

Compassion Fatigue: How Did We Get Here?



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Webinar Goals

- 1) Briefly define compassion fatigue
- 2) Summarize morbidity & mortality associated with the opioid epidemic
- 3) Identify factors that may contribute to community-level compassion fatigue
- 4) Describe initial steps we can take to address compassion fatigue in our communities

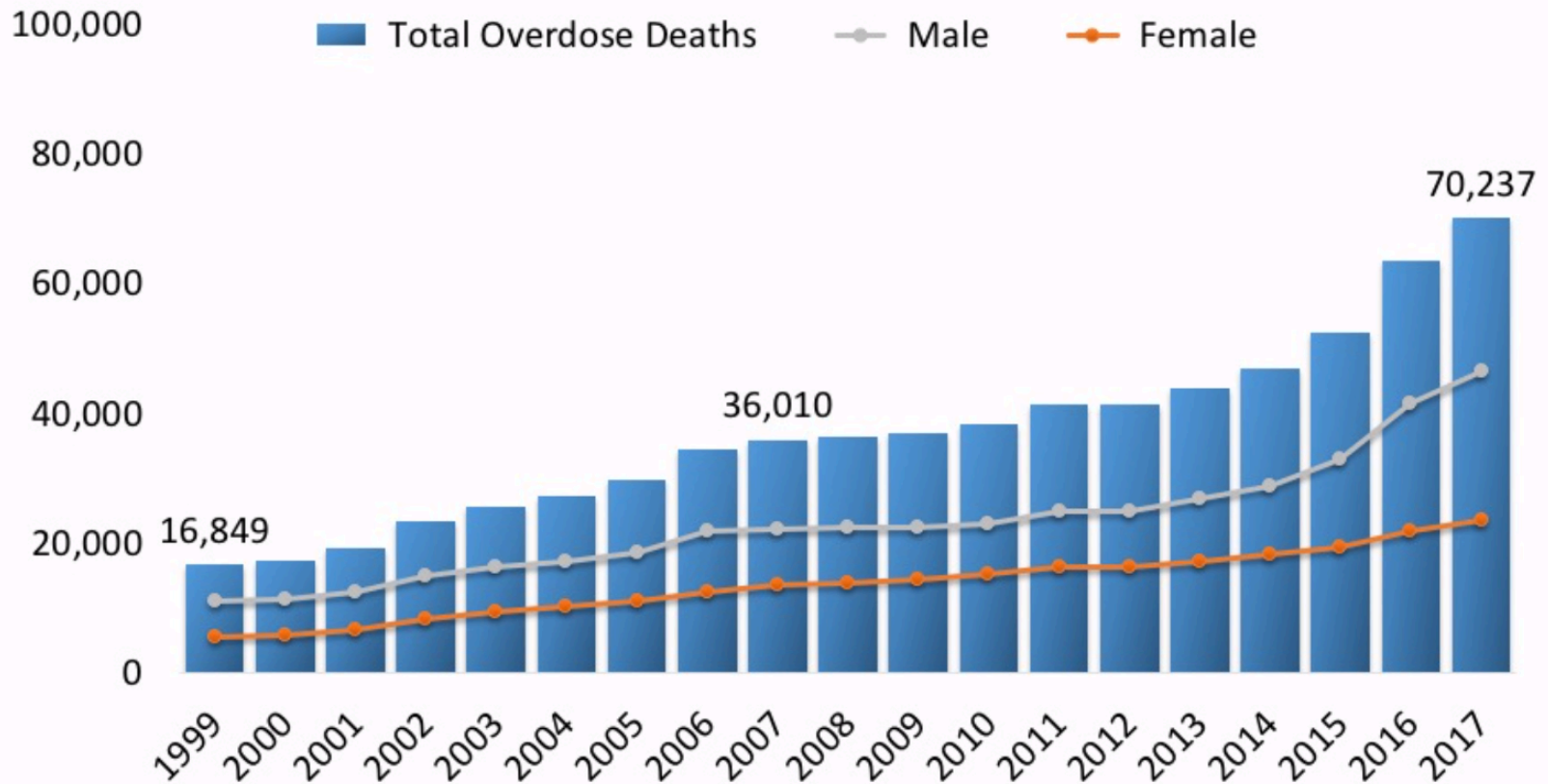
Compassion Fatigue (CF)

- CF=Secondary traumatic stress + burnout
- Impacts professional quality of life & compassion satisfaction
- Impacts individual's physical & emotional health, as well as work-place productivity

“Emotional, physical and spiritual exhaustion from witnessing and absorbing the problems and suffering of others.”

