

Overcoming Compassion Fatigue

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Compassion Fatigue

How to work in the field of
mental health without
losing our mental health

Lessons Learned From Those Who Rebounded From a Difficult Past

- Those who can empathize with and feel compassion for people who are suffering, children included, and who feel a sense of responsibility for helping them, represent eventual turning point experiences in their struggle to rebound from adversity.

Rebounding From a Difficult Past

- The reason why many of the people we care for and treat, children included, may eventually learn to see their lives in a new light.
- Learning to see adversities in a new light can be the key to rebounding from a difficult past.

Rebounding From a Difficult Past

- What happens when caregivers grow tired and depleted?
- What happens when caregivers begin losing hope that the lives of those they care for and treat will ever change for the better?
- Those interested in helping others rebound from a troubled past need to pay very close attention to the caregivers in their lives.
- We see ourselves through the eyes of others.

Rebounding From a Difficult Past

- Bringing compassion fatigue out in the sunlight
- Not only the resilience within us that allows us to rebound from a difficult past, but also the resilience between us.

Overcoming Compassion Fatigue

- Part I: Introduction and Overview
- Part II: Overcoming Compassion Fatigue: Awareness, Balance, Connection
- Part III: Creating Personal and Agency-Wide Self-Care Plans

Part I:

Introduction and Overview

- Compassion Fatigue:
 - What is it?
 - Who's at risk?
- What we sometimes forget when talking about compassion fatigue –
We can also grow stronger and wiser as a result of the work we do.

Compassion Fatigue

- The price one can sometimes pay for caring so much and working so hard to improve the lives of others who are suffering.
- “We hurt too much because we’re empathic, and it wears us down.” “It fatigues us.” “We’re tired.” “We’ve lost our energy.” Frank Ochberg, M.D.
- Lose our spark, our sense of hope and optimism, our humor. “We aren’t sick, but we aren’t ourselves.”
Frank Ochberg, M.D.

Compassion Fatigue

- Question some experts in the field are now asking:
- Can we really prevent compassion fatigue?
- It's the result of doing what we do well.
- Should we be focusing on being aware of its warning signs, and then doing what we need to do to overcome it?
- And doing these things together? Research is showing that self-care plans may not be enough.

Compassion Fatigue: Characteristics

- Exhaustion – emotional, physical or both
- Signs, symptoms known to vary from person to person
 - Feeling a sense of futility or a sense of hopelessness that better days lie ahead
 - Questioning our abilities or even our worth
 - Losing patience and our ability to control our emotions

Compassion Fatigue: Characteristics

- Signs, symptoms known to vary from person to person (continued)
 - Avoiding strong emotions, numbing ourselves to the content at work
 - Difficulty sleeping, feeling tired and not quite ourselves
 - Losing our spark, losing our sense of humor
 - Other characteristics.....

Compassion Fatigue

- Emotions are contagious – FSU study
- Researchers identified different brain wave patterns when viewing a painful scene versus a non-painful scene. Why weren't similar differences found in doctors?
- Might some professions need to calibrate compassion in order to function more effectively?
- Compassion as a depletable resource

Compassion Fatigue: When Are We at Risk?

- When caring for others obscures our need to also care for ourselves. When we lose the balance.
- Are all caregivers at risk? Only those with the ability to empathize with and feel compassion for those whose suffering they are trying to alleviate.
- If you lack empathy and compassion you don't have to worry about compassion fatigue.
- On the other hand, administrators not directly in the line of fire can experience compassion fatigue if the necessary ingredients are present.

Questions

- How many of you have tried to explain the nature of the work you do to loved ones and others not in the field, and have felt that they just don't get it?
- How many of you feel that people don't really understand how hard your job can be?
- How many of you feel undervalued and unappreciated for the contributions you make to other people's lives?

