

Alleviating Distress: Providing Compassion when Exhausted

Developed by Kate Speck, PhD



Mountain Plains ATTC (HHS Region 8)

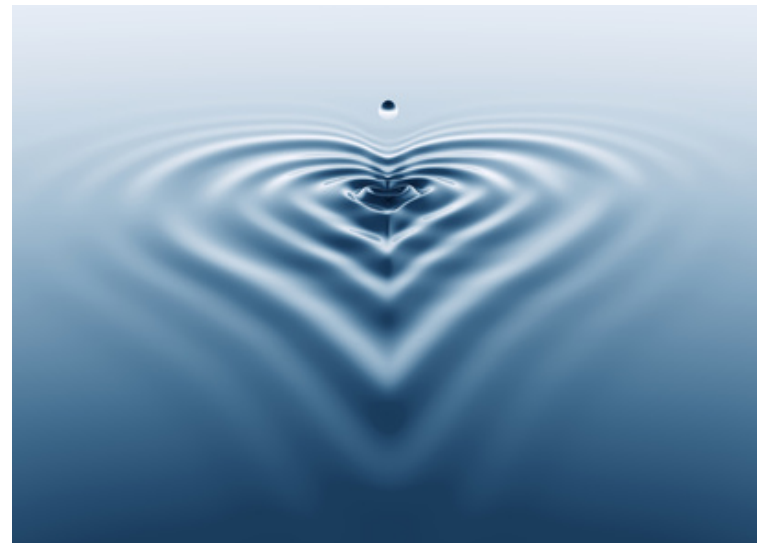
ATTC

Addiction Technology Transfer Center Network
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Definition of *Compassion*

- The sympathetic **consciousness** of another's others' distress coupled with a desire to alleviate it.
- Different from empathy – which may have a negative impact.



Compassion Fatigue

Compassion Fatigue is a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper."

Resource: Dr. Charles Figley
Professor, Paul Henry Kurzweg Distinguished Chair
Director, Tulane Traumatology Institute
Tulane University, New Orleans, LA

Effects of Stress



Cumulative Stress



When
Organizations
Don't Address
Compassion
Fatigue: Loss of
Potential

Lost Productivity

Decreased morale, cohesion,
communication, collaboration,
quality of services

Poor Organizational Health

Erosion of
concentration, focus,
decision making,
motivation,
performance

Staff Turnover

Time and resources
needed to hire and
train new staff drains
remaining staff

What we know about Supervision...

- Staff Retention
- Reduces Vicarious Trauma
- Strengthens Organizations and practice Ties
- Sustains Best Practices
- Higher Rates of Effectiveness plus resilience

National Council on Behavioral Health(2015)

Vicarious Trauma
Feeling along with
the client

**Secondary Traumatic
Stress**
Developing
individual/personal
reactions

**3 distinct
but interrelated
manifestations:**

**Compassion
fatigue**





Risk Factors

Personal

- Trauma history
- Pre-existing psychological disorder
- Young age
- Isolation, inadequate support system
- Loss in last 12 months

Professional

- Lack of quality supervision
- High percentage of trauma survivors in caseload
- Little experience
- Worker/organization mismatch
- Lack of professional support system
- Inadequate orientation and training for role

Understanding the Difference

Traumatic Stress

- Extreme emotionality or absence of emotion
- Fearful, jumpy, exaggerated startle response
- Flashbacks

Vicarious Traumatization

- Overly involved with or avoidance of victim/survivor
- Hypervigilance and fear for one's own safety (the world no longer feels safe and lack of trust)
- Intrusive thoughts and images, or nightmares from victims' stories

Work-Related Trauma Exposure

DIRECT
exposure to
trauma

- Post Traumatic Stress Disorder (PTSD)
- Post Traumatic Stress Symptoms
- Critical Incident Stress