--Hunsaker et al. (2012)

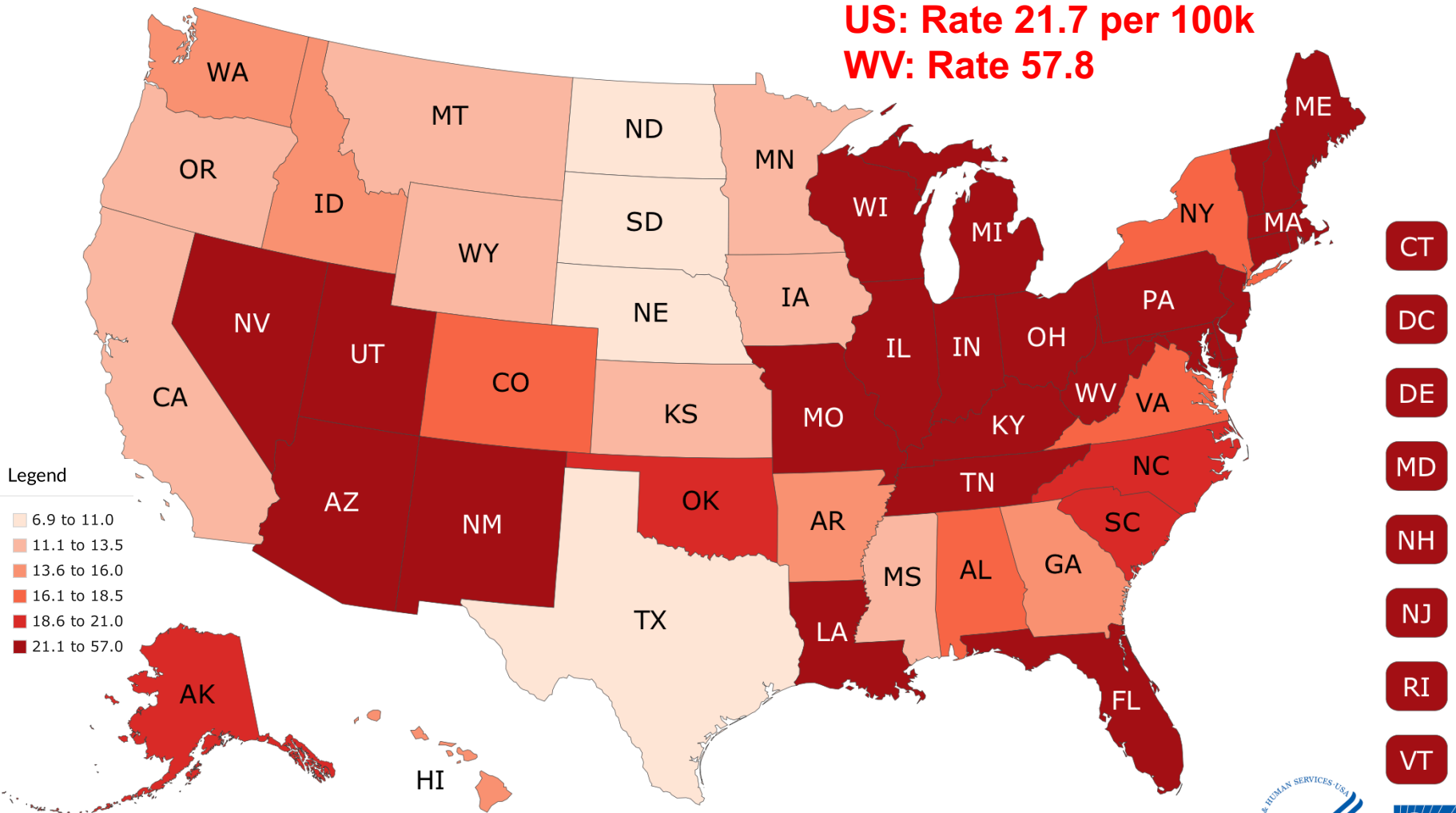
Figure 1. National Drug Overdose Deaths Number Among All Ages, by Gender, 1999-2017



Source: : Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2017 on CDC WONDER Online Database, released December, 2018