Questions

- During the course of a difficult workday, how many of you have thought of looking for another job, in a completely different field of work?
- How many of you have questioned if all you do to help others really makes a difference in their lives?
- How many of you lose sleep thinking about things that happened at work?
- How many of you schedule appointments during times when you should be eating meals?
- How many of you think about exercising on a regular basis but just never seem to have the time?

Compassion Fatigue

- Compassion Fatigue
- Burnout
- Secondary Traumatic Stress
- Vicarious Traumatization

Compassion Fatigue Versus Burnout

- Compassion Fatigue or Burnout? Charles Figley*
- Often burnout takes longer and related to grind of work, paperwork, work environment, etc; CF symptoms can seem disconnected from the real cause
- Do I love my work? If the answer is “No” it’s most likely burnout. If answer “Yes” more likely suffering from compassion fatigue

*Figley, C. The Art and Science of Caring for Others Without Forgetting Self-Care

Primary and Secondary Trauma

- Primary Trauma - We ourselves were in harm's way and were overwhelmed emotionally by the horror or terror of the experience. Can arise from our personal lives or our work-related exposure.
- Secondary Trauma - We are not in actual danger. We were not at the scene and did not experience firsthand the horror or terror of the experience. It's the result of secondary exposure to trauma.

Secondary Trauma

- According to experts in the field - Can lead to symptoms of PTSD
 - re-experiencing (nightmares, intrusive, unwanted thoughts and images)
 - Avoiding situations that resemble the traumatic event(s) (avoiding a school where a very violent incident occurred)
 - Insomnia
 - chronic tension and irritability
 - difficult concentrating and remembering things
 - numbing oneself emotionally

Vicarious Trauma

- Our world view is transformed as a result of the cumulative impact of exposure to trauma stories and images. We have difficulty ridding ourselves of these traumatic images.
- They are intrusive, unwanted.

Vicarious Trauma

- Compassion Fatigue

- We can suffer from vicarious trauma and compassion fatigue.
- We can suffer from vicarious trauma and not compassion fatigue – ex: Secretary losing sleep and worried about child's safety after hearing story after story of sexual predators at work; still feels motivated at work and connected to important people in her life; able to carry out day to day responsibilities
- We can suffer from compassion fatigue and not vicarious trauma – ex: exhausted emotionally and physically, but world view about most things remains intact – not altered by graphic details and trauma stories)

Working in Mental Health Without Losing Our Mental Health

- Devoting one's professional life to helping others should enhance our sense of purpose and value, not detract from it.
- We can grow stronger and wiser as a result of the work we do.

Growing Stronger and Wiser

- Posttraumatic Growth
- Posttraumatic Growth in Psychotherapy
- Vicarious Transformation
- Compassion Satisfaction

Posttraumatic Growth

- A relatively new field of study - focuses on ways that people have been known to grow by virtue of previously difficult or traumatic life events.
- A term coined in the mid-1990s by clinical researchers Richard Tedeschi and Lawrence Calhoun, both currently at the University of North Carolina, Charlotte (PosttraumaticGrowth@uncc.edu)
- Their studies reveal potential growth in five general areas following major life crises:

Posttraumatic Growth: 5 Potential Areas of Growth

- 1) A sense that new opportunities have emerged. We may see possibilities now that we were not aware of before.
- 2) Our personal relationships can grow stronger and our emotional connection to others who suffer can grow deeper.
- 3) We may grow more aware of our personal strength, this being so even though we may be simultaneously more aware of our greater sense of vulnerability to traumatic events beyond our control.

Posttraumatic Growth: 5 Potential Areas of Growth

- 4) We may value life more so now than we did before. We can be more appreciative of things we once might have taken for granted.
- 5) We may experience deeper spiritual lives. This can also sometimes take the form of a significant change in our belief system (Calhoun & Tedeschi, 2004a, 2004b).