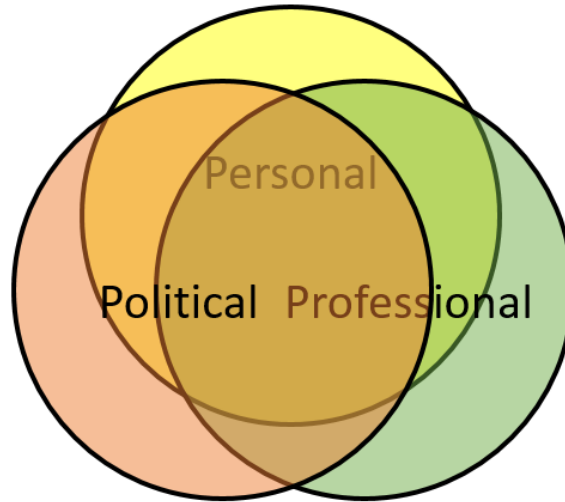
INDIRECT
exposure to
trauma

- Post Traumatic Stress Disorder (DSM-V, 2013)
- Post Traumatic Stress Symptoms
- Empathic Strain
- Secondary Traumatic Stress Symptoms
- Vicarious Traumatization
- Compassion Fatigue

Contemplating the Effects

Personal Effects

- Physical
- Behavioral
- Emotional
- Spiritual
- Cognitive
- Relational



Professional Effects

- Performance
- Morale
- Relational
- Behavioral

Political Effects

Organizational Influence

Conflicts with

Emotional

Protection against suicide

Green light Good to go!

Protective Factors – Factors that make it less likely that someone will suicide

- Being connected to community, family, friends
- Getting help – especially for depression
- Restricted access to highly lethal methods of suicide – especially firearms



Creating Autonomy – Trauma Informed Principles

Trauma Informed Principles



TIC: Basic Assumptions

1. Symptoms are adaptations.
2. Trauma shapes the survivor's basic beliefs about identity, world view, and spirituality or meaning-making.
3. Using a trauma framework, the effects of trauma can be addressed within mental health (and substance use) treatment systems.
4. When worker and client share a trauma perspective, they can collaborate.
5. The four most important things a worker has to offer a survivor are Respect, Information, Connection, and Hope (RICH).
6. ***Workers need support from one another, including Respect, Information, Connection, and Hope.***
7. ***Working with survivor clients affects the person of the helper too.***

(Saakvitne, et al., 2000)



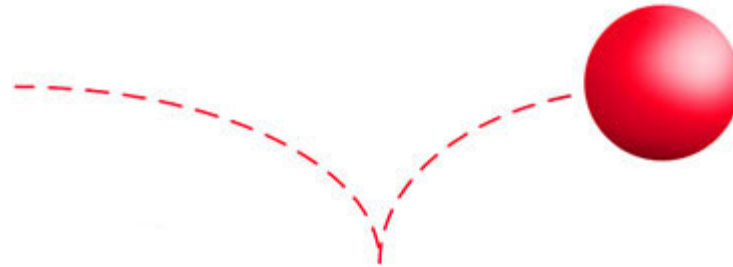
SAFETY

From The Sanctuary Model- Sandra Bloom M.D.

▸ Trauma-informed organizations place a priority on teaching/coaching the following skills with staff:

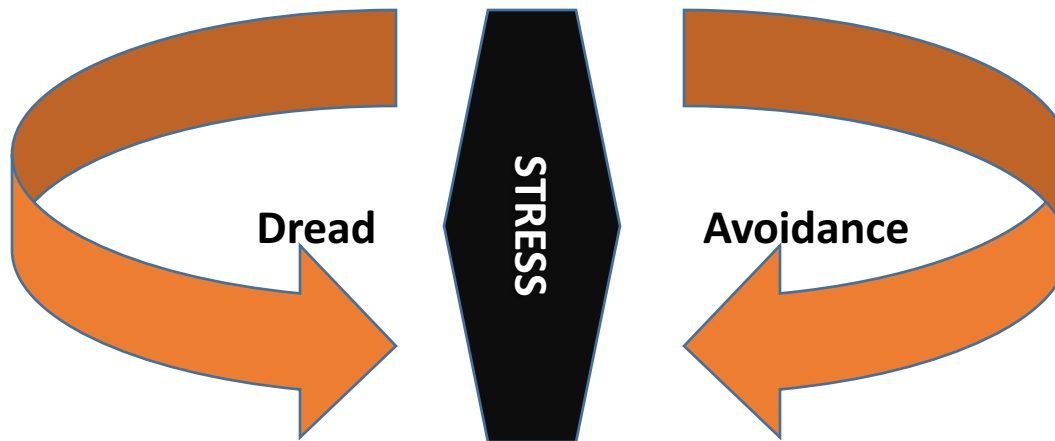
- Self-soothing
- Self-trust
- Self-compassion
- Self-regulation
- Limit setting
- Communicating needs and desires
- Accurate perception of others

