Dr. Charles Figley, a hugely respected trauma expert and pioneer researcher in the field of helper burnout called compassion fatigue a “disorder that affects those who do their work well.” (1995) It is characterized by deep emotional and physical exhaustion, symptoms resembling depression and PTSD and by a shift in the helper’s sense of hope and optimism about the future and the value of their work. The level of compassion fatigue a helper experiences can ebb and flow from one day to the next, and even very healthy helpers with optimal life/work balance and self care strategies can experience a higher than normal level of compassion fatigue when they are overloaded, are working with a lot of traumatic content, or find their case load suddenly heavy with clients who are all chronically in crisis.

Compassion fatigue can strike the most caring and dedicated nurses, social workers, physicians and personal support workers alike. These changes can affect both their personal and professional lives with symptoms such as difficulty concentrating, intrusive imagery, loss of hope, exhaustion and irritability. It can also lead to profound shifts in the way helpers view the world and their loved ones. Additionally, helpers may become dispirited and increasingly cynical at work, they may make clinical errors, violate client boundaries, lose a respectful stance towards their clients and contribute to a toxic work environment.

It has been shown that, when we are suffering from compassion fatigue, we work more rather than less. What suffers is our health, our relationship with others, our personal lives and eventually our clients.

Assessing your own level of Compassion Fatigue

If you would like to assess your current level of Compassion Fatigue, Drs. Beth Stamm and Figley developed the Proqol (Professional Quality of Life) Self test for compassion fatigue. The test is the gold standard measure in the field at this time. It assesses a helper’s levels of secondary trauma and burnout, and also evaluates a helper’s level of compassion satisfaction which is “about the pleasure you derive from being able to do your work well.” (Stamm, 1999). To access this test, you can either go to Dr. Stamm’s website: www.proqol.org, or purchase our book: The Compassion Fatigue Workbook or download a free self-scoring...
Developing an Early Warning System for Yourself

I believe that compassion fatigue is a normal consequence of working in the helping field. The best strategy to address compassion fatigue is to develop excellent self care strategies, as well as an early warning system that lets you know that you are moving into the caution zone of Compassion Fatigue.

For the past 15 years I have been training and assisting helpers in developing a better understanding of this complex occupational hazard. Here is a sample of my favourite self care strategies to transform compassion fatigue into compassion satisfaction.

Top 12 Self-Care Tips for Helpers

1. Take Stock—What’s on your plate?

You can’t aim to make changes and improvements without truly knowing where the problem areas are. Start by taking a nonjudgmental inventory of where things are at in your life. Make a list of all the demands on your time and energy (Work, Family, Home, Health, Volunteering, other). Try to make this list as detailed as you can. E.g.: Under the Work category, list the main stressors you see (number of clients, or, amount of paperwork, or difficult boss, etc).

Once you have the list, take a look at it. What stands out? What factors are contributing to making your plate too full? Life situations or things you have taken on? What would you like to change most? If you are comfortable sharing this with a trusted friend or colleague, have a brainstorming discussion with them on strategies and new ideas. A counsellor or coach can also help you with this exercise. If you would like to read more on this, we highly recommend reading Cheryl Richardson’s excellent book “Take time for your life” (1998).

2. Start a Self-Care Idea Collection

This can be fun. You can do it with friends and at work. With friends: Over a glass of wine or a cappuccino, interview three friends on their favourite self-care strategies. Start making a list even if they are not ideas that you would do/are able to afford at the moment. Something new might emerge that you had not yet thought of.

At work: If you are doing this at work, you could even start a contest for the best self care idea of the week or have a “self care board” where people post their favourite ideas. You could have a “5 minutes of self care” at each staff meeting, where someone is in charge of bringing a new self care idea each week.

Once you have a really nice long list, pick three ideas that jump out at you. Make a commitment to implementing these in your life within the next month. Ask a friend/colleague if they would commit to supporting you (and you them) in maintaining your self care goals. This could mean
that they go to the gym with you every Thursday, or that they email you at lunch to remind you to get out of your office. This is a wonderful way to stay on track and to validate your own experiences by sharing them.

3. Find time for yourself every day – Rebalance your workload

Do you work straight through lunch? Do you spend weekends running errands and catching up on your week without ever having 20 minutes to sit on the couch and do nothing? Can you think of simple ways to take mini breaks during a work day? This could simply be that you bring your favourite coffee cup to work, and have a ritual at lunch where you close your door (if you have a door) and listen to 10 minutes of your favourite music. A friend of mine has a nap on her yoga mat at work during her lunch break. What would work for you?

Not everyone has control over their caseload, but many of us do, providing we see all the clients that need to be seen. Would there be a way for you to rejig your load so that you don’t see the most challenging clients all in a row?

Make sure you do one nourishing activity each day. This could be having a 30 minute bath with no one bothering you, going out to a movie, or it could simply mean taking 10 minutes during a quiet time to sit and relax. Don’t wait until all the dishes are done and the counter is clean to take time off. Take it when you can, and make the most of it. Even small changes can make a difference in a busy helper’s life.

