

**Compassion
Fatigue, Self Care
and Healthy
Boundaries**

When Helping Hurts: Sustaining Trauma Workers: What is Compassion Fatigue?

<http://youtu.be/be8sNWWBhnE?t=9s>

Definitions

Compassion - “sympathetic consciousness of others’ distress together with a desire to alleviate it.” (merriam-webster.com) or “to suffer together”.
(greatergood.berkeley.edu)

Fatigue - “weariness or exhaustion from labor, exertion or stress” or “the tendency of a material to break under repeated stress” such as “metal fatigue”. (merriam-webster.com)

Compassion Fatigue - Also called “vicarious traumatization” or secondary traumatization (Figley, 1995). The emotional residue or strain of exposure to working with those suffering from the consequences of traumatic events. It differs from burn-out, but can co-exist. Compassion Fatigue can occur due to exposure on one case or can be due to a “cumulative” level of trauma. (stress.org)

Burnout - Cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, NOT trauma-related. (stress.org)

Self-care – Engagement in behaviors that support health and well-being. (Lee, 2013)

Symptoms of Compassion Fatigue in an Individual

- Excessive blaming
 - Bottled up emotions
 - Isolation from others
 - Receives unusual amount of complaints from others
 - Voices excessive complaints about administrative functions
 - Substance abuse used to mask feelings
 - Compulsive behaviors such as overspending, overeating, gambling, sexual addictions
 - Poor self-care (i.e., hygiene, appearance)
 - Legal problems, indebtedness
 - Reoccurrence of nightmares and flashbacks to traumatic event
 - Chronic physical ailments such as gastrointestinal problems and recurrent colds
 - Apathy, sad, no longer finds activities pleasurable
 - Difficulty concentrating
 - Mentally and physically tired
 - Preoccupied
 - In denial about problems
- (compassionfatigue.org)

Compassion Fatigue in an Organization

- High absenteeism
- Constant changes in co-workers relationships
- Inability for teams to work well together
- Desire among staff members to break company rules
- Outbreaks of aggressive behaviors among staff
- Inability of staff to complete assignments and tasks
- Inability of staff to respect and meet deadlines
- Lack of flexibility among staff members
- Negativism towards management
- Strong reluctance toward change
- Inability of staff to believe improvement is possible
- Lack of a vision for the future

(compassionfatigue.org)

What type of jobs could lead to Compassion Fatigue?

Nursing (All types)
Social Worker
Counselor (College, High School, Mental Health)
ER Personnel (Physician's Assistants, Nurses, Doctors)
Paramedics, EMTs
Firefighters
Law Enforcement
Corrections Officers
Foster care workers
Child Protective Services
Judges, Lawyers
Ministry, Pastor, Priest, Missionary
Disaster relief personnel/volunteer
Military service member
Teacher
911 Communications Dispatcher
Resource hotline worker (suicide, rape, abuse etc.)
Veterinarian

Typically, caregiving roles, however, any role which frequently has contact with stories of trauma and abuse.

