this burden. Thus, it critical to help counselors, teachers, and staff develop an on-going support system to deal with the issues at large and to discuss their feelings and concerns in a trusting environment. Some of the following strategies may be helpful:

Seek out family who may need assistance; those who have lost their homes, property or even loved ones. Help them rebuild and replace lost items. Seek out charities in the community and coordinate service resources.

Be alert to misplaced anger as the result of having first hand experience with severe trauma. Sometimes events or activities that under “normal” circumstances would seem trivial become huge, and those associated often become the target for anger and frustration. This is inevitable. Administrators, counselors, teachers, and support staff need to expect it and learn to diffuse it.

Routine visits by mental health professionals to caregivers and those in leadership positions can be very helpful. These visits can be very casual, innocuous, and unobtrusive.

Provide teachers, school staff, and counselors systematic recognition for the important support they provided during the traumatic event. Honor their efforts, validate their distress and give them the support they need. It is often hard to talk about the toil and stressors that have emerged. The school and community can initiate and encourage opportunities for recognition and support.

Hold informational meetings and debriefings on a routine basis. Hand out fact sheets on traumatic stress and post traumatic stress disorder to reinforce that they are having “normal reactions to abnormal events.” Many may experience delayed stress and reactive depression as long as six months after the traumatic event occurred.

Reassure all those involved that there is no ideal way to handle a traumatic event. Many may feel that they should have been more in control of all situations, and if they had done certain things people would not have been hurt.

Promote counseling support groups. Provide support groups for children and adolescents, individual counseling in schools, and home visits by mental health professionals. Counseling should be an intricate component of both crisis intervention and critical incident management plans

Specific Coping Skills for School Counselors and Other Helping Professionals During a Crisis or Traumatic Event

Self-Awareness and Self Care

- (1) If you are dealing with a community tragedy, learn as much as possible about the event and deal with and articulate the powerful emotions and reactions related to the event.
- (2) Know your own “triggers” and vulnerable areas and learn to defuse them or avoid them.
- (3) Resolve your own personal issues and continue to monitor your own reactions to others' pain.
- (4) Be human and allow yourself to grieve when bad things happen to others. Remember that “normal responses to abnormal situations” is true for helpers as well as victims.

- (5) Develop realistic expectations about the rewards as well as limitations of being a helper. Set boundaries for yourself.
- (6) Become aware of and alter any irrational beliefs about the helping process. Develop realistic expectations about the rewards as well as the limitations of helping.
- (7) Balance your work with other professional activities that provide opportunities for growth and renewal.

Ask for and Accept Help from Other Professionals

- (1) Find opportunities to acknowledge express and work through your experience in a supportive environment. Debrief yourself regularly and build healthy support groups.
- (2) Seek assistance from other colleagues and caregivers who have had experience with trauma and have remained healthy and hopeful or have learned from their experience. Take their advice.
- (3) Delegate responsibilities and get help from others for routine work when appropriate.
- (4) Develop a healthy support system to protect yourself from further fatigue and emotional exhaustion.
- (5) Remember that most victims of trauma do grow and learn from their experiences and so can their helpers.

Live a Healthy, Balanced Life

- (1) Eat nutritious food, exercise, rest, meditate or pray and take care of yourself as a whole being.
- (2) Set and keep healthy boundaries for work. Ask yourself, “Would the world fall apart if I step away from my work for a day, or a week?”
- (3) Think about the idea that if you never say “no” what is your “yes” worth?
- (4) Find professional activities that provide opportunities for growth and renewal.
- (5) Take an honest look at your life before a crisis strikes. Find help to identify your obvious risks and work to correct or minimize them.
- (6) Find ways to provide yourself with emotional and spiritual strength for the future.
- (7) Develop and reward a sense of humor. Expose yourself to humorous situations. Learn to laugh, enjoy life, have healthy personal relationships and breathe deeply.
- (8) Avoid chaotic situations and learn simplicity.
- (9) Take time to return to normal activities regularly.
- (10) Avoid additional stressful situations

1. Spend plenty of quiet time alone. Learning mindfulness meditation is an excellent way to ground yourself in the moment and keep your thoughts from pulling you in different directions. The ability to reconnect with a spiritual source will also help you achieve inner balance and can produce an almost miraculous turnaround, even when your world seems its blackest.

2. Recharge your batteries daily. Something as simple as committing to eat better and stopping all other activities while eating can have an exponential benefit on both your psyche and your physical body. A regular exercise regimen can reduce stress, help you achieve outer balance and re-energize you for time with family and friends.

3. Hold one focused, connected, and meaningful conversation each day. This will jump start even the most depleted batteries. Time with family and close friends feeds the soul like nothing else and sadly seems to be the first thing to go when time is scarce.

