

Walking the Walk: Creative Tools for Transforming Compassion Fatigue



Françoise Mathieu, M.Ed., RP.
Co-executive Director



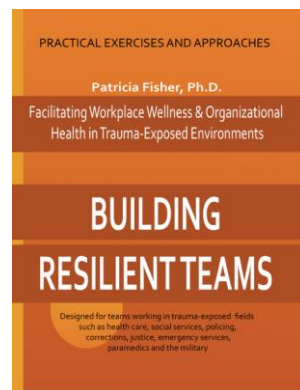
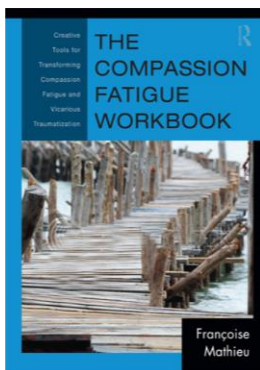
Secondary Trauma

HOME WHO WHAT STORE EVENTS RESOURCES CONTACT LOG IN

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To individuals and organizations by empowering them to be healthy, effective and engaged.

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PRACTICAL & EFFECTIVE APPROACHES

RESILIENCE, BALANCE & MEANING

Supporting our lives and our work in high stress, trauma-exposed workplaces

PATRICIA FISHER, PH.D., & PSYCH., LP/PSYC



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children's institute, inc. *safe children, strong families, healthy communities*

Children's Law Center of California *Excellence in Advocacy*

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES
MYFLFAMILIES.COM

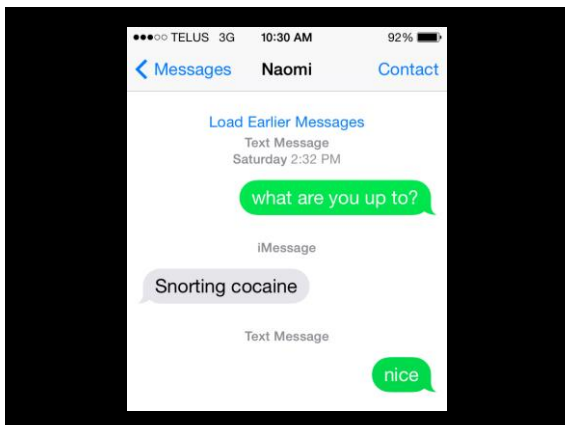
Queens UNIVERSITY *safer children, stronger families*

SickKids THE HOSPITAL FOR SICK CHILDREN

UNHCR The UN Refugee Agency

MOUNT SINAI HOSPITAL

Rady Children's Hospital San Diego



Prior Training on CF/VT/STS?



Years of Experience?



What to expect from today

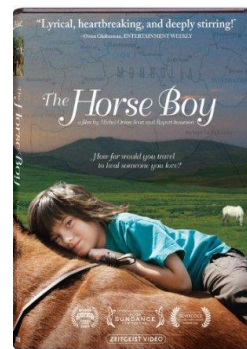
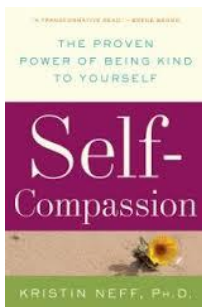
- Low impact disclosure
- Focus on what we can control
- Self-Compassion
- An open mind
- Invitation to make one commitment to change one thing

99% of the strategies we will discuss are free

Must be nice...