Posttraumatic growth is not the opposite of posttraumatic stress. But research shows that it's conceivable, albeit not universal, that from intense pain and distress can also come growth

Vicarious Posttraumatic Growth in Psychotherapy

- Study that also explored positive outcomes among a sample of clinicians who work with trauma survivors (Arnold et al 2005)
- 90% had worked with clients who experienced some form of posttraumatic growth
- A number of therapists reported growth in areas similar to the 5 areas of posttraumatic growth

Helping the Helpers

- Vicarious Traumatization versus Vicarious Transformation
- Longer term changes in our world view or way of understanding the world that may change when we work with people who endured great suffering
- Can be negative, or can be positive
- Understanding how one's suffering can be healed, how we can help in the process, vicarious trauma can become vicarious transformation (Huggard, Stamm and Pearlman, 2012)

Compassion Satisfaction

- “The pleasure from helping, affection for colleagues, and a good feeling resulting from the ability to help and make a contribution” (Figley and Stamm, 1996).

Part II:

Overcoming Compassion Fatigue: Awareness, Balance, Connections

Remembering our ABC's*

- A = Awareness
- B = Balance
- C = Connections

*Angie Panos:<http://www.giftfromwithin.org/html/Compassion-Fatigue-Dont-Forget-About-Self-Care.html>

Compassion Fatigue: Is it the “C” in ABC That Matters Most?

- Have we been looking for remedies within us rather than between us?
- Our greatest source of strength is each other.
- We're all in this together.

Compassion Fatigue: Is it the “C” in ABC That Matters Most?

- We now know that self-care alone may not be enough to prevent secondary traumatic stress and compassion fatigue (Mathieu, 2015)
- Other factors that may need to be addressed:
 - A more manageable worker caseload
 - Less trauma exposure
 - Experiencing success at work
 - Better social support

Compassion Fatigue: Is it the “C” in ABC That Matters Most?

- 2006 Canadian Study (Mathieu, 2015)
- Although trauma counselors believed that leisure activities and self-care would reduce secondary traumatic stress symptoms, this was not found to be the case.
- Believing self-care strategies didn't result in therapists engaging in them more often.

Compassion Fatigue: Is it the “C” in ABC That Matters Most?

- When they did actually take better care of themselves, it still didn't result in reduced trauma scores
- Researchers noted that organizations were beginning to unwittingly blame staff for not managing things better.
- The perception (which researchers are now finding is not necessarily the case): If staff members had a better balance between their work and their lives, the result would be that they would not be overwhelmed by their workload and the trauma stories.

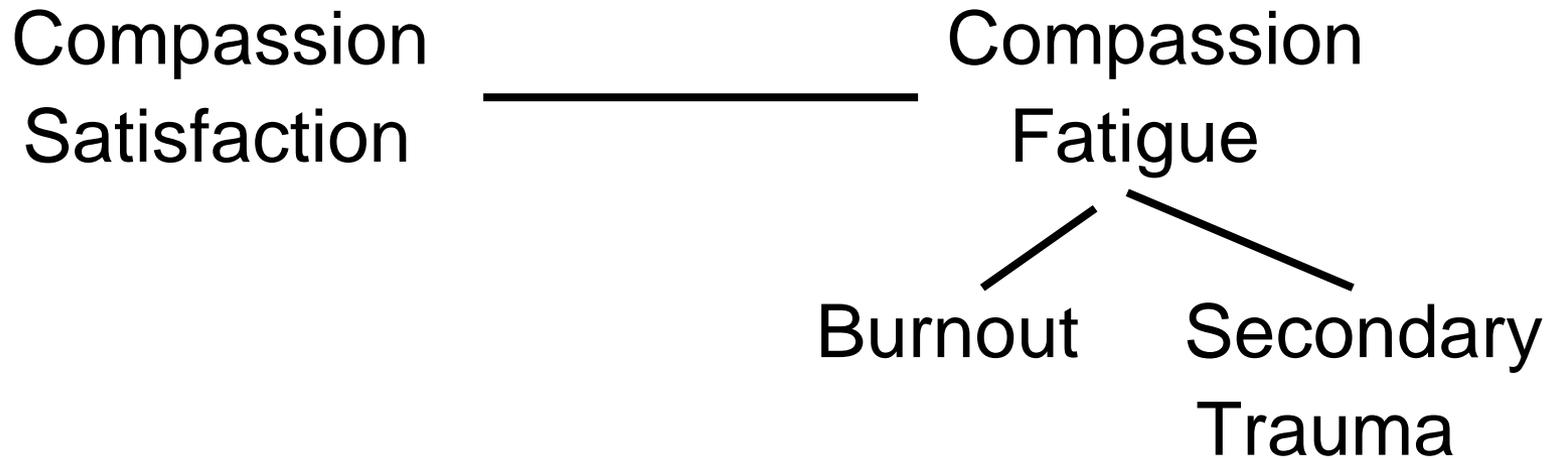
Compassion Fatigue: Is it the “C” in ABC That Matters Most?