4. Delegate - learn to ask for help at home and at work

Have you ever taught a 4 year old how to make a sandwich? How long would it take you to make the same sandwich? Yes, you would likely make it in far less time and cause far less mess in the kitchen, but at the end of the day, that four year old will grow into a helpful 10 year old, and one day, you won’t have to supervise the sandwich making anymore. Are there things that you are willing to let go of and let others do their own way? Don’t expect others to read your mind: consider holding a regular family meeting to review the workload and discuss new options. Think of this: If you became ill and were in hospital for the next two weeks, who would look after things on the home front?

5. Have a transition from work to home

Do you have a transition time between work and home? Do you have a 20 minute walk home through a beautiful park or are you stuck in traffic for two hours? Do you walk in the door to kids fighting and hanging from the curtains or do you walk into a peaceful house? Do you have a transition process when you get home? Do you change clothes?

Helpers have told us that one of their best strategies involved a transition ritual of some kind: putting on cozy clothes when getting home and mindfully putting their work clothes “away” as in putting the day away as well, having a 10 minute quiet period to shift gears, going for a run. One workshop participant said that she had been really missing going bird watching, but that her current life with young children did not allow for this. She then told us that her new strategy

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would be the following: From now on, when she got home from work, instead of going into the house straight away, she would stay outside for an extra 10 minutes outside, watching her birdfeeders. Do you have a transition ritual?

6. Learn to say no (or yes) more often

Helpers are often attracted to the field because they are naturally giving to others, they may also have been raised in a family where they were expected to be the strong supportive one, the parental child etc.

Are you the person who ends up on all the committees at work? Are you on work-related boards? Do you volunteer in the helping field as well as work in it? Are you the crisis/support line to your friends and family? It can be draining to be the source of all help for all people. As helpers, we know that learning to say no is fraught with self esteem and other personal issues and triggers. Do you think you are good at setting limits? If not, this is something that needs exploring, perhaps with a counsellor. Can you think of one thing you could do to say no a bit more often?

Conversely, maybe you have stopped saying yes to all requests, because you are feeling so depleted and burned down, feel resentful and taken for granted. Have you stopped saying yes to friends, to new opportunities?

Take a moment to reflect on this question and see where you fit best: Do you need to learn to say no or yes more often?

7. Assess your Trauma Inputs

Do you work with clients who have experienced trauma? Do you read about, see photos of, and are generally exposed to difficult stories and images at your work? Take a trauma input survey of a typical day in your life. Starting at home, what does your day begin with? Watching morning news on TV or on Facebook? Listening to the radio or reading the paper? Note how many disturbing images, difficult stories, actual images of dead or maimed people you come across.

Now look at your work. Not counting direct client work, how many difficult stories do you hear, whether it be in a case conference, around the water cooler debriefing a colleague or reading files?

Now look at your return trip home. Do you listen to the news on the radio? Do you watch TV or violent shows on Netflix at night? What do you watch? If you have a spouse who is also in the helping field, do you talk shop and debrief each other?

It is important to recognize the amount of trauma information that we unconsciously absorb during the course of a day. Many helpers whom we meet say that they are unable to watch much of anything on television anymore, other than perhaps the cooking channel. Others say the
reverse, that they are so desensitized that they will watch very violent movies and shows and feel numb when others around them are clearly disturbed by it.

In a nutshell, there are a lot of extra trauma inputs outside of client work that we do not necessarily need to absorb or to hear about. We can create a “trauma filter” to protect ourselves from this extraneous material.

8. Learn more about Compassion Fatigue and Vicarious Trauma

Compassion Fatigue (CF) and Vicarious Trauma (VT) are serious, profound changes that happen when helpers do their best work. Learn more about CF and VT, including ways to recognise the signs and symptoms and strategies to address the problem. Consider attending a workshop or read more on the topic. Read my book: The Compassion Fatigue Workbook and Laura Van Dernoot Lipsky’s book “Trauma Stewardship”. Visit our website for more information: www.tendacademy.ca or email us: info@tendacademy.ca

9. Consider Joining a Supervision/Peer Support Group

Not all places of work offer the opportunity for peer support. You can organise such a group on your own (whether it be face to face meetings or via email or phone). This can be as small as a group of three colleagues who meet once a month or once a week to debrief and offer support to one another.

10. Attend Workshops/Professional Training Regularly

Helpers with severe compassion fatigue often speak of feeling de-skilled and incompetent. Researchers in the field of CF and VT have identified that attending regular professional training is one of the best ways for helpers to stay renewed and healthy. There are of course several benefits to this: connecting with peers, taking time off work, and building on your clinical skills. Identify an area of expertise that you want to hone. If you are not able to travel to workshops, consider taking online courses.