“Horizontal violence”: a direct result of Compassion fatigue and role overload



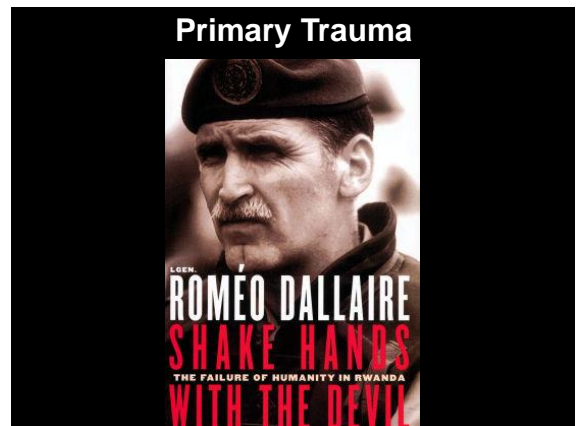
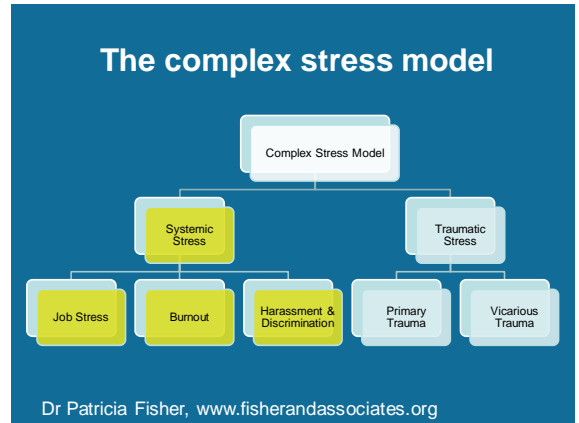


Self compassion break

This is a moment of suffering
 Suffering is part of life
 May I be kind to myself

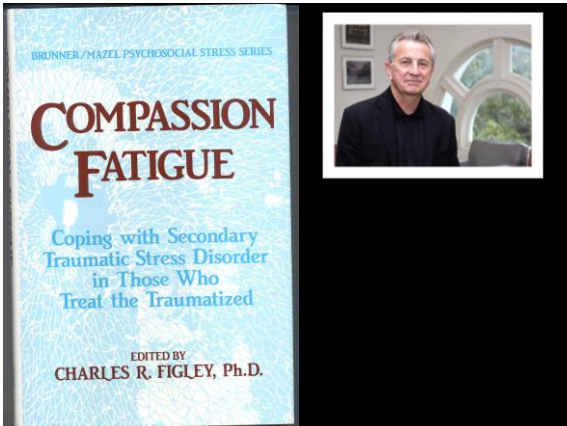
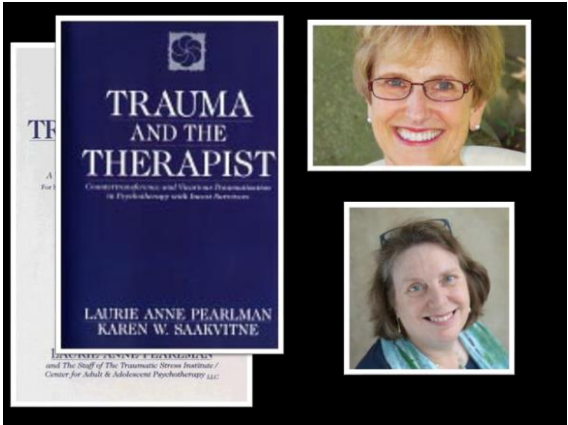


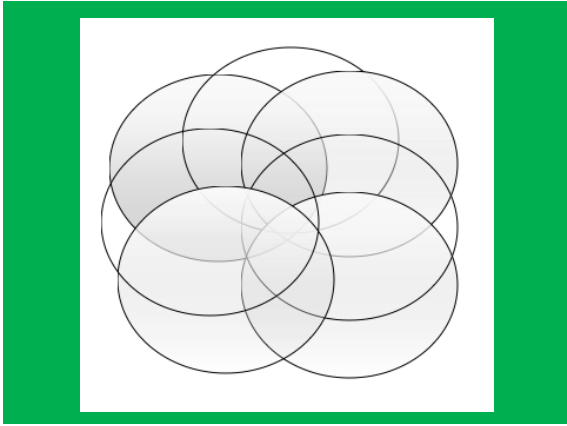
**The high stress
 &
 trauma-exposed workplace**





The secondary impact on helping professionals:
Vicarious Trauma/Compassion Fatigue





Multiple Exposure: Increased Risk

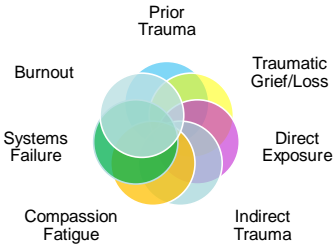


Image courtesy of Dr Leslie Anne Ross, Children's Institute Inc. Los Angeles

Moral Distress



"[...] happens when there are inconsistencies between a [helper's] beliefs and his or her actions in practice" (Baylis 2000)

• "when policies or routines conflict with [...] beliefs about [...] patient care" (Mitchell 2000)

Moral distress discussion

- Example of a situation that creates moral distress for you
- How have you dealt with this?