- We may be more reluctant than we realize in accepting help as a result of being negatively impacted by our work.
- Study found that only 60% of counselors and social workers would be willing to seek help if they needed it – although most had said they would be open to it.
- Barriers – confidentiality, fear of losing face, denial
- Learning to see adversity in a new light starts with those who work to help others see adversity in a new light

Awareness

- Professional Quality of Life Scale (ProQOL)
- Self assessment to increase our awareness of the effects our work on our well-being
- Scores provide us feedback in 3 areas:
 - Compassion Satisfaction
 - Burnout
 - Secondary Traumatic Stress

Professional Quality of Life Scale – ProQOL)



Bifurcated Model of Compassion Satisfaction
and Compassion Fatigue (Stamm)

Awareness:

ProQOL - Compassion Satisfaction

- Compassion Satisfaction: Defined as the pleasure we derive from doing our work well
 - Ave score = 50; About 25% score higher than 57; about 25% score below 43.
 - Scoring high = Probably enjoy a good deal of satisfaction from our position
 - Scoring below 40 = May find problems with our job; or another reason – ex. may derive our satisfaction from activities other than our job

Awareness: ProQOL - Burnout

- Burnout: “One of the elements of compassion fatigue”
- “Associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively”
- Usually a gradual onset
- Can be associated with very high work load
- Can be associated with a non-supportive workplace
- Can reflect the sense that our efforts make no difference
- High scores = higher risk for burnout
- Ave score = 50; about 25% score above 57; about 25% score below 43

Awareness: ProQOL - Burnout

- Scoring higher than 57 on Burnout Scale
- May want to think about what it is at work that is making us feel ineffective in our position
 - High score may reflect our mood
 - High score may reflect a bad day
 - High score may reflect a need for some time off
 - High score that persists or is a reflection of other worries – may be a greater cause of concern

Awareness ProQOL - Secondary Traumatic Stress

- Secondary Traumatic Stress: 2nd component of compassion fatigue - Exposure to extremely or traumatically stressful events; symptoms usually rapid and associated with an event
- May include difficulty sleeping, experiencing images of the upsetting event; avoiding things reminding us of the event; feeling afraid

Awareness ProQOL - Secondary Traumatic Stress

- Average score = 50; about 25% score above 57; about 25% score below 43
- If score above 57 – doesn't mean you have a problem, but may want to take a closer look at why the high score.
- Is there something at work frightening us? Other reason? May want to consult supervisor, colleague or healthcare professional

Awareness: Self-Awareness

- Being aware of our stress levels, aware of how our body signals stress
- Aware of how our past experiences influence our present functioning
- Do we react or over-react to some situations as a result of our past experiences?
- What are our stress triggers?
- Do we sabotage our own self-care strategies?
- Do we seek short term stress reduction solutions that may have long term negative health consequences? Drinking, smoking, over-eating

Awareness

- Differences among caregivers that can increase stress, compassion fatigue:
 - Cultural background, age, gender
 - Differences in perception of your skill level in relation to other caregivers you work with
 - Differences in temperament, differences in how feelings are communicated/expressed

Awareness (continued)

- Differences among caregivers that can increase stress, compassion fatigue:
 - Differences in personal stress levels - related to work load or responsibilities
 - Differences in stress resulting from other life areas
 - Differences in how personal stress is handled and coped with (Tend and Befriend – Shelly Taylor)
 - Differences in ability to exert control over stress at work

Awareness: Opening Up

James Pennebaker, Ph.D

- College students write about their most upsetting life experience for four consecutive days, 15 minutes per day.
- One group writes about the experience and the emotions that were generated; one about the facts only; one about the emotions only; control group writes about superficial topic.