Overdose Deaths, 2017

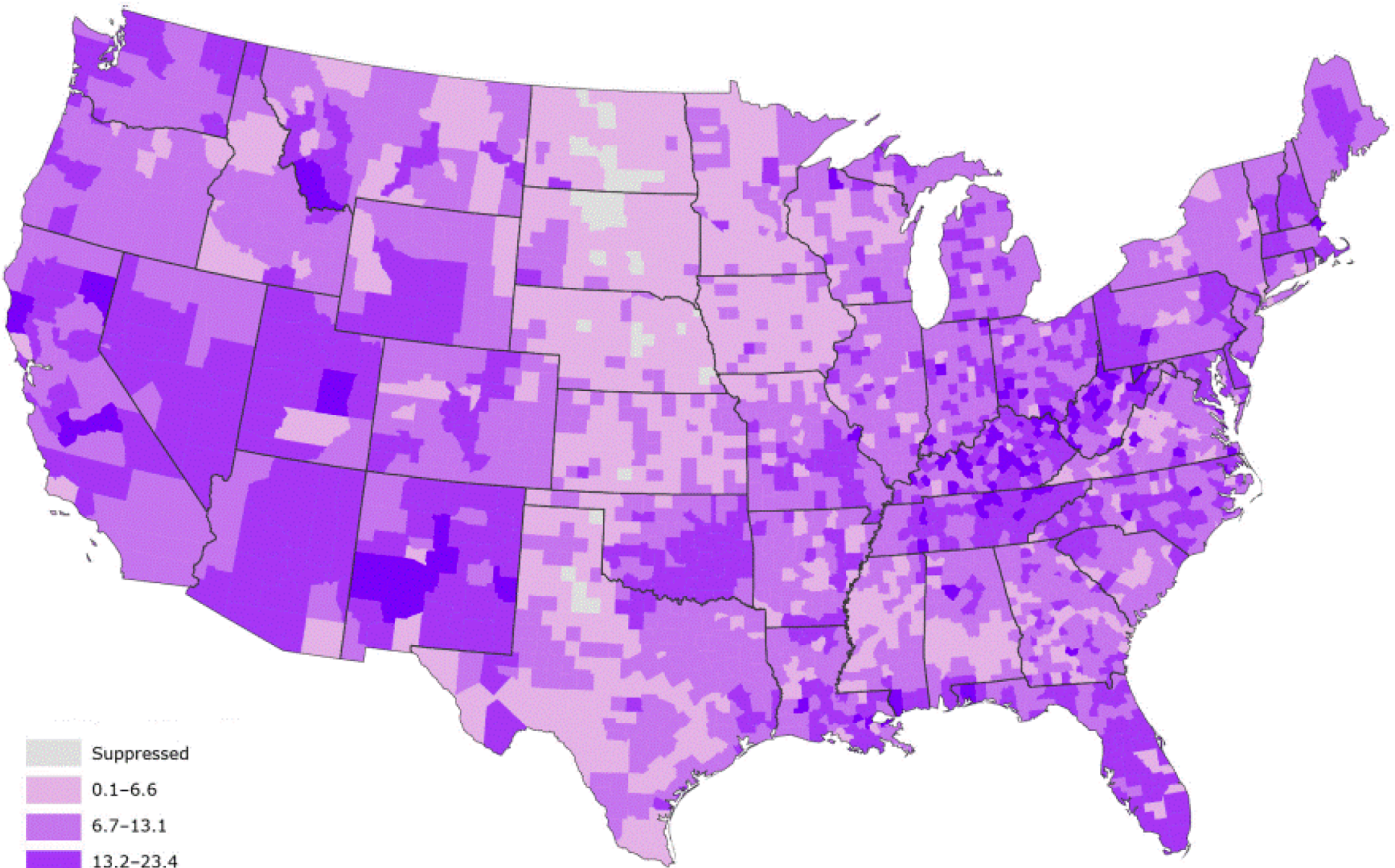
US: Rate 21.7 per 100k
WV: Rate 57.8



~192 drug deaths per day in the United States



A. Total County-Level Drug Overdose Mortality Rates, United States, 2000-2016



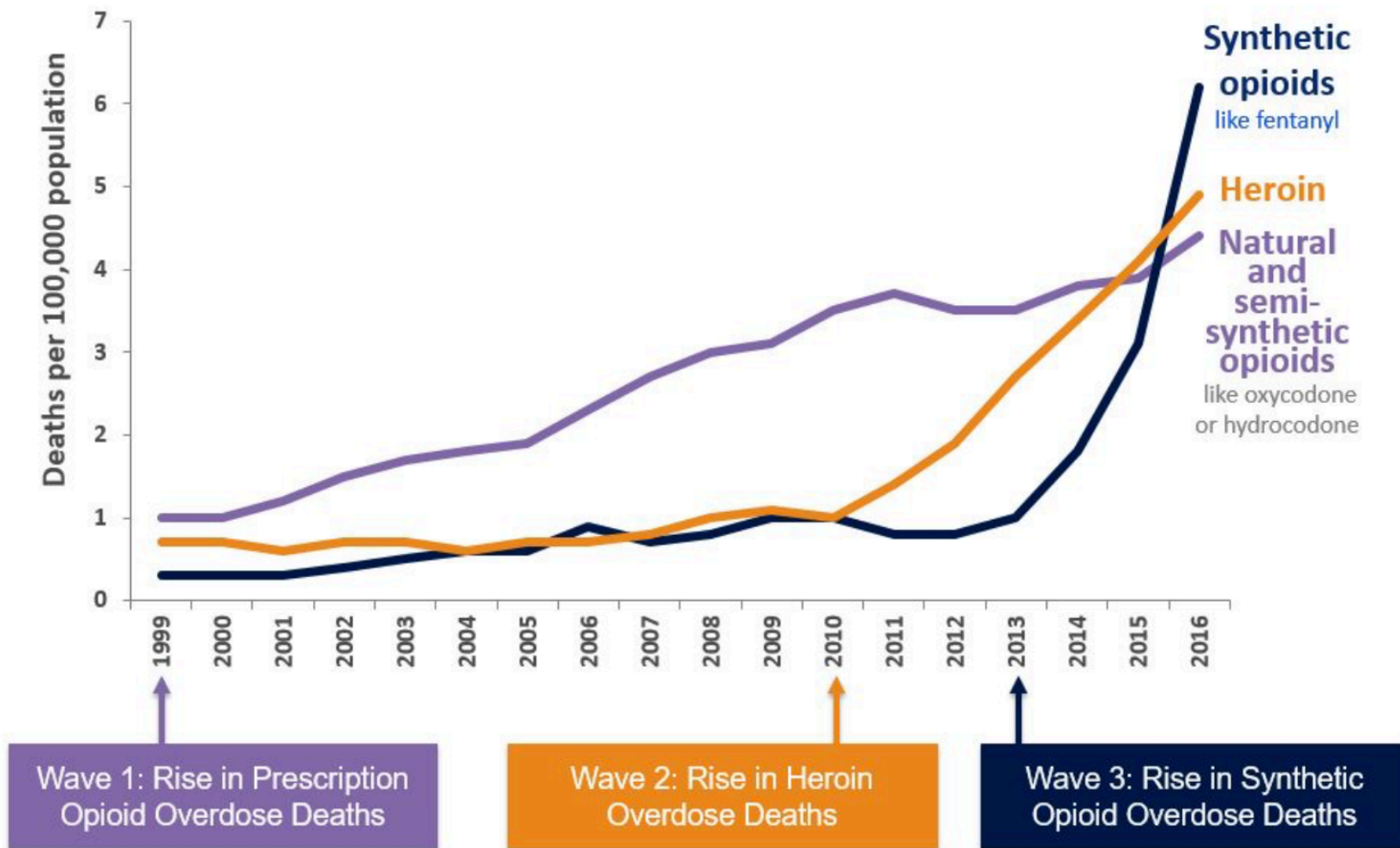
SOURCE: Wilt et al. (2019)



Per 100,000 people

Drugs Driving Overdose

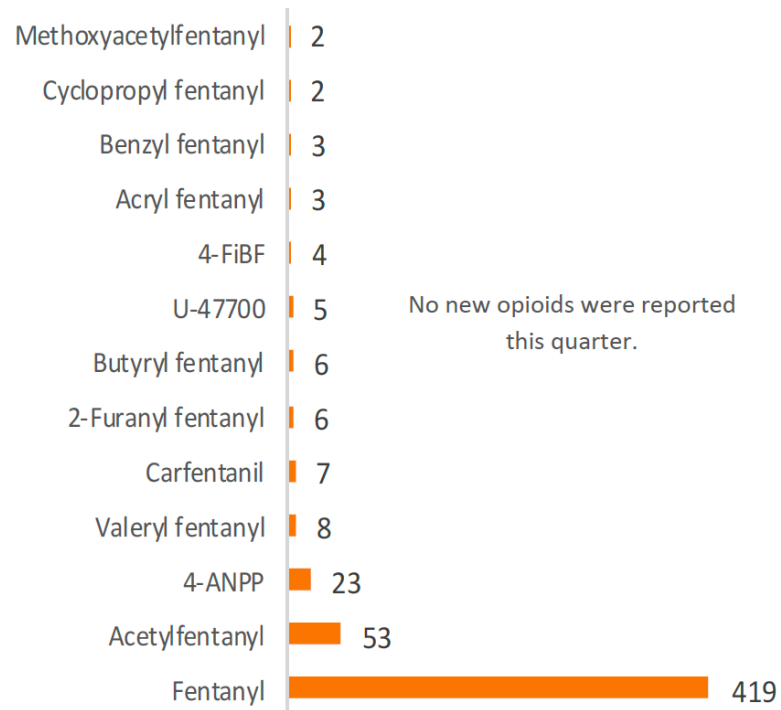
3 Waves of the Rise in Opioid Overdose Deaths



SOURCE: National Vital Statistics System Mortality File.

OPIOIDS/ANALGESICS

THERE WERE **541** IDENTIFICATIONS OF FENTANYL, FENTANYL-RELATED COMPOUNDS, AND OTHER NEW OPIOIDS. THIS IS AN INCREASE FROM THE 378 IDENTIFICATIONS DURING THE FIRST QUARTER OF CY2018. FENTANYL ACCOUNTED FOR APPROXIMATELY **77%** OF THE OPIOID IDENTIFICATIONS. OF THE **419** IDENTIFICATIONS, FENTANYL WAS FOUND AS THE ONLY CONTROLLED SUBSTANCE IN **42%** OF THE IDENTIFICATIONS AND WITH HEROIN IN APPROXIMATELY **38%** OF THE IDENTIFICATIONS. ACETYLFENTANYL WAS THE NEXT MOST PROMINENT SUBSTANCE IDENTIFIED, ACCOUNTING FOR APPROXIMATELY **10%** OF THE IDENTIFICATIONS.



