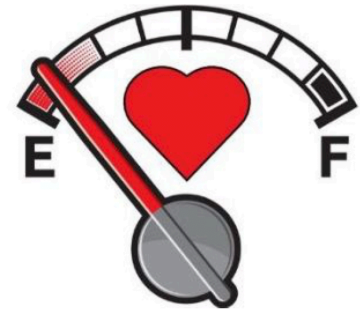


# COMPASSION



# FATIGUE – Part IV

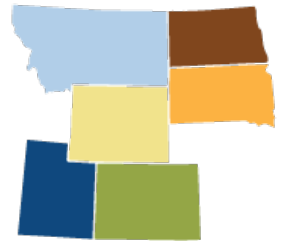
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# Introduction

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The goal of Session IV of the Compassion Fatigue Series is to summarize Sessions 1 – 3 to provide a brief review of the sessions. We will discuss promising and best practices and provide recommendations for continued healthy organizations and practitioners.

We will provide feedback on participant questions from previous sessions.

# Objectives

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- ❑ Summarize Sessions 1 – 3 to provide a brief review of the sessions.
- ❑ Promising and Best Practices
- ❑ Recommendations for continued organizational health

# Session 1

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COMPASSION FATIGUE: HOW DID WE GET HERE?

ERIN WINSTANLEY, PH.D.



# Overdose Deaths

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- Overdose deaths have increased every year for the past 20 years
- In 2017, there were 70,237 overdose deaths in the United States
- Novel synthetic opioids (e.g., illicitly manufactured fentanyl) have increased the lethality of overdoses, undermining community efforts
- For every overdose fatality there are an estimated 30 non-fatal overdoses (~2.1 million)

# Unspoken Reality

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The human suffering associated with the overdose epidemic is rarely discussed and includes:

- ✓ Pain and suffering experienced by families, friends & colleagues who have lost someone to an overdose
- ✓ Watching people with opioid use disorders struggle to access services; insufficient treatment capacity
- ✓ Children witnessing their parents overdose
- ✓ Families and communities that have exhausted their financial and emotional resources
- ✓ Frustration that we haven't done enough to stop overdose deaths

# Community-level Response

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- Educate first responders, frontline workers and community members on:
  - ✓ Addiction is a chronic relapsing brain disease
  - ✓ Insufficient treatment capacity, significant challenges in linking clients with evidence-based services
  - ✓ People can & do recover
- Acknowledge the human suffering caused by the overdose epidemic
- Encourage individuals to use compassionate stigma-free language
- Never give-up hope for recovery

# Gathering Practitioner Data

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## Impact of Opioid Epidemic on Communities

The following is a link to a confidential community survey for individuals in the helping professions. Please encourage your fellow professionals to take part in the survey:

**The purpose of this survey is to determine whether community members and individuals in the helping professions are experiencing compassion fatigue. Your survey responses are confidential and anonymous. The survey does not collect any information that could personally identify respondents.**

Thank you!

Erin Winstanley, Ph.D.

Public link to live survey:

<https://redcap.wvctsi.org/redcap/surveys/?s=CPWLEY7EC9>





# Resources

<http://bit.ly/challenge-to-leadership>

## You Fit Together

It's all  
about  
ME!



He really  
doesn't  
know I'm  
down here,  
does he?

### Body, Mind, Resilience, and Recovery

Understanding and Building Better Health

Pamela Woll, MA, CPS  
Addiction Technology Transfer Center Network



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## Addressing Stress and Trauma in Recovery-oriented Systems And Communities



### A Challenge to Leadership

Pamela Woll, MA, CADP



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## Compassion Doesn't Make You Tired!



### Unmasking and Addressing "Compassion Fatigue"

Pamela Woll, MA, CPS  
Addiction Technology Transfer Center Network



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<http://bit.ly/you-fit-together>