Awareness: James Pennebaker studies (continued)

- Immediately after the experiment those who opened up felt worse than those who didn't.
- Five 1/2 months after the experiment, this group was observed to make significantly fewer visits to the university health center.

Awareness: James Pennebaker studies (continued)

- Listening to traumatic experiences: Effects on the listener
 - Researchers studied the effects of listening to videotaped stories of holocaust survivors on college students.
 - Physiological stress went up (skin conductance levels; heart rate) among listeners.
 - Physiological stress levels went down among those telling the stories. (Short and Pennebaker, 1992)

Awareness: Additional Signs and Symptoms

- Can include increased use of alcohol and drugs – relying on alcohol, marijuana or over the counter sedatives to unwind after we leave work
- Other additions – overeating, workaholism, shopping (Mathieu, 2012)

ACE Study

(ACE = Adverse Childhood Experiences)

- ACE study results show a strong graded relationship between the number of categories of adverse childhood experiences endured up through age 18, and a variety of later life health and social problems.

Underlying Mechanisms That Help Explain How Multiple ACE Categories Can Lead to Eventual Biomedical Disease

- Coping Mechanisms – Relief we seek from the effects of chronic stress exposure that work well in the short term but that can lead to serious health problems years later. Smoking, substance abuse, other behaviors that provide immediate relief when no other source of relief is in sight.
- Chronic Stress – Can affect our immune system, which we rely on to combat threats to our health and well-being.

Underlying Mechanisms That Help Explain How Multiple ACE Categories Can Lead to Eventual Biomedical Disease (continued)

- Epigenetic Processes – How environmental influences, including chronic stress exposure, can impact gene expression. And it can occur in utero.
 - One recent study linked psychosocial changes in children to mothers who were exposed to intimate partner violence while they were pregnant. Psychosocial changes were noted 10-19 years after the child's birth (Radtke, et al., 2011).

Balance

- Self care plans important, but not enough
- Self care plans that include activities that bring us joy, hope, laughter, gratitude
- Self care plans that weave into our day activities that calm and soothe us, and that allow us to keep perspective
- Self care plans that help us monitor our emotional temperature so that we are more aware of times when our ongoing exposure to the pain of others is starting to impact us in potentially unhealthy ways

Balance:

Universal Expression of Emotions

- Joy
- Surprise
- Contempt
- Sadness
- Anger
- Disgust
- Fear

Balance:

Research on Positive Emotions

- Positive and negative emotions have different functions; positive emotions drive exploration, help us think outside of the box, see possibilities
- Conventional wisdom says, when our negative moods and emotions get out of hand – when we find ourselves struggling with bouts of fear, anxiety, sadness or worry, for example – the solution is to focus on ways to reduce them.
- What about increasing positive emotions? Can positive emotions sometimes undo the effects of negative ones? (Barbara Fredrickson - broaden-and-build theory of positive emotions)

Balance: Positive Emotions (cont)

- Simply reducing negative emotions won't necessarily increase positive ones. The reason is that they serve different functions (Frederickson, 2001; 2005)
- Negative emotions serve as warning signals, alerting us to threat and danger. Positive emotions motivate us to venture out and explore and learn new things.
- Positive emotions broaden our focus both regard to challenges and possibilities.
- We see the light at the end of the tunnel not as a result of negative emotions but as a result of positive ones.