Resilience

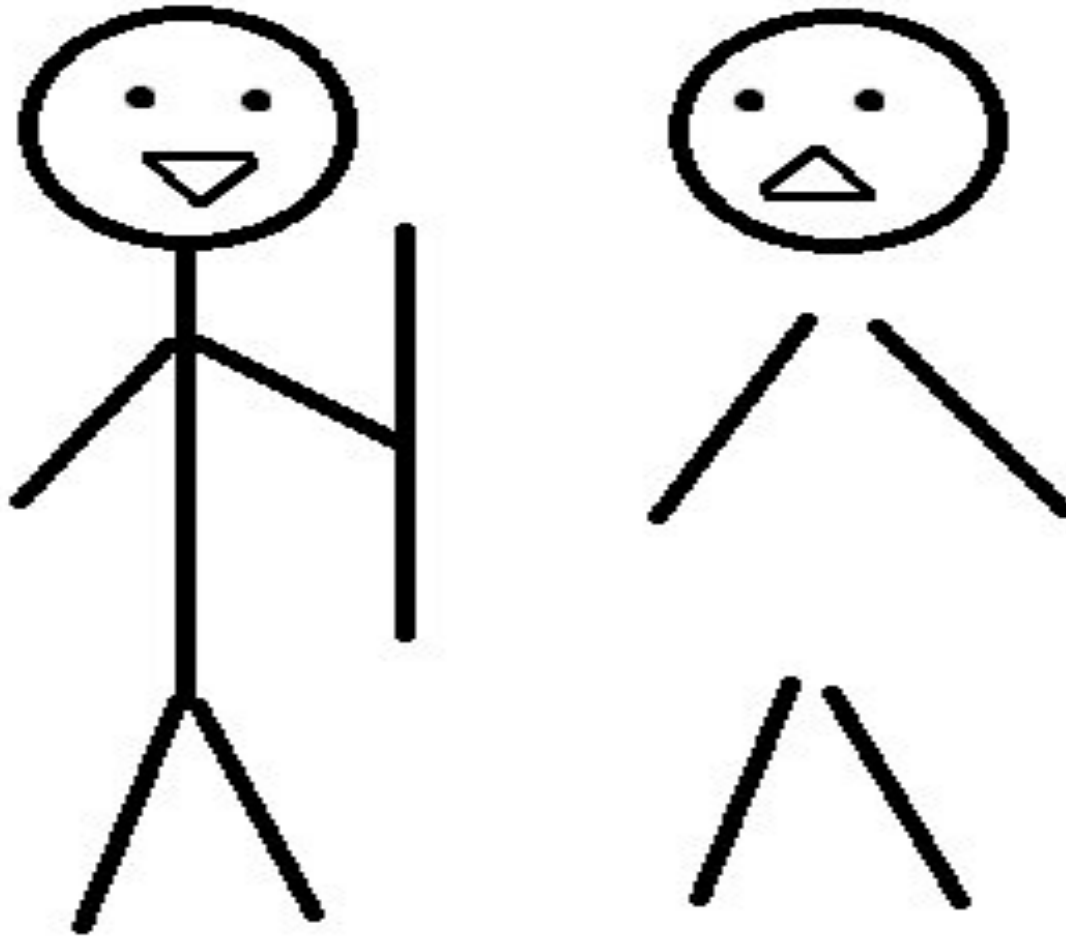


Natural Reactions

- Avoidance is a coping mechanism, but if you use it too much, it makes things worse
 - Avoidance (situations, emotions, conversations, people) and dreading future encounters can increase stress



I'VE GOT YOUR BACK!



Personal Self Care Strategies



Vicarious Resilience

Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

(Hernandez, Gangsei, and Engstrom, 2007)

Peer Support

This....