11. Consider working part time (at this type of job)

Managers often cringe when we say this in our workshops, but studies have shown that one of the best protective factors against Compassion Fatigue is to work part time or at least, to see clients on a part time basis and to have other duties the rest of the time. There are some excellent books on this topic, such as Your money or your life by Joe Dominguez and Marsha Sinetar’s Do what you love and the money will follow.

12. Exercise

We tell our clients how important physical exercise is. Do you do it on a regular basis? Can you think of three small ways to increase your physical activity? One busy counselling service hired a yoga instructor to come once a week to their office and everyone chipped in their 10$ and did yoga together at lunch. Another agency said that they had created a walking club, and that a
group of helpers walk outside for 30 minutes three times a week. The key to actually increasing
physical exercise is to be realistic in the goals we set out for ourselves. If you don’t exercise at
all, aiming to walk around the block twice a week is a realistic goal, running a 10km run in two
weeks is not.

Conclusion: “Dig where the ground is soft” Chinese proverb

When I was training in couples counseling with Dr. Les Greenberg, he always used to say “when
you are working with couples, dig where the ground is soft. Work with the client who seems
most ready to change, not with the client who seems most closed and defensive.” Instead of
picking your trickiest area, pick the issue that you can most easily visualise improving on. (eg:
“making a commitment to going for a walk every lunch time vs getting rid of my difficult
supervisor”).

You may not notice it right away, but making one small change to your daily routine can have
tremendous results in the long term. Imagine if you started walking up two flights a stairs per day
instead of using the elevator, what might happen after three months?

The Author:

Françoise is a Registered Psychotherapist in the province of Ontario and compassion
fatigue specialist. Her experience stems from 20 years as a crisis counsellor, working in
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Françoise is co-executive director of TEND, whose aim is to offer organizational health
assessments, consulting and training to helpers and agencies on topics related to self care,
trauma, burnout and compassion fatigue. Since 2001, Françoise has given hundreds of seminars
on compassion fatigue and self care across North America to thousands of helping professionals
in the fields of health care, mental health, addiction, child welfare and the criminal justice
system.

Françoise and her team are engaging and dynamic speakers who offer evidence-based solutions
to helpers seeking validation and new strategies to remain healthy while working in this
challenging and rewarding field. She is the author of “The Compassion Fatigue Workbook”
which was published by Routledge in 2012 as well as several articles and publications.

For more information on Compassion Fatigue Workshops and resources:

Contact Françoise Mathieu at: info@tendacademy.ca
www.tendacademy.ca

Recommended Resources

Compassion Fatigue/Vicarious Trauma
Beyond Kale and Pedicures by Françoise Mathieu (article) www.tendacademy.ca/resources

Trauma Stewardship by Laura Van Dernoot Lipsky

The Compassion Fatigue Workbook by Françoise Mathieu (available online at Amazon)

**Trauma and the Body**

The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma by Bessel Van Der Kolk, 2014.

The Body Bears the Burden: Trauma, Dissociation and Disease by Robert Scaer, 2014.

**Stress/Immune System**

When the Body Says No by Gabor Maté

**Relaxation/Meditation Audio Guides**

Mindfulness Meditation CDs by Jon Kabat-Zinn: www.mindfulnesscds.com

Working with Mindfulness Audio recording by Mirabai Bush
https://morethansound.net/shop/working-with-mindfulness/#.VPw83mR4o8t

**Life/Work Balance**

Take Time for Your Life: a 7 Step Program for Creating the Life you Want by Cheryl Richardson (1999)

**Self Care/Stress Reduction**

Do One Thing Different: 10 simple ways to change your life by Bill O’Hanlon

Little book of stress relief by David Posen

**Simplifying**

50 best ways to simplify your life by Patrick Fanning (2001)

Simplify Your Life: 100 Ways to Slow Down and Enjoy the Things That Really Matter by Elaine St James
Compassion fatigue. Quite the same Wikipedia. Just better. Compassion fatigue has also been called secondary victimization,[6] secondary traumatic stress,[7] vicarious traumatization,[8] and secondary survivor.[9] Other related conditions are rape-related family crisis[10] and "proximity" effects on female partners of war veterans.[11] Compassion fatigue has been called a form of burnout in some literature. “Survival Strategies: A Framework for Understanding Secondary Traumatic Stress and Coping in Helpers”. Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. NY: Brunner/Mazel, pp. 21–50. Self-care plans can help with these problems professionals may encounter by teaching one how to get an adequate amount of sleep, eat a nutritious diet, and to also voice their concerns. Choice of Trauma-Informed Assessment Instrument There are many assessment tools that professionals can use to determine if they are suffering from compassion fatigue, or vicarious traumatization. One tool that can be used is the Compassion Fatigue Self-Test, where an individual can score themselves on numerous questions to see if they are suffering from compassion fatigue. Transforming compassion fatigue into compassion satisfaction: Top 12 self-care tips for helpers. Retrieved from. You've reached the end of your free preview.