<http://bit.ly/compassion-doesnt-make-you-tired>

# Alleviating Distress: Clinical Supervision for Practitioners Impacted Compassion Fatigue

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KATE SPECK, PHD



# 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

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

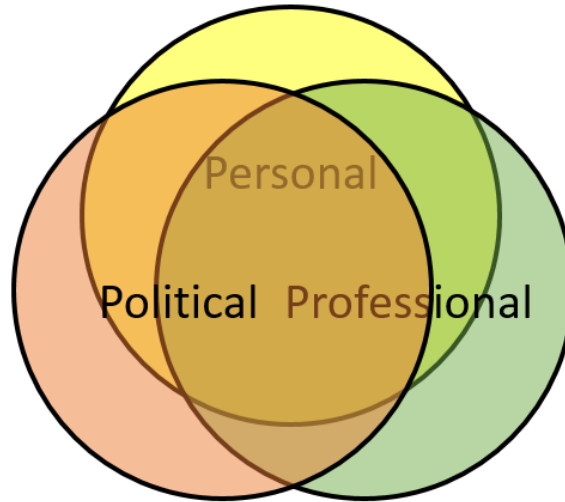
Time and resources  
needed to hire and  
train new staff drains  
remaining staff

# Contemplating the Effects

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## Personal Effects

Physical  
Behavioral  
Emotional  
Spiritual  
Cognitive  
Relational



## Professional Effects

Performance  
Morale  
Relational  
Behavioral

## Political Effects

Organizational Influence  
Conflicts with  
Emotional

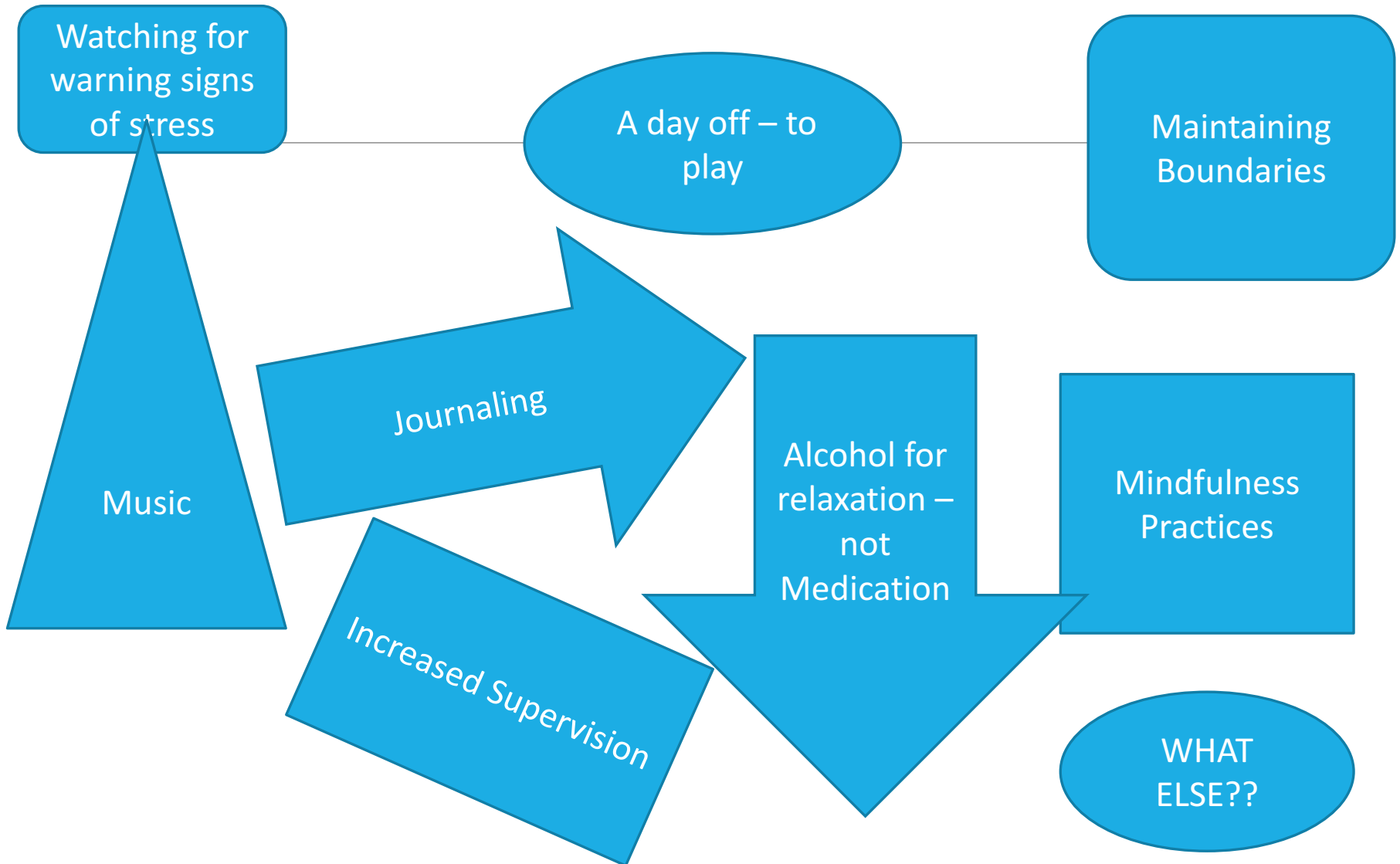
# From The Sanctuary Model- Sandra Bloom M.D.