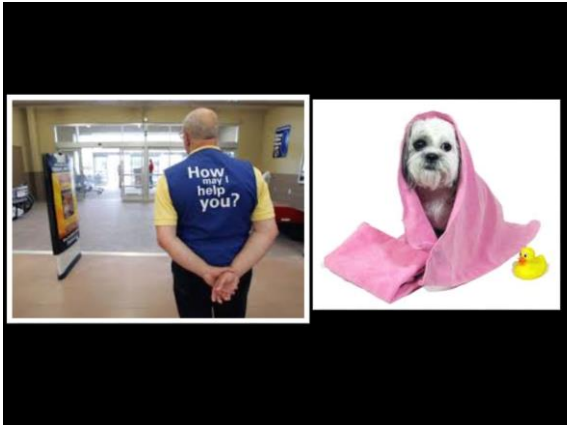
The Ripple Effect





The reality...

- Deeply compromised system
- Difficult stories
- Losses
- Lack of resources
- Public misconception of the work that you do



The work that you do

- Where do those stories go at the end of your day?
 - What are your vulnerabilities?
 - How do you protect yourself?
- Were you trained to do this work?



**Addressing CF & VT:
Key Strategies**





Bober & Regehr Study, 2006

Brief Treatment and Crisis Intervention Advance Access published December 26, 2005

Strategies for Reducing Secondary or Vicarious Trauma: Do They Work?

Ted Bober, MSW
Cheryl Regehr, PhD

This cross-sectional design study sought to assess whether therapists believed and engaged in commonly recommended forms of prevention for secondary and vicarious trauma and whether engaging in these activities resulted in lower levels of distress. In this study of 259 therapists, time spent with counseling trauma victims was the best predictor of trauma scores. Although participants generally believed in the usefulness of recommended coping strategies including leisure activities, self-care activities and supervision, these beliefs did not translate into time devoted to engaging in the activities. Most importantly, there was no association between time devoted to coping strategies and traumatic stress scores. Intervention strategies for trauma counseling that focus on education of therapists and augmenting coping skills unduly individualize the problem.

KEY WORDS: secondary traumatic stress, vicarious trauma, coping, self-care, supervision.



Bober & Regehr (2006)

Although subjects *believed* that leisure and self care would reduce their STS symptoms, that was not in fact the case:

Therapists did not engage in these self care practices more often when they believed in them, and when they *did* take better care of themselves, it did not reduce their trauma scores.

Blaming the service providers



"If you had better self care, and work-life balance...."

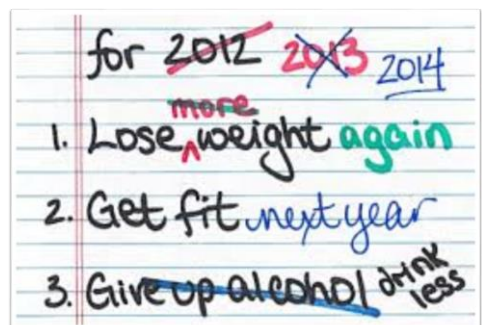
We are an enthusiastic self-help culture...

Bober & Regehr (2005)



Problem is....

We don't always follow through...

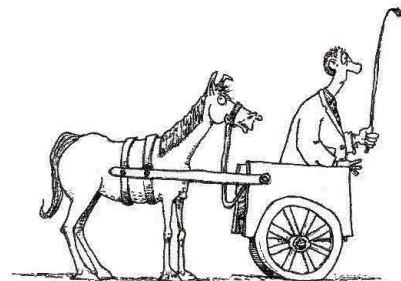
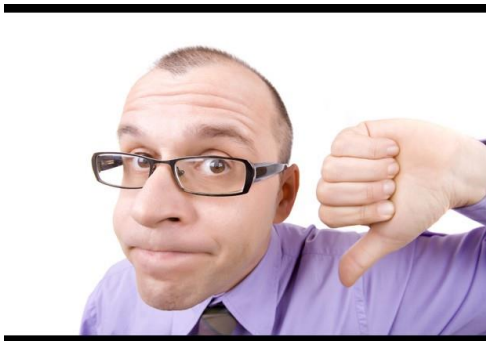