Small Quantities May be Fatal



SOURCE: <https://www.buzzfeednews.com/article/danvergano/fentanyl-origins-opioid-overdoses-heroin>

Global Mortality Declines, except in US

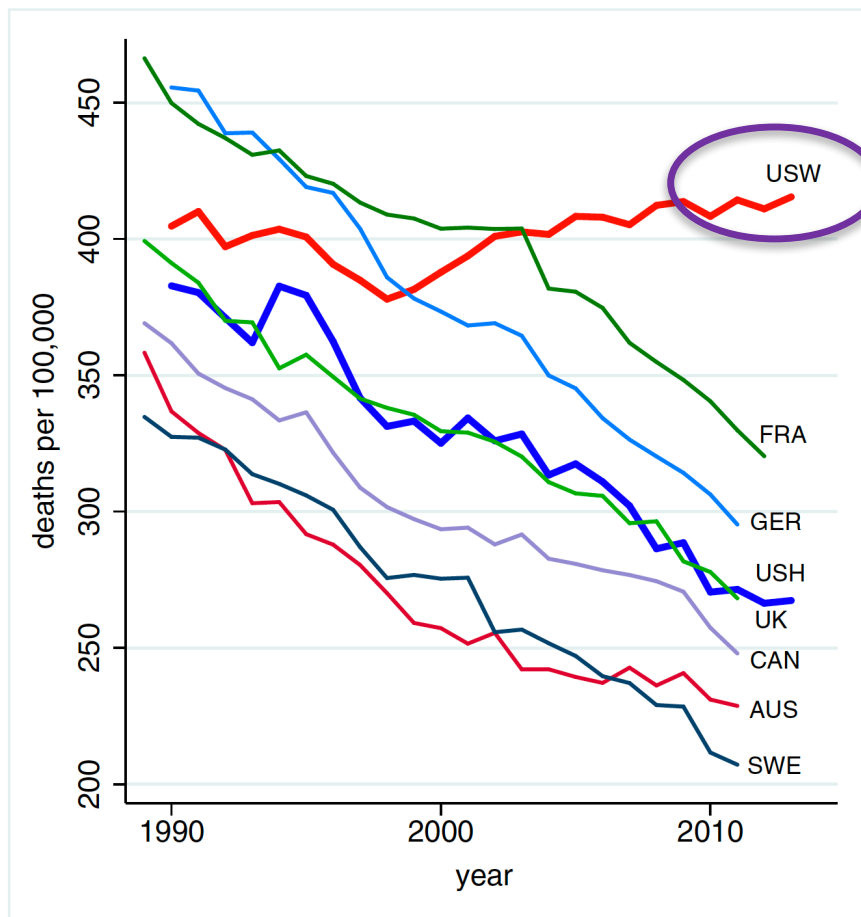


Fig. 1. All-cause mortality, ages 45–54 for US White non-Hispanics (USW), US Hispanics (USH), and six comparison countries: France (FRA), Germany (GER), the United Kingdom (UK), Canada (CAN), Australia (AUS), and Sweden (SWE).