Balance: Positive Emotions (cont)

- They drive exploration. Exploration drives new learning. New learning leads to new mastery. Mastery leads to more positive emotions.
- It's a cycle that serves us our entire lives but is especially important during childhood.
- Lessons Learned – Not only do we need positive emotions in our lives, we need to model them and incorporate them in the lives of children who may not be in a position to easily access them on their own.
- Changing behavioral routines more likely when associated with positive emotions rather than negative ones.

Balance: Positive Emotions (cont)

- Our brains are more sensitive to negative information than positive.
- Good news – Experts tell us that paying attention to the positive things in our life strengthens neural pathways to positive memories.

Balance:

Increasing Joy, Hope, Laughter, Gratitude

- The science of happiness video – gratitude
<https://www.youtube.com/watch?v=kE69BKXG4RE>
<https://www.youtube.com/watch?v=I3G5sdUUd1Y>
- People who practice gratitude – happier, kinder, healthier; kids get higher grades, more integrated socially
- Everyone in family - a gratitude journal – before go to bed write down 3-5 things you're grateful for
- Intentionally focus on the things and people that make you feel good – ex: When child comes home from school - who was a good friend to you today instead of how did your day go; “Good News Postcards”

Balance: Increasing Joy, Hope, Laughter, Gratitude

- Poster board at work. Co-workers write down activities they feel help them relax, regain perspective, feel positive emotions, a sense of hope, an opportunity to laugh.
- Emotional contagion – negative emotions are contagious, positive emotions are also contagious. Recognize when in the throes of negative emotional contagion
- Not only can individuals (children and adults) suffer the effects of traumatic stress exposure, so can organizations.

Balance: Increasing Joy, Hope, Laughter, Gratitude

- Settle Down, Pay Attention, Say Thank You:
A How-To: Kristen Race at
TEDxMileHighWomen
<https://www.youtube.com/watch?v=Awd0kgxcZws>
- Join the Movement of Imperfection
<http://www.shutupabout.com/about-us/the-movement-of-imperfection.html>

Balance

- Transitioning from work to home – a transition ritual that relaxes us. Allows us to leave our work behind – a 10-minute walk, a relaxing drive, quiet time alone, other ideas?
- Regular exercise – walking with colleague(s) during breaks, after lunch; buddy walks; staff each chipped in to hire yoga instructor to come by weekly; one facility has weekly Zumba classes, other ideas?
- Mindfulness-based stress reduction strategies

Balance: Evidence Based Practices - Compassion Satisfaction

- Study involving therapists working in community mental health setting – using evidence based practices reduced burnout and compassion fatigue and increased compassion satisfaction

Craig et al 2010

Balance: Evidence Based Practices – Compassion Satisfaction

- Increased burnout – significant predictors = younger age, no special trauma training, increased # of patients on caseload with PTSD, working in inpatient setting, not using evidence based practices
- Increased compassion fatigue – significant predictors = increased # of patients with PTSD on caseload, not using evidence based practices
- Compassion satisfaction – significant predictors = # of years of clinical experience and use of evidence based practices

Balance:

Neutralizing the Impact of Stress

- The degree of control that we perceive over the events and experiences that are causing us stress
- The degree of predictability that we perceive about the stress
- Whether or not we have outlets for frustration
- Our perception of whether things are getting better or worse: Hope!!
- The amount of support that we enjoy

Sapolsky (1998)

Balance: Neutralizing the Impact of Stress

- Control, predictability and hope (perception of a better day down the road):
 - Control: Cancer patients and post surgical pts allowed to take own pain medication; < med.
 - Lab experiments where perception of control was enough to prevent harm
 - Hope: lab experiment - 1st day one rat = shocked 10x second rat = 50x
 - 2nd day both = 25x; 2nd rat not harmed; things are getting better

Sapolsky (1998)

Balance:

Common Triggers That Can Evoke Strong Emotions

- When you get close to people who can feel both helpless and enraged, you can feel their neediness and their aggression. May feel that you want to either rescue or to strike back. May not feel much middle ground.
- Believing that children/family members should get over it and get on with it. Healing/progress should be quicker. It shouldn't take this long.