Compassion Fatigue Can Impair Your Functioning in Ways that You Need to Keep in Mind, So It Comes with Its own List of "Don'ts"

4. Don't make big decisions. Compassion-fatigued care givers should not try to make any major life decisions until they've recovered physically, emotionally and spiritually. This is perhaps the most important advice we can give. Don't quit your job, get a divorce, have an affair, or spend money on a lavish trip or a new sports car. It may feel great at the time, but a few days or weeks later, the same set of problems will resurface.

5. Don't blame others. Similarly, blaming administration, staff, colleagues or the "system" will not be productive. Being adversarial will only create further exhaustion and prevent the deeper healing that needs to take place. The same recommendation goes for looking for another job. Wait until self-perceptions are more logical and less emotionally charged and until current stress is under control.

6. Don't spend energy complaining. Also avoid commiserating with discontented colleagues. "Misery loves company." It's easy to fall into the habit of complaining when experiencing compassion fatigue, but it will only make things feel worse. There are other, more constructive environments to share and express feelings in a more therapeutic environment. The universality of knowing that everyone is experiencing the same emotions can be a catharsis in itself.

7. Don't try a quick fix. Compassion fatigue often makes one vulnerable to addictive behaviors and substance abuse. Many helping professional clients try to deal with compassion fatigue by working longer and harder. Others self-medicate with alcohol and prescription drugs. There are a whole host of other addictive behaviors, including sex, that is used to relieve personal pain. Don't abuse work, alcohol, or drugs and don't fall prey to a quick fix. Just as drugs can be addictive and eventually cause a whole different set of problems, the quick fix almost always ends up complicating an already overburdened life, escalating the downward spiral to burnout and depression.

Counteracting Negative Feelings

- **If experiencing self-blame and guilt:** Distinguish between events that can be controlled and which ones are uncontrollable. Be positive and focus on the positive things that are happening one day at a time
- **If feeling helpless and hopeless:** Write down current thoughts or share experiences with others. Try to participate in school and community events, memorial services and participate in future initiatives to prevent violence or self-destructive behavior among children and adolescents.
- **If losing interest and feeling down:** Try to arrange an interesting or positive experience each day, plan for future special events; discuss enjoyable topics; and focus on the future.

- **If losing or gaining weight (with stress, people often seek comfort food):** Cook favorite foods and make meal time a pleasant occasion.
- **If experiencing sleep difficulties:** Keep regular bed-time hours; do relaxing and calming activities one hour before bed-time such as reading or listening to soft music; end the day with a positive experience.
- **If experiencing an inability to concentrate and feel restless:** Change activities that may increase restlessness; participate in activities that promote relaxation; increase physical exercise and recreational activities.
- **If feeling scared and fearful:** Participate in planned activities with friends or family; keep active and busy.
- **Having feelings of anger and revenge (which are normal):** Express feelings in appropriate ways such as talking to friends, to family, and to other trusted adults; work out frustration and anger with physical exercise; or organize a living memorial for those lost with memory books, poems, letters, mementos etc.; public mourning has become an acceptable and meaningful way of acknowledging loss within the last decade.

Signs of Compassion Fatigue

What we used to call “burnout” is now also labeled “compassion fatigue,” ongoing overwhelm, “secondary traumatization,” and “nervous exhaustion”. People can become prey to this insidious form of emotional exhaustion. Those who constantly and conscientiously care for others, in whatever capacity, are the most vulnerable. Compassion fatigue is a state of emotional, physical, and mental exhaustion, where one feels depleted, chronically tired, helpless, hopeless, and bad, even cynical, about oneself, work, life, and the state of the world. The Germans have a very precise word for this “feeling the pain of the world” which they describe as “*weltschmerz*.” Caregivers are often elevated to some special status, by themselves or by others, and this only adds to the problem.

Compassion fatigue is marked by a gradual disengagement, emotions are blunted, and exhaustion affects motivation and drive. The grief engendered by a loss of ideals and hope may lead to a deepening depression, a sense of helplessness and hopelessness and a feeling that life is just not worth living. Substance abuse can arise as a form of self-medication. Although symptoms vary, the following red flags may indicate that you may have compassion fatigue:

- Abusing drugs, alcohol or food
- Anger
- Blaming
- Chronic Lateness
- Depression
- Diminished sense of personal accomplishment
- Exhaustion (physical or emotional)
- Frequent headaches
- Gastrointestinal complaints
- High expectations
- Hopelessness
- Hypertension

- Inability to maintain balance of empathy and objectivity
- Increased irritability
- Less ability to feel joy
- Low self-esteem
- Sleep disturbances
- Workaholism

More Coping Skills for Helping Professionals During a Critical Incident

With the increased incidence of violence in our society, helping professionals will continue to be called upon to process emotionally stressful events. Holaday and Smith (1995) concluded that to protect their emotional well-being, helping professionals would benefit from five categories of coping strategies: social support, task-focused behaviors, emotional distancing, cognitive self-talk, and altruism (p. 360). With the increased incidence of violence in our society, school counselors and helping professionals will continue to be called upon to process emotionally stressful events. Holaday and Smith (1995) concluded that to protect the emotional well being, helping professionals would benefit from five categories of coping strategies: social support, task-focused behaviors, emotional distancing, cognitive self-talk, and altruism (p. 360).