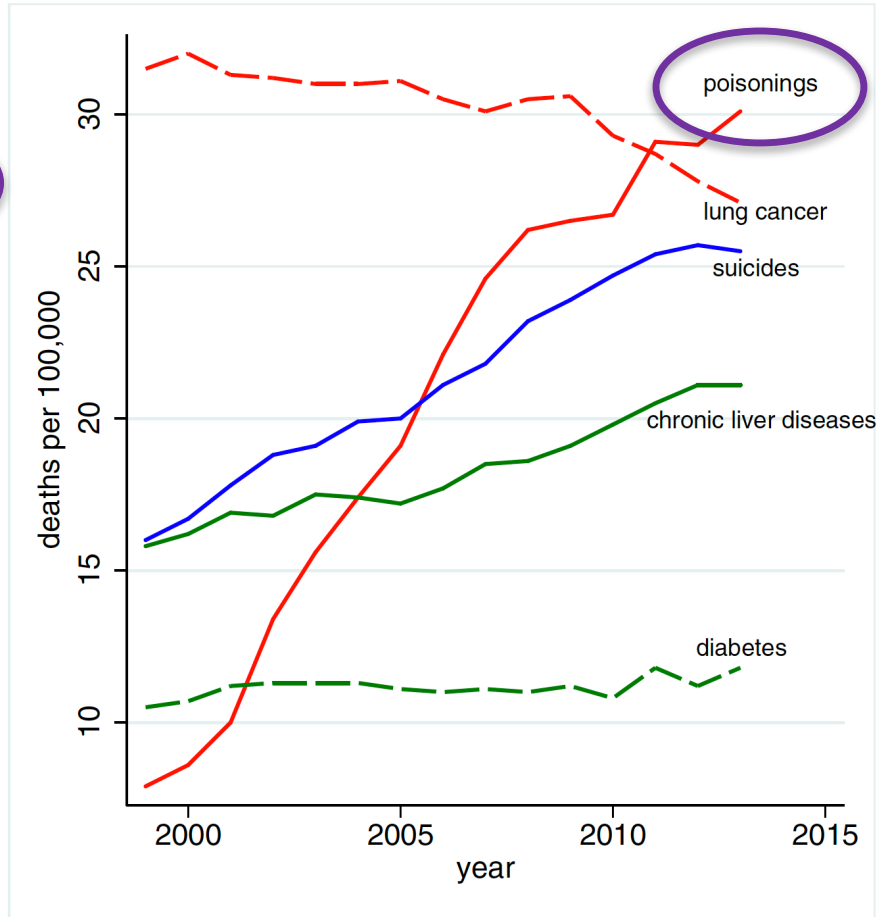


Fig. 2. Mortality by cause, white non-Hispanics ages 45–54.

Epidemic Consequences


- **Premature death**
 - Average life expectancy in the United States is 78.8 years old and the estimated life expectancy of patient with an opioid use disorder is 37.8 yrs. old
- **Opioid overdose death**
 - Leading cause of injury death in the United States
- **Infectious diseases like HIV & Hepatitis C**
 - 1-37% SUD patients with substance use disorders have HIV;
42%-81% patients with an opioid use disorder have Hepatitis C
- **Mental health problems**
 - **50% of patients with substance use disorders have a co-occurring mental illness;**
- Drug overdose is a common method of suicide; 17% overdose deaths are *intentional*

Impact on Families & Kids

- Accidental opioid poisoning among children
- Family dissolution
 - Children raised by Grandparents & other family members
 - Nationally, 10% increase in child welfare cases; regionally >50%
- Children witness non-fatal & fatal overdoses
- Opioid epidemic estimated to cost child assistance programs \$6.1 billion annually

Impact Continued

- Opioid overdose causes decreased respiration, the longer someone goes without adequate respirations – the greater the chance are of hypoxic brain injury or other organ damage