Many Workplaces embraced Self-Care Initiatives with enthusiasm



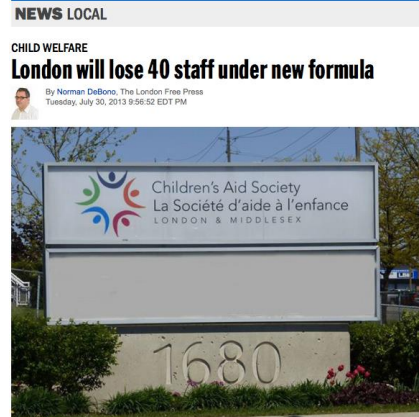
Employees stayed away



Research started showing that reducing workload was a good place to start...



Problem is....



"Our employees are our greatest asset. I say we sell them."

Trauma exposure continued...

Occupational Stressors: Direct Exposure and Prior History

CPS-Related Stressor	% witnessing event (N=49)
Dangerous neighborhood	92
Drug abuse by client	90
Poverty and homelessness	86
Physical abuse of child	84
Educational neglect	84
Poverty and lack of food	80
Sexual abuse of child	78
Criminal activity by client	76
Poverty and lack of healthcare	69
Death of a client due to illness	47
Death of a client due to accident	33
Death of a client due to unknown cause	33
Death of a client due to murder	24



From:
ACS-NYU Children's Trauma Institute

NCTSN The National Child Traumatic Stress Network

SO, is Self Care Enough...?



≠



So, it turns out that....

How do we fix this?



Your Balance Map

My Map

Simplifying	Physical Health	Stress relief
Understanding how I react to change	Social/Emotional supports	Stimulating & engaging work and hobbies
"Trauma stewardship"	Managing occupational stress/resentment	Giving Back

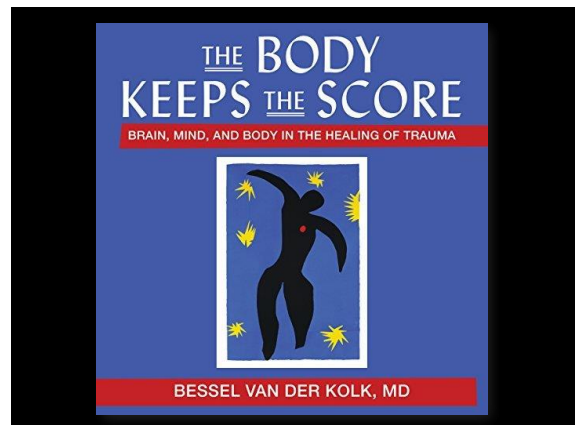
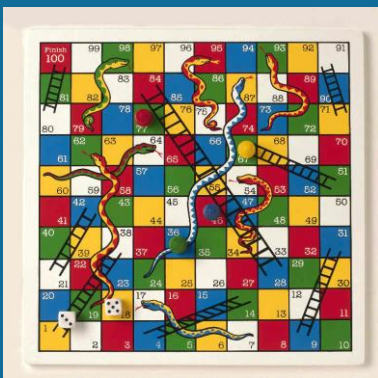
Take stock of stressors and self care...Warning signs



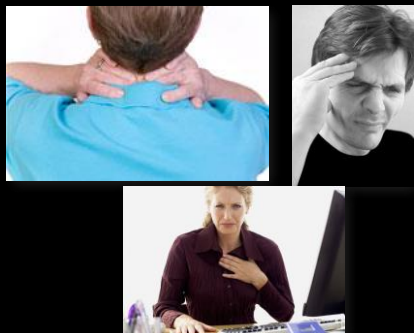
The Warning Signs Continuum



My Yellow Zone...



Physical Symptoms



Behavioural Signs and Symptoms



How we transition...