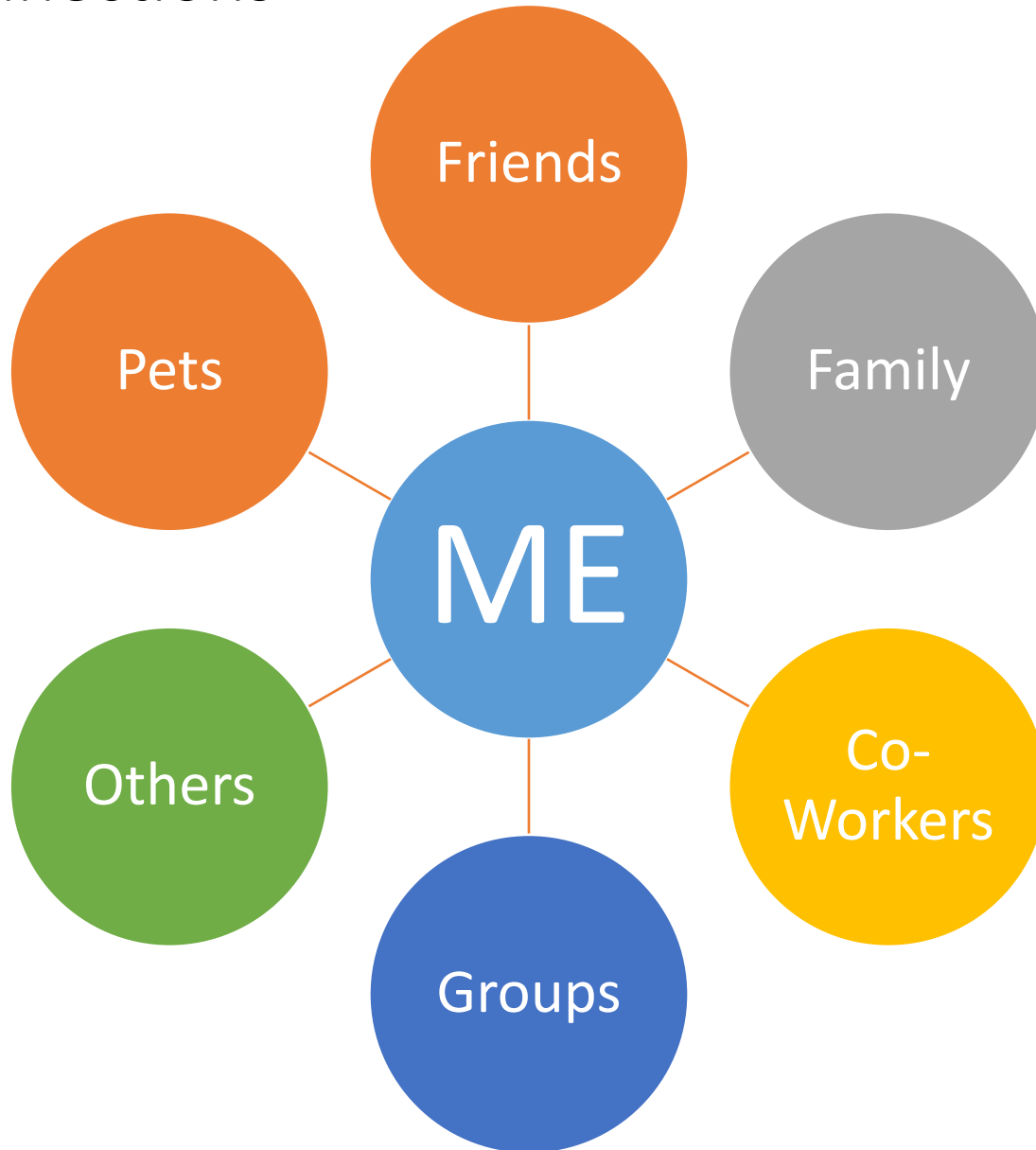
- Teach effective communication skills
- Encourage trusting, mutual relationships
- Model conflict resolution
- Emphasize collaboration and teamwork