Balance: Potential Triggers

- Child/youth's difficulty accepting a new, positive identity; sabotaging successes, doing things that re-affirm a negative self perception.
- Children or family members with no hope that lives will change for the better; terminal thinking.

Balance: Potential Triggers (continued)

- The impact of a child's confusing and uneven learning and/or behavioral profile on caregivers
- The impact of a spouse's/partner's confusing and uneven learning and/or behavioral profile on a relationship
- *“What is madness?”*
- Common misperceptions

“To Form Erroneous Conclusions and to Reason Correctly From Them”

- There are paradoxically uneven learning, behavioral and emotional profiles that begin in childhood and in some instances persist throughout life that make little logical sense.
- As a result they can lead caring people with the best of intentions to several erroneous perceptions that can have unfortunate results.

“To Form Erroneous Conclusions and to Reason Correctly From Them”

- Individual strengths and talents –
 - Possible to be strong (sometimes extremely so) in sophisticated, complex intellectual areas, and/or areas that involve creativity and inventiveness,
 - And weak (sometimes extremely so), in areas that most others in your age range can master with little effort.
 - Trying harder in these weak areas may not allow you to do much better.

“To Form Erroneous Conclusions and to Reason Correctly From Them”

- How we understand this unevenness in our strengths, talents and abilities can have a profound effect on the quality of our life.
- This profile is common among individuals who experience various learning disabilities/differences and/problems related to self regulation/self-control.

“To Form Erroneous Conclusions and to Reason Correctly From Them”

- People – children, teenagers or adults – can know what to do, yet have problems consistently, predictably and independently doing what they know.
- Researchers find that some individuals (children and adults) evidence significant delays in “executive functions.” (Barkley, 2010; 2002)

Self Control/Emotional Self Regulation (ESR) and the Role of Executive Functions

- Executive functions: Allow us to take what we know and govern ourselves with this knowledge.
- It's our ability to consistently, predictably and independently do what we know.
- Delays in executive functions impact our ability to do what we know.
- Some researchers say that if these functions are delayed on the inside, then we need to help the functions along from the outside.
- At the “points of performance” (Barkley, 2010; 2002)

A Short List of the Unwritten and Unspoken Potential Consequences

- Families splitting apart because of longstanding resentments and disagreements about how to manage a child's behavior.
- Children who begin school hopeful, and grow increasingly demoralized over the years. It's possible to create psychological problems from the outside in.
- Fights every night of the school year (some very serious) over homework! 30 minute assignments that take hours - that the child forgets to turn in! On top of that, unfinished school work is sent home. (CPS child abuse reports increase after report cards come out.)

A Short List of the Unwritten and Unspoken Potential Consequences (continued)

- Adults in the workplace whose career dreams are being shattered because of misunderstanding around inconsistencies in execution (theirs and their employers).
- Marriages in jeopardy because the spouse sees actions as willful, as a way of saying he doesn't care as much about me as I care about him.

“To Form Erroneous Conclusions and to Reason Correctly From Them”

- What could cause people – children, teenagers or adults – to know what to do, yet have problems consistently, predictably and independently doing what they know?
 - Learning profile in the absence of prolonged traumatic stress exposure
 - Prolonged traumatic stress exposure without a pre-existing history of problems associated with executive functions (Perry, 2002).
 - Both prolonged traumatic stress exposure and pre-existing history?

Connections

- Factors that may need to be addressed (Matthieu, 2015)
 - A more manageable worker caseload
 - Less trauma exposure
 - Experiencing success at work
 - More social support

Compassion Fatigue: Connections

- “We’re all in this together”
- How do we improve therapist/provider/worker well-being and overcome compassion fatigue in the context of severe budgetary cuts and increased workloads?