Behavioural Signs and Symptoms

Increased use of alcohol and drugs	Anger and Irritability	Avoiding clients
Absenteeism	Impaired ability to make decisions	Problems in personal relationships
Attrition	Compromised care for clients	Forgetfulness

Blurred Boundaries

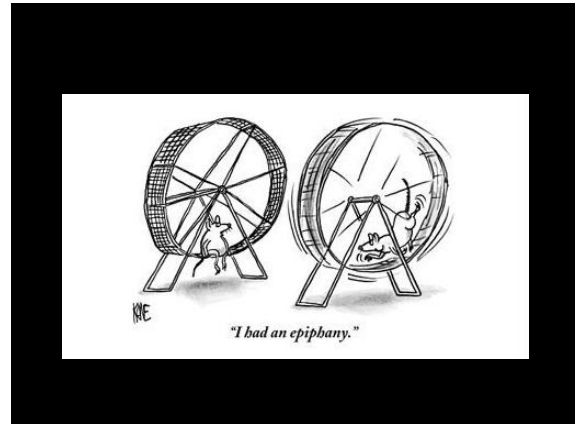
- Rescuing
- Overfunctioning
- Intense preoccupation with a particular case
- Minimizing



Psychological signs and symptoms



- Distancing
- Negative self image
- Depression
- Reduced ability to feel sympathy and empathy
- Cynicism & resentment
- Dread of working with certain clients
- Feeling professional helplessness
- Depersonalization



Psychological signs and symptoms Con't

- Problems with Intimacy
- Intrusive imagery
- Heightened anxiety or irrational fears



Psychological signs and symptoms Con't

- Hypersensitivity/insensitivity to emotionally charged stimuli
- Loss of hope
- Difficulty separating personal and professional lives



Sources: Saakvitne, Figley, Gentry, Baranowsky & Dunning (1997).

"Grandiosity – an inflated sense of importance related to one's work"



van Dernoort Lipsky (2009) Trauma Stewardship

Warning Sign?

Burnout, depression and addiction continue to be taboo topics



NO MEDIA

HEALTH ALL

'Tough forensic guy' John Bradford opens up about his PTSD

CHRIS COBB, OTTAWA CITIZEN | 11.10.2013

Stigma

What works?

Feeling effective

Are we trained to do the work that we do?



Ted Talk: Nadine Burke Harris

Subtitles on TED.com

NADINE BURKE HARRIS

TED Talks

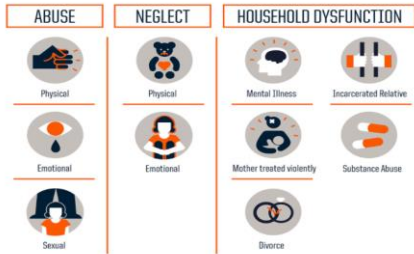
Nadine Burke Harris: How childhood trauma affects health across a lifetime

Adverse Childhood Experiences Study

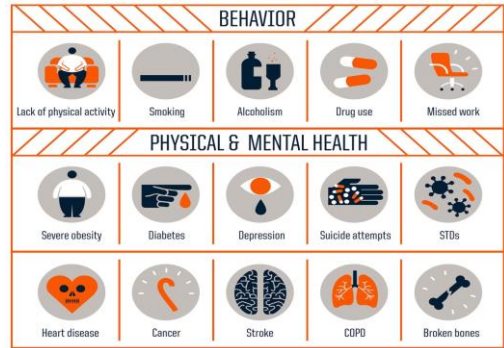


From Trauma Informed Care Stakeholders Group Training Subcommittee

Three Types of ACEs



Source: Centers for Disease Control and Prevention
Credit: Robert Wood Johnson Foundation



“Changing the Paradigm from
What Is Wrong with You To...
What Happened to You?”

From the www.traumainformedcare.org project

Self Assessment Tool The ProQol

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)
CORRELATION BETWEEN PERSONAL AND PROFESSIONAL LIFE

PROQOL-15 (SHORT FORM)

When you [did/did not] engage you have about contact with their lives. As you may have found, your responses for these pro [did/did not] can affect your positive and negative experiences. Below are some questions about your experiences, both positive and negative, in a [did/did not]. Consider each of the following questions about you and your current work situation. Select the number that best reflects how frequently you experienced these things in the last 30 days.