- We infrequently talk about patients who initially survive an overdose, but may require treatment in the ICU if hypoxic brain injury occurred
- Some of these patients may become comatose, leaving their family's with the difficult decision of whether or when to end life support
- Overdoses can cause motor vehicle accidents and sometimes children are in the car
- But it's also causing problems in health care resources and poor communities may be seriously fiscally impacted by the overdose epidemic
- It is taking a devastating toll on our communities



The human suffering due to
the epidemic is poorly
characterized by statistics

Children witness overdose

Rural communities simply
do not have sufficient
resources to respond

Morgues have run out of space



In an overdose epidemic, love is

*..... is making cash payments to the mortuary for your
daughter's funeral
so your wife never has to see a bill*

<https://www.npr.org/2018/04/18/602826966/anguished-families-shoulder-the-biggest-burdens-of-opioid-addiction>

Treatment Works!

- Methadone & buprenorphine prevent overdoses
- Naloxone prevents an overdose fatality

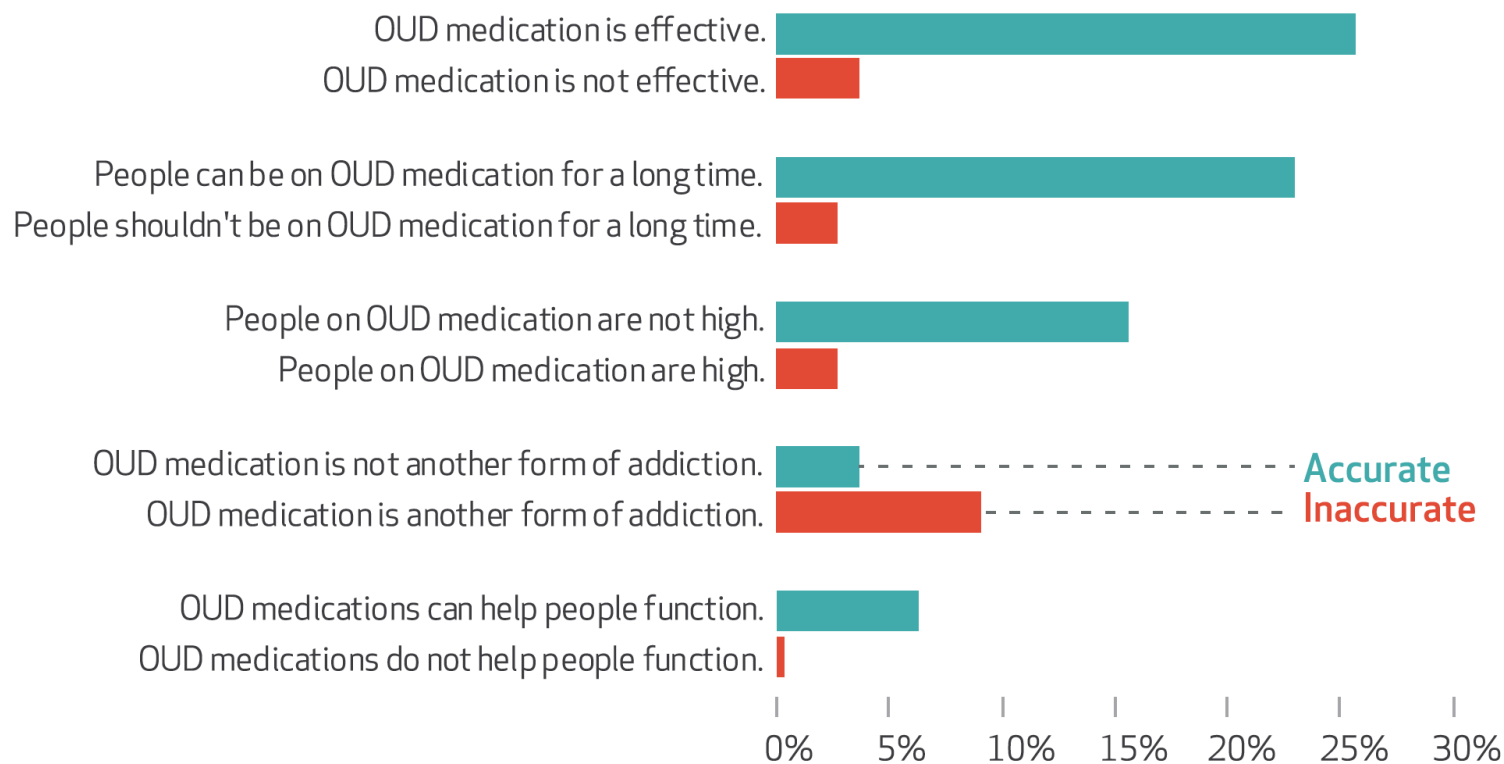
FDA-approved Medications for Opioid Use Disorder:

- Methadone
- Buprenorphine
- Naltrexone (ReVia/Vivitrol)



News Media Reporting On Medication Treatment For Opioid Use Disorder Amid The Opioid Epidemic

Percent of news stories that included accurate and inaccurate messages about opioid use disorder (OUD) medication, 2007-16

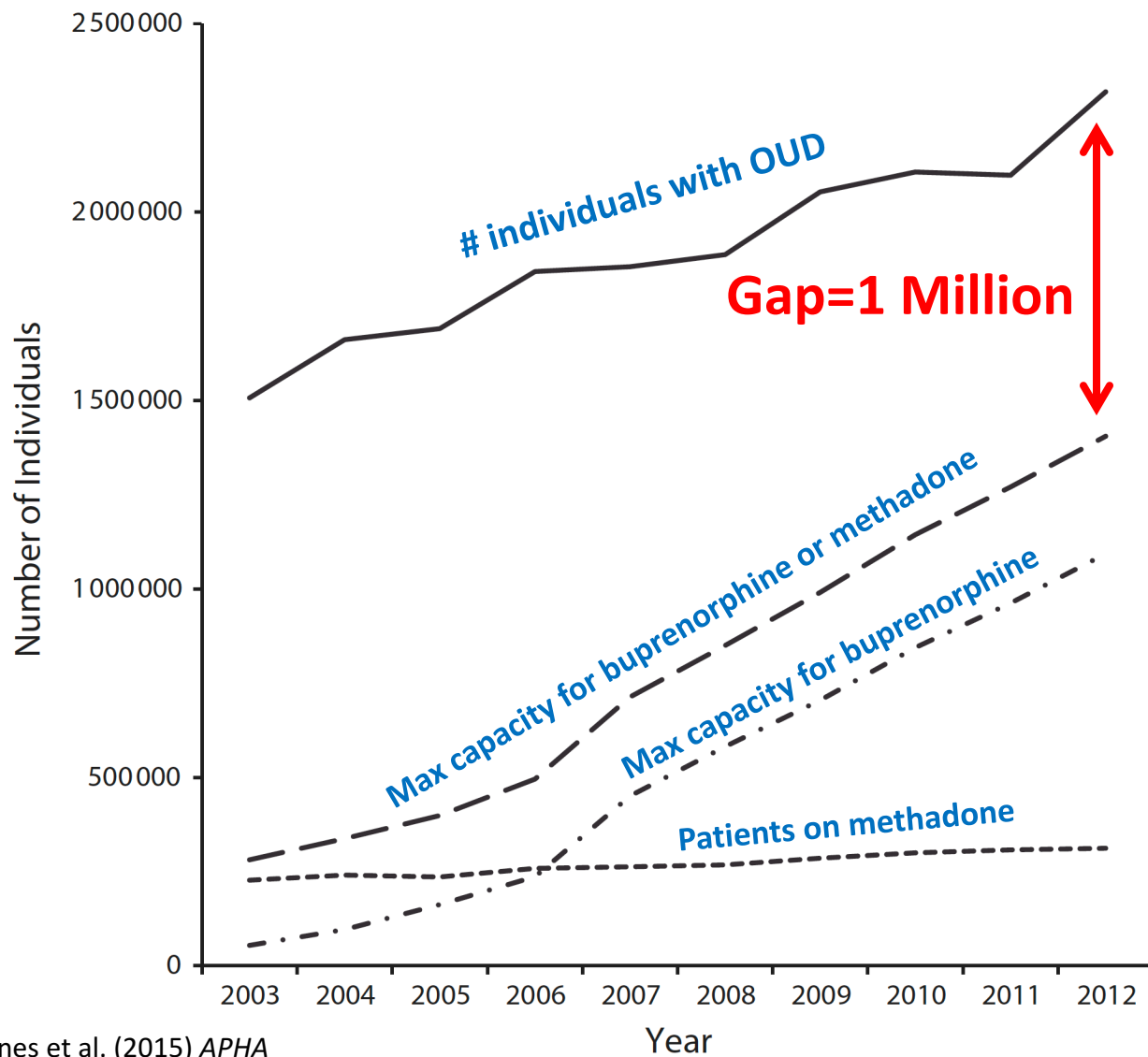


Problems with Getting Treatment

- Not ready to stop using (37.7%)
- People may not believe that substance use disorder treatment works or have problems getting treatment because:
 - Lack of health insurance or ability to pay (26.4%)
 - Not knowing where to get treatment (18.6%)
 - Concerned neighbors/community have negative opinion (13.2%)
 - Treatment not available on-demand, waiting lists
 - Very limited access to detoxification programs
 - Travel distance to treatment program
 - Complex medical & social problems

**ONLY 17.3% OF PEOPLE WHO NEED TREATMENT,
GET TREATMENT**

Limited Opioid Treatment Capacity



SOURCE: Jones et al. (2015) APHA

Myths About Individuals Using Illicit Drugs

- People don't want help
- Addiction is a choice, not a disease
- Underserving of help
- Flawed character
- Poor morals

Perpetuated by misinformation, stereotypes & stigma

What emotions are you experiencing?

Frustration

Sadness

Hopeless

Incompetent

Failure

Vulnerable

What's Wrong

- **Frustration** → first responders WANT to fix the problem
- **Sadness/Grief** → witnessing young people die; knowing the deceased personally or their family members
- **Desperate for solutions** → complexity & changing dynamics
- **Fiscal challenges** → no or limited financial resources to pay for services
- Empathy is eroding

Impact on Addiction Treatment Workforce

- Patients die
- Patient's friend & family members die
- Colleagues die
- Colleagues friends & family members die

What is your organization or facility doing to acknowledge & help clinicians, as well as other patients cope?

SAMHSA Tip 57: Trauma-Informed Care

Decreasing the Risk of Secondary Trauma and Promoting Self-Care Among Counselors

- **Peer support.** Maintaining adequate social support will help prevent isolation and depression.
- **Supervision and consultation.** Seeking professional support will enable you to understand your own responses to clients and to work with them more effectively.
- **Training.** Ongoing professional training can improve your belief in your abilities to assist clients in their recoveries.
- **Personal therapy.** Obtaining treatment can help you manage specific problems and enable you to provide better treatment to your clients.
- **Maintaining balance.** A healthy, balanced lifestyle can make you more resilient in managing any difficult circumstances you may face.
- **Setting clear limits and boundaries with clients.** Clearly separating your personal and work life allows time to rejuvenate from stresses inherent in being a professional caregiver.

What Can You Do Now

- Help community members understand:
 - Limited availability of empirically-based prevention & treatment programs
 - Challenges/delays in linking patients with drug treatment
- Collaborate with community partners to improve education on substance use disorders for first responders
- Modify community opioid response plans to acknowledge human suffering

What Can You Do Now

- Encourage community members to reduce stigma by changing their language
 - Use medically accurate person-first language
- Be **COMPASSIONATE** because
 - SUD is a chronic brain disease → treat SUD patients like patients with other chronic diseases
 - Recognize the link between trauma & SUD
- Offer moral **SUPPORT**, be non-judgmental & **RESPECT** confidentiality
- Hold patients accountable for their actions not their disease

What Communities Are Doing Now

"Our community will tackle the opioid crisis by embedding mental health professionals within emergency response departments. This is yet another innovative approach that shows Huntington is the epicenter for solutions to this nationwide problem."

— Steve Williams, Mayor of Huntington, WV



Envisioning the Future

- We can talk openly about the emotional costs of the overdose epidemic
- Use compassion to combat stigma and build resilience
- Provide support for all first responders
- Address secondary trauma in clinicians whose patients have died due to overdose
- Build hope that recovery happens

THANK YOU!

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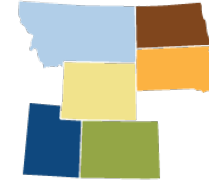




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For more information visit mpattc

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