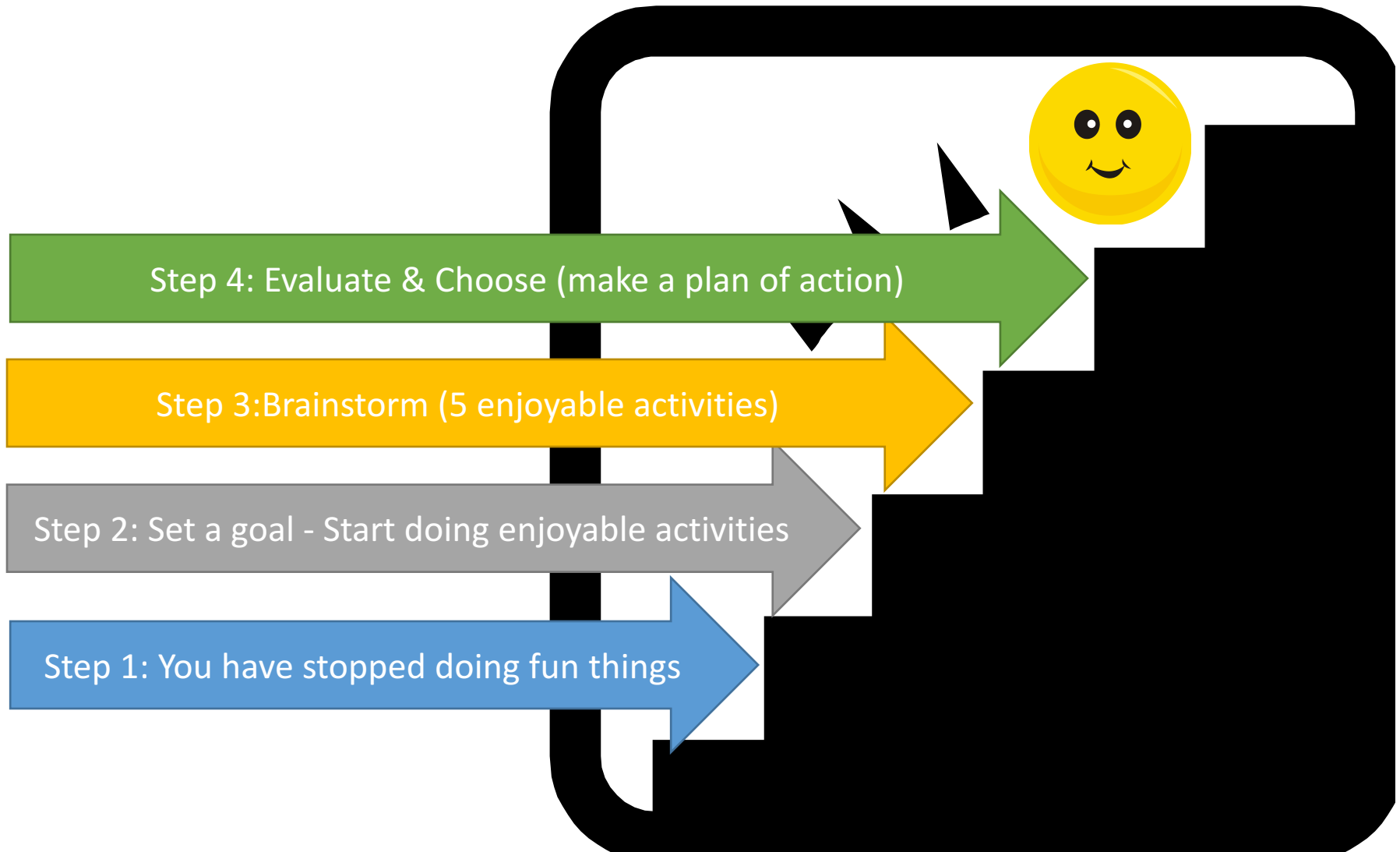
Not This.....



Social Connections Exercise



Practice



Developmental Stages: Supervisees

Supervisees

Beginning: dependent; need structure and instruction

Intermediate: moving between dependency and autonomy

Advanced: autonomous; interdependent; seek challenge

Role of Supervisor

Teacher

Coach

Consultant

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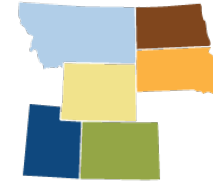
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