Connections: Experiencing Success at Work

- Growth Mindset – Learning to See Abilities as Malleable Versus Fixed
- Abilities grow stronger as a result of working hard and learning from mistakes and setbacks
- Valuing effort, struggle and learning from mistakes
- Mistake jars, struggle jars

Connections: Experiencing Success at Work

- Carol Dweck (2006): Valuing and promoting a learn-and-help learn culture as opposed to a judge-and-be-judged culture
- “When people – couples, coaches and athletes, managers and workers, parents and children, teachers and students – change to a growth mindset, they change from a judge-and-be-judged framework to a learn-and-help-learn framework. Their commitment is to growth, and growth takes plenty of time, effort and mutual support.”

(Carol Dweck, 2006, p. 239)

Connections: Experiencing Success at Work

- A sense of mastery versus improved self-esteem
- Experiences that foster a sense of mastery
- “There’s never anything so wrong with us that what’s right with us can’t fix”
- Raising the bar and leveling the playing field: Tools, technologies, accommodations that can level our professional playing field

Connections:

Low Impact Debriefing

- Sharing stories of traumatic events – remaining sensitive to how it will be received by listener
- Is listener ready to hear the story? (Are they able to control what they are about to hear?)
- Are we sensitive to the amount of detail we should share? Contagion – Graphic accounts of horror and terror can be contagious
- Canadian Mental Health Association – “Employees who considered most of their days to be quite a bit or extremely stressful were over 3x more likely to suffer a major depressive episode, compared with those who reported low levels of general stress.” (Mathieu, 2012)

Connections: Experiencing Success at Work: Pathways to Mastery

- Police officers and firefighters who were required to deal with carnage after airplane crash.
- PTSD symptoms among # of workers exposed to 15 minutes of carnage
- Workers were then given a small geographical area to focus on. And they worked in pairs. Not based on time. Based on finishing a job – together.
- Could decide when to stop, when to start and where to look. You could also make eye contact with someone when seeing a gruesome scene
- You could stay for hours and not experience similar symptoms. You have a sense of control and support.

Rebecca Coffey (1998)

Compassion Fatigue: Connections

- Preventing/Reducing Compassion Fatigue (cont)
 - Ongoing supportive supervision
 - Ongoing training opportunities
 - Special position of caregivers who were themselves exposed to traumatic stress: May have special understanding; need also to watch to see if old wounds re-surface; may require more intensive supervision, help from professionals outside of the work setting
 - Value of humor
 - Advocacy work; prevention efforts; letting voice be heard

Compassion Fatigue: Connections

- Greater awareness of (inoculating ourselves to) common hurts that occur as a part of human relationships
- Loyalty conflicts
- Relational devaluation
- Barriers to forgiveness – the “magnitude gap”
(Beimeister)

Working in Mental Health Without Losing Our Mental Health

- Among the lessons learned –
- The stresses experienced by those working in the field of mental health can affect their mental health.
- In helping meet the mental health needs of others one shouldn't sacrifice one's own physical or mental health in the process.

Working in Mental Health Without Losing Our Mental Health

- Just as mental health professionals need to learn how best to meet the mental health needs of others, they also need to know how not to ignore their own physical and mental health needs in the process.
- Devoting one's professional life to helping others should enhance our sense of purpose and value, not detract from it.
- Those who work in the field of mental health can grow stronger and wiser a result of the work they do.

Part III: Creating Personal and Agency-Wide Self-Care Plans

- Promoting Awareness Agency-Wide
- Balance – How can we work to insure our self-care plans work?
- Connections – Our greatest source of strength is each other

"Many people find it easy to imagine unseen webs of malevolent conspiracy in the world, and they are not always wrong. But there is also an innocence that conspires to hold humanity together, and it is made up of people who can never fully know the good that they have done."

Kidder, T. (1989). *Among Schoolchildren*. Boston: Houghton Mifflin. From Brooks, R. (1991). *The Self Esteem Teacher*. Circle Pines, MN: American Guidance Services, p.13