To Increase Social Support

- ❑ Work in pairs or always be within speaking distance of another helping professional to ask for assistance or for additional emotional support.
- ❑ Smile and make eye contact with peers.
- ❑ Talk to peers about the situation, especially in terms of how they are handling the stress.
- ❑ Use humor to relieve tension and anxiety.
- ❑ Give comfort through physical contact (e.g., touch, hold, or hug people who are distraught).
- ❑ Take breaks with peers; share food if available to revitalize.

To Maintain Task-Focused Behaviors

- ❑ Use problem-solving skills (i.e., think and plan about what needs to be done and take an active approach to helping).
- ❑ Generate solutions and quickly think of ways to resolve problems.
- ❑ Evaluate potential solutions. Ask: What is the most efficient thing you can do? Does it minimize harm? Identify and establish task-related priorities.
- ❑ Take action and request help if needed.
- ❑ Focus on the task at hand. Do not be distracted by what is happening.
- ❑ Avoid thinking about the consequences or the long-term implications of the stressful event by focusing on what has to be done now.

To Increase Emotional Distancing

- ❑ Think of the experience as a temporary event that will be over soon.
- ❑ Protect from being overwhelmed. Block emotions during the event and utilize relaxation techniques.

- ❑ Pretend the event is not really happening, that it is merely a dream.
- ❑ Think about other things more pleasant.
- ❑ Talk about other things with other helping professionals or talk to the person that is being helped about everyday, mundane things to avoid thinking about pain, loss, and other issues.
- ❑ Try not to think of victims as people, as having children or families whom will be affected. Do not look at their faces.
- ❑ Distance from the experience by singing or whistling; keep moving; look off into the distance and imagine being somewhere else.

To Manage Emotions Through Cognitive Self-Talk

- ❑ Be mentally prepared; think about what will happen at the scene. Focus on the positive aspects of your work. Acknowledge that bad things happen to good people.
- ❑ Prepare physically. Take a deep breath, stand straight, and focus on staying in control.
- ❑ Use positive self-talk by focusing on self-competence, resourcefulness, and unique training experiences. Focus on strengths, maintain an "optimistic perseverance," and become aware of self-defeating thoughts.
- ❑ Reframe interpersonal language to reduce negative impact. Change statements such as "This is horrible." to "This is challenging."
- ❑ Translate arduous tasks into meaningful ones; find a deeper meaning in the tasks at hand. Do not just revive someone; "Help someone get well." Celebrate with the survivors.

To Feel Better Using Altruism

- ❑ Spare others by doing more work; so that others are relieved.
- ❑ Work for those who may not be as "strong" or work for those who "cannot take it as well."
- ❑ Remember that it is a good thing to sacrifice for others; it feels good to help others. Be thankful for the opportunity to help.
- ❑ Put the needs of others as paramount. Persevere and draw strength from adversity.

Conclusion

Working in the area of trauma response takes its toll on the helping teams in much the same way as the event overpowered the people in it. Counseling after a crisis is a time filled with heavy emotion. It is a time of opportunity as well as turmoil. It demands much of counselors. Knowing what to expect can make the experience both positive and productive. Inherently, the above coping skills reduce the negative effects of a stressful event. Helping professionals must be able to cope with their own post-traumatic stress.

Daily Crisis Response Team debriefings should be held to review and modify plans and communication to promote accountability. A workable referral system, using resources within a school (school counselors, social workers, school psychologists) and within the community (mental health counselors, agency personnel) becomes very important in order to achieve a positive resolution of the crisis that can be expected to develop when a sudden death or suicide occurs. When managing crisis, helping professionals need to know what to do and have the mechanism to restore the school/community to its precrisis equilibrium.

To Test Yourself – The Compassion Satisfaction and Fatigue (CSF) Test

Dr. Beth Hudnall Stamm and colleagues of the Institute of Rural Health, Idaho State University, have developed tests of traumatic stress, post-traumatic stress, and compassion satisfaction and fatigue. To review the Compassion Satisfaction and Fatigue self-test, please visit: <http://www.isu.edu/~bhstamm/tests.htm>.

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