The Caregiver's Bill Of Rights

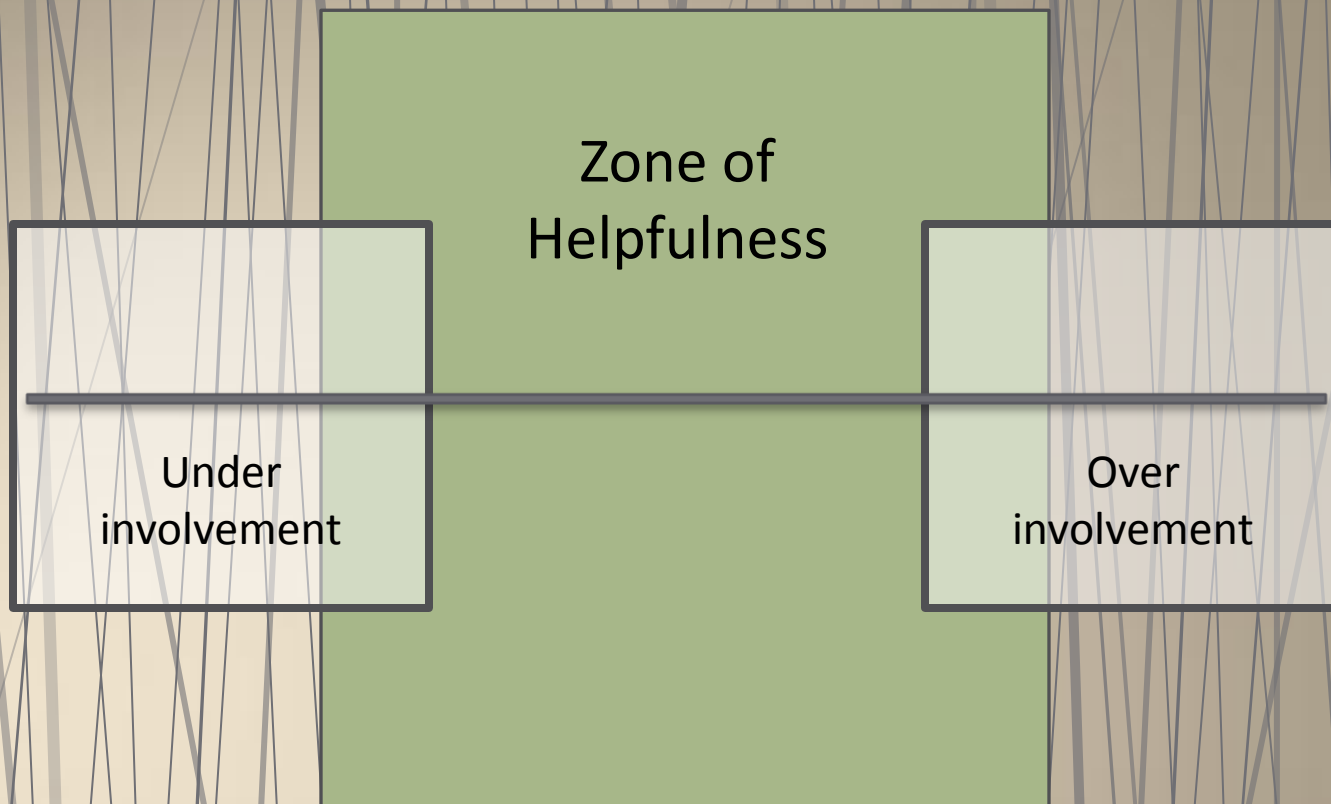
As a caregiver I have
the right...

- to be respected for the work I choose to do.
- to take pride in my work and know that I am making a difference.
- to garner appreciation and validation for the care I give others.
- to receive adequate pay for my job as a professional caregiver.
- to discern my personal boundaries and have others respect my choices.
- to seek assistance from others, if and when it is necessary.
- to take time off to re-energize myself.
- to socialize, maintain my interests, and sustain a balanced lifestyle.
- to my own feelings, including negative emotions such as anger, sadness, and frustration.
- to express my thoughts and feelings to appropriate people at appropriate times.
- to convey hope to those in my care.
- to believe those in my care will prosper in mind, body and spirit as a result of my care-giving.

The background of the slide features a pattern of thin, vertical, slightly wavy lines in a light grey color against a light beige background. A solid dark grey horizontal bar spans the width of the slide, positioned in the lower half. The text is centered within this bar.

Healthy Boundaries

As self-care



A zone of helpfulness is in the center of the professional behavior continuum. This zone is where the majority of client interactions should occur for effectiveness and client safety. Over-involvement with a client is on the right side of the continuum. This includes boundary crossings, boundary violations and professional sexual misconduct..Under-involvement lies on the left side. This includes distancing, disinterest and neglect, and it can also be detrimental to the client and the provider [nurse]. There are no definite lines separating the zone of helpfulness from the ends of the continuum; instead, it is a gradual transition or melding.

Continuum of Professional Behavior

https://www.ncsbn.org/Professional_Boundaries_2007_Web.pdf

What are professional boundaries?

- ✓ Clearly established limits that allow for safe connections between service providers and their clients
- ✓ “Being with” the client, not becoming the client
- ✓ Being friendly, not friends
- ✓ The ability to know where you end and the client begins
- ✓ A clear understanding of the limits and responsibilities of your role as a service provider

Techniques for Creating and Maintaining Healthy Professional Boundaries

- As early as possible in the relationship (ideally at your initial meeting/intake/assessment), establish clear agreements with the client regarding your role as a service provider, your availability, best ways to communicate with you, and what to do if you see one another in public.
- When boundary issues or warning signs appear, address these issues with the client quickly. Be sensitive to their feelings when doing this; emphasize the importance of and your commitment to maintaining healthy boundaries.
- Realize that how a client interprets your words and actions might not match what you were trying to communicate. With these sensitive relationships, you may need to frequently clarify your role and boundaries and ask the client to repeat back what you said to ensure that he/she understands. This will also give the client an opportunity to ask clarifying questions.
- Use your supervisor, professional colleagues and/or a mental health professional as a sounding board when you have questions or concerns regarding boundaries, and especially when boundary issues are impacting your ability to provide objective, compassionate care.
- Also consult with your supervisor or professional colleagues if you are feeling uncomfortable about talking with your clients about boundaries.
- Self-disclosure: if you do decide to tell a client something personal about yourself, ensure that the information is related to the client's goals. Too much self-disclosure shifts the focus from the client to the service provider and can confuse the client in terms of roles and expectations of the relationship.