1=Never 2=Rarely 3=Somewhat 4=Often 5=Very Often

1. I am happy.
2. I am recognized with more than one person [did/did not].
3. I get satisfaction from being able to [did/did not] people.
4. I feel connected to others.
5. I care or am disturbed by unexpected sounds.
6. I feel energized after working with those [did/did not].
7. I find it difficult to separate my personal life from my life as a [did/did not].
8. I am not as productive at work because I am being sleep over traumatic experiences of a person [did/did not].
9. I think that I might have been affected by the traumatic stress of those [did/did not].
10. I feel trapped by my job as a [did/did not].
11. Because of my [did/did not], I have hit "an edge" about various things.
12. I like my work as a [did/did not].
13. I feel depressed because of the traumatic experiences of the people [did/did not].
14. I feel as though I am experiencing the trauma of someone I have [did/did not].
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with [did/did not] techniques and protocols.
17. I say the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel more not because of my work as a [did/did not].
20. I have happy thoughts and feelings about those [did/did not] and how I could help them.
21. I feel overwhelmed because my case [did/did not] had some endles.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people [did/did not].

www.proqol.org

The ProQol

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Proqol Self-Test V

November 11, 2015 / By Colleen Wood / In Proqol Self-Test Resources

[Click Here to Download the Excel Version of Proqol V](#)

[Click Here to Download the PDF Version of Proqol V](#)

[Click Here to Download the Proqol Score Sheet](#)

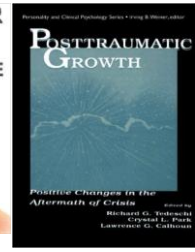
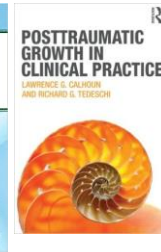
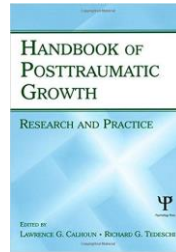
“Compassion Satisfaction” (Stamm, 1999)



“The pleasure you derive from being able to do your work well.”

Post Traumatic Growth

“...positive change experienced as a result of the struggle with a major life crisis or a traumatic event.”



“Vicarious Resilience”

Vicarious Resilience: A New Concept in Work With Those Who Survive Trauma

PILAR HERNANDEZ, PH.D.[†]
DAVID GANGSEL, PH.D.[‡]
DAVID ENGSTROM, PH.D.[§]

Family Process, Vol. 46, No. 2, 2007

Rewards of the work?

Access to timely and good quality debriefing & supervision



Killian (2008)

Debriefing and Supervision

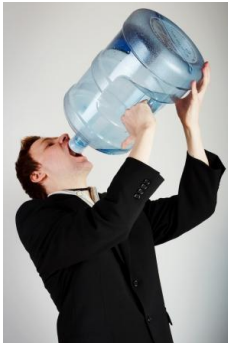
Critical events?

Day to day?

“Hot Walk and Talk”

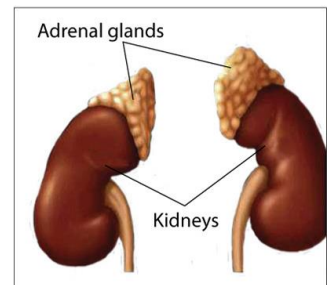


Dr Patricia Fisher, www.fisherandassociates.org



Water and Stress Reduction

Drinking water lowers
Cortisol levels



Do we always need to share
all the gory details?



Low Impact Debriefing

Step One: Self Awareness



Low Impact Debriefing

Step Two: Fair Warning



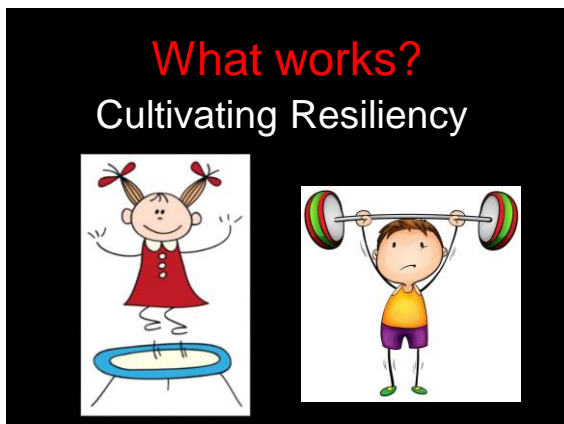
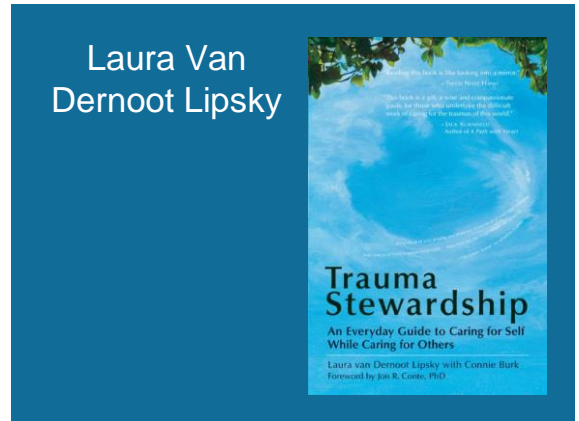
Low Impact Debriefing