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▸ 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

# Personal Self Care Strategies



# Vicarious Resilience

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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)

**Vicarious resilience**



# Promising Practices and Evidence Based Practices

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There are not many researched EBP's on VT for Supervisors

- Utilize a wellness approach in your organization, supervisors assist supervisees with evaluating their own wellness.

Have a Stress Reduction Plan

- Desired Connectivity within the work environment and in personal life

Continuous Education

Discuss VT at all supervisory sessions

- Assess case load requirements

# Recommendations

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## Continuous Training and Supervision for Supervisors

- You are a conduit and a role model for your supervisees – show them how to manage stress by talking with them and revealing your success strategies
- Encourage an environment of self care

## Have their Back

- Consider comprehensive and integrated approaches to supervision
- Establish best practices for intervening when counselors demonstrate signs of VT

# Compassion Fatigue: An Occupational Hazard

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**Robin J. Landwehr, DBH, LPCC, NCC**

*“Compassion is the antitoxin of the soul; where there is compassion even the most poisonous impulses remain relatively harmless.”*

*Eric Hoffer*

# Vocabulary

Compassion Satisfaction	Positive aspects of working as a helper
Compassion Fatigue	Negative aspects of working as a helper
Burnout	Inefficacy and feeling overwhelmed
Work-related traumatic stress	Primary traumatic stress direct target of event Secondary traumatic exposure to event due to a relationship with the primary person

# Best Practices

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Use a tool ... like the ProQOL for individual, organizational and supervisory purposes.

# Be Present, What Matters

## Learning STOP!

- S (Slow Your Breathing)
- T (Take Note)
- O (Open Up)
- P (Pursue Your Values)



# More Recommendations

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MORE TIPS

SEE A PROFESSIONAL ...  
THE SOONER THE BETTER!



## Love, Work, Play, Health

Eat well

Sleep!

Exercise

Do fun things

Nurture your primary  
relationships

Seek reassurance

Develop a routine

Values-guided work

Set boundaries when  
necessary

# REFERENCES Part 2

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<https://www.cdc.gov/drugoverdose/data/statedeaths.html>

Increasing Resilience. Johnson, D. (2008); Meiss, R. & McCallum, D. (2007).

McSteen, KL. Cumulative Stress, Oncology Nurse Advisor, March 23, 2012

Shelter From the Storm: Addressing Vicarious Traumatization through Wellness-Based Clinical Supervision. Hayden, SCW; Williams, DJ; Canto, AI; Finklea, T.; 2015 The Professional Counselor V 5 (4) 520-542.



# Resources Part 3

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Harris, R. (2015). How to develop self-compassion in just about anyone. Retrieved from [Www.ImlearningAct.com](http://Www.ImlearningAct.com).

Strosahl, K., Robinson, P, & Gustavsson, T. (2012). *Brief interventions for radical behavior change: Principles and practice of focused acceptance and commitment therapy*. Oakland, CA: New Harbinger Publications

Fahy, A. (2007). The Unbearable Fatigue of Compassion: Notes from a Substance Abuse Counselor Who Dreams of Working at Starbucks. *Clin Soc Work J*, 35: 199-205.

# Previous Questions Answered

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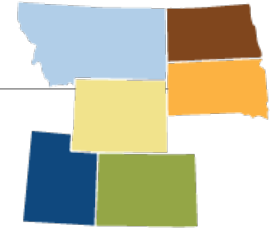
- Do you believe that having more education in the area of drugs would help with the frustrations and helpless feelings? I think it has been helpful to me in my work with drug addiction with incarcerated persons and as a deputy coroner.
- What should you do if you experience a co-worker showing signs of Compassion Fatigue?
- Do you have tips for administrations who ignore staff fatigue?



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For more information visit [mpattc](http://mpattc.org)

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