Social Media

Facebook , Twitter and texting

Professional Quality of Life Scale (PROQOL)

Compassion Satisfaction and
Compassion Fatigue (PROQOL)
Version 5 (2009)

Tips for Coping with Caregiver Stress

What Can I Do to Reduce Caregiver Stress in My Life?

Finding ways to reduce caregiver stress will help lessen the long-term emotional and physical toll. Tips for managing stress include:

- Keep a positive attitude. Believe in yourself.
- Accept that there are events you cannot control.
- Be assertive instead of aggressive. "Assert" your feelings, opinions, or beliefs instead of becoming angry, combative, or passive.
- Learn to relax.
- Exercise regularly. Your body can fight stress better when it is fit.
- Stop smoking.
- Limit yourself to moderate alcohol and caffeine intake.
- Set realistic goals and expectations.
- Get enough rest and sleep. Your body needs time to recover from stressful events.
- Don't rely on alcohol or drugs to reduce stress.
- Learn to use stress management techniques and coping mechanisms, such as deep breathing or guided imagery.

<http://www.webmd.com/balance/stress-management/caregiver-advice-cope>



References

- Banko, T. M. (2013) Social Work Students, Self-care, Compassion Fatigue, and Burnout, A Thesis presented to the Faculty of San Diego State University
- Barry, P., Lambert, K.M., Stokes, G., (2012). Risk management and legal issues with the use of social media in the healthcare setting *Journal of Healthcare Risk Management*, 31(4). doi: 10.1002/jhrm.20103
- Bourassa, D. (2012) Examining Self-Protection Measures Guarding Adult Protective Services Social Workers Against Compassion Fatigue. *Journal of Interpersonal Violence*, 27(9), 1699-1715. doi: 10.1177/0886260511430388.
- Brown, J.B., McNair, S., Vandervoort, A., Ward-Griffin, C., (2005) Double-Duty Caregiving: Women in the Health Professions. *Canadian Journal on Aging / La Revue canadienne du vieillissement*, 24(4), 379-394. doi: 10.1353/cja.2006.0015
- Caregiver. (n.d.). *The American Heritage® Stedman's Medical Dictionary*. Retrieved May 07, 2013, from Dictionary.com website: <http://dictionary.reference.com/browse/caregiver>
- Figley, C.R. (Ed.). (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, 1-20.
- Kelly, K., Malloy, P., Thrane, S., Virani, R., Winston, T. (2013). Do Nurses Who Care for Patients in Palliative and End-Of-Life Settings Perform Good Self-care? *Journal of Hospice & Palliative Nursing*, 15 (2). 99-106.
- Kimmons, R., Veletsianos, G., (2013) *Scholars and faculty members' lived experiences in online social networks, Internet and Higher Education*, 16, pp. 43-50 Elsevier, Austin. <http://dx.doi.org/10.1016/j.iheduc.2012.01.004>.

References

- Lee, J.J., Miller, S.L., (2013) A Self-Care Framework for Social Workers: Building a Strong Foundation for Practice, *Families in Society: The Journal of Contemporary Social Services, Alliance for Children and Families*, 94(2). 96-103. doi : 10.1606/1044-3894.4289
- McWilliam, C.L., Turpin, L.J., Ward-Griffin, C.(2012) The Meaning of a Positive Client-Nurse Relationship for Senior Home Care Clients with Chronic Disease. *Canadian Journal on Aging/La Revue canadienne du vieillissement*. 31(4). 457-469
doi:10.1017/S0714980812000311
- Portnoy, D. (2011). Burnout and Compassion Fatigue: Watch for the Signs *Journal of the Catholic Health Association of the United States*.47-50. Retrieved from http://compassionfatigue.dreamhosters.com/wp-content/uploads/2011/09/Burnout_and_Compassion_Fatigue_-_Watch_for_the_Signs1.pdf
- The American Institute of Stress retrieved from <http://www.stress.org/military/for-practitionersleaders/compassion-fatigue/>
- Wolf, K. (2008). Maintaining Professional Boundaries in Interpersonal Work Conducted for: First 5 Santa Cruz County Service Integration, Brown Bag Lunches, August 2008.
- When Helping Hurts. Preventing and Treating Compassion Fatigue. DVD 4. Retrieved from <http://youtu.be/be8sNWWBhnE>
- <http://greatergood.berkeley.edu/topic/compassion/definition>
- <http://www.merriam-webster.com/dictionary/>
- http://www.proqol.org/ProQol_Test.html