Step Three: Consent

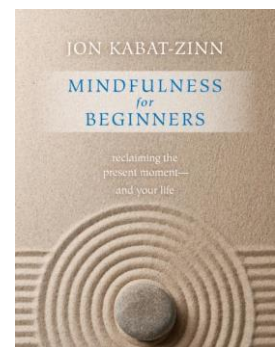
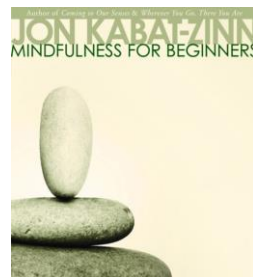


Low Impact Debriefing

Step Four: Low Impact Disclosure



Mindfulness Stress Reduction

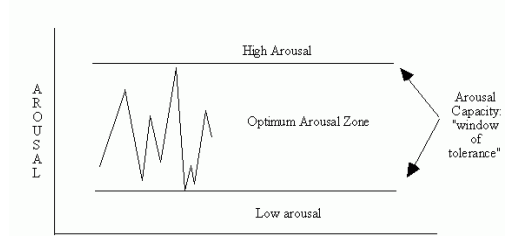


Mindfulness App

Headspace.com



Window of Tolerance Framework

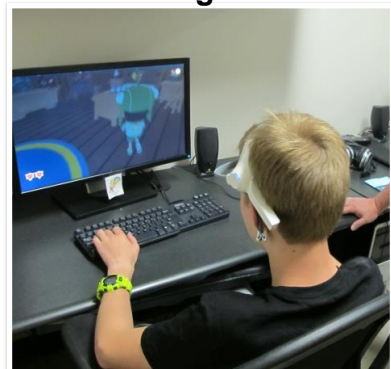


Ogden et al 2006, Corrigan et al 2010

Free iChill App

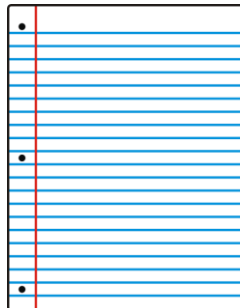


"Mindlight"



Margins

Financial
Time
Energy



Dr Karyn Gordon



"Boy, I'm going to pay for this tomorrow at yoga class."



Making a 1% change

Your support System?

7

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?

Your Action Plan

- Get more training in trauma-informed care
- Develop and enhance your social supports
- Identify your warning signs
- Develop a wellness practice and grounding skills
- Advocate for change
- Decide what you can control

Making a Plan

- First step?
- Further training?
- Book to read/Resource to purchase/Research?
- Ted Talk?
- Partnering-support?
- Accountability/Follow through
- What else?

info@tendacademy.ca

Beyond Kale and Pedicures: Can We Beat Burnout and Compassion Fatigue?

By Françoise Mathieu, M.Ed., CCC.

I have been locked out of the seminar room.

Peering through the glazing, I can see two dozen operating room nurses in scrubs, milling about inside the auditorium. The space is nearly full, and they are chatting and eating lunch. The session on compassion fatigue and self-care is about to begin, but the door is locked and I can't get in. I knock once, and then again a little bit louder. They can see me, but no one comes to unlock the door.

Problem is, I am the presenter, and this isn't starting out particularly well.

...the caterer, who has just

Many of my audiences express growing frustration at working in a system that feels broken, and no amount of kale and yoga can fix that overnight.

Have car, will travel

I became a compassion fatigue specialist by accident, or rather, by necessity. I completed my counselling degree nearly 20 years ago and I was very fortunate in receiving first-rate training at Columbia University and at the University of Toronto. Our courses explored issues of multiculturalism, racism, gender bias, addiction, transference, and many other challenging and stimulating topics.

The Columbia program was considered pretty

Compassion Fatigue Train the Trainer



Get in touch

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