

SESSION II

Become a **VCU** Gerontologist

BE OLD

BE BOLD

BE BLACK AND GOLD

GRTY 692

Compassion Fatigue

A Five-week Course

Instructor: E. Ayn Welleford, MS (Gerontology), PhD, AGHEF



MIND DUMP

*PARKING
LOT*

*BE
HERE
NOW*

Before we get started please take out a piece of paper. Draw a line down the center.

On the left side write Parking Lot. On the right side write Be Here Now.

On the ***Parking Lot*** side write down all the things swirling in your mind that you need to remember to do but not right now (shopping list, friends to reach out to). On the ***Be Here Now*** side write down the things that are on your mind about tonight's class (topics of interest, questions you have, ideas to share).

Take this moment to come into this learning space.

Course Description

The purpose of this seminar course is to **explore Compassion Fatigue** including *definitions, multidimensional risk factors and interventions* currently discussed in the literature.

We will take a strengths-based approach to developing practices to build **Compassion Satisfaction** in response to personal, professional and organizational risk factors.

The **4D Appreciative Inquiry process** to Discover, Dream, Design, and Deliver will serve as a lens for this course.

COURSE INSTRUCTOR



E. Ayn Welleford, MS (Gerontology), PhD, AGHEF

Associate Professor

Gerontologist for Community Voice

Co-Lead, Longevity Project for a Greater Richmond (*formerly Greater Richmond Age Wave Coalition*)

Department of Gerontology

College of Health Professions

Virginia Commonwealth University

Course Objectives



Week 1

Compassion Fatigue:
What is it? What does
it look like? Why does
it matter?



Week 2

Compassion Fatigue:
Risk Factors:
Personal,
Professional,
Organizational



Week 3

Building Compassion
Satisfaction: Honoring
Self through
Awareness and
Connection



Week 4

Building Compassion
Satisfaction: Honoring
the Work through
Meaning & Purpose



Week 5

Building Compassion
Satisfaction: Honoring
Others through
Appreciative and
Compassionate
Communities

WEEK 2 AGENDA

Parking Lot/Mind Dump

Welcome & Review

Compassion Fatigue

Risk Factors: Personal, Professional, Organizational

Practice Pause

Discussion—Appreciative Approach to Compassion Satisfaction:
Discover!

Wrap up

POLL

Compassion Fatigue and Burnout are two names for the same thing?

- Yes, they are synonymous
- No, they are different

Compassion Fatigue:

What is it? What does it look like? Why does it matter?

Burnout (BO) and Secondary Traumatic Stress (STS) are related to CF, both are precursors, but they are two distinct outcomes of exposure arising from separate failed survival strategies.

Burnout (BO)

BO arises from an assertiveness-goal achievement response and occurs when an individual cannot achieve their goals and results in frustration, a sense of loss of control, increased willful efforts, and diminishing morale” (Stamm, 2010, Valent, 2002). BO is often thought of as a “resource shortage”.

Secondary Traumatic Stress (STS)

STS arises from a rescue-caretaking response and occurs when an individual cannot rescue or save someone from harm and results in guilt and distress (Valent, 2002). STS often appears as rumination or preoccupation with one patient, client, or incident.

POLL

Compassion Fatigue and Compassion Satisfaction cannot be experienced together.

- True
- False
- Not sure

Compassion Fatigue:

What is it? What does it look like? Why does it matter?

BO and STS lead to CF if the symptoms are not mediated by a third, equally important part of the picture:

Compassion Satisfaction (CS)

COMPASSION SATISFACTION (CS)

CS is the joy, purpose, and meaning derived from one's work (Flarity, 2016)

CS and CF

CS and CF can be seen as the positive and negative consequences of working with individuals who have experienced or are currently experiencing trauma or suffering (Stamm, 2010)

RESILIENCE

Because of the important mediating role of CS in reducing or preventing CF, building resilience, self efficacy and meaning making are essential to the transformation from negative to positive aspects (Stamm, 2010, Jones-Fairnie 2008, Caringi, Pearlman, 2009, Cocker, 2016). **Resiliency** is an individual's strengths and resources, both internal and external protective factors that help a person to recover from, or succeed despite adverse circumstances (Gentry et al., 2010)

Compassion Fatigue

Risk Factors: Personal, Professional, Organizational

Compassion Fatigue:

Risk Factors: Personal, Professional, Organizational

Who is at risk for Compassion Fatigue?

- Personal
- Professional/Work Roles
- Organizational/Environment
- Triggering Factors

Compassion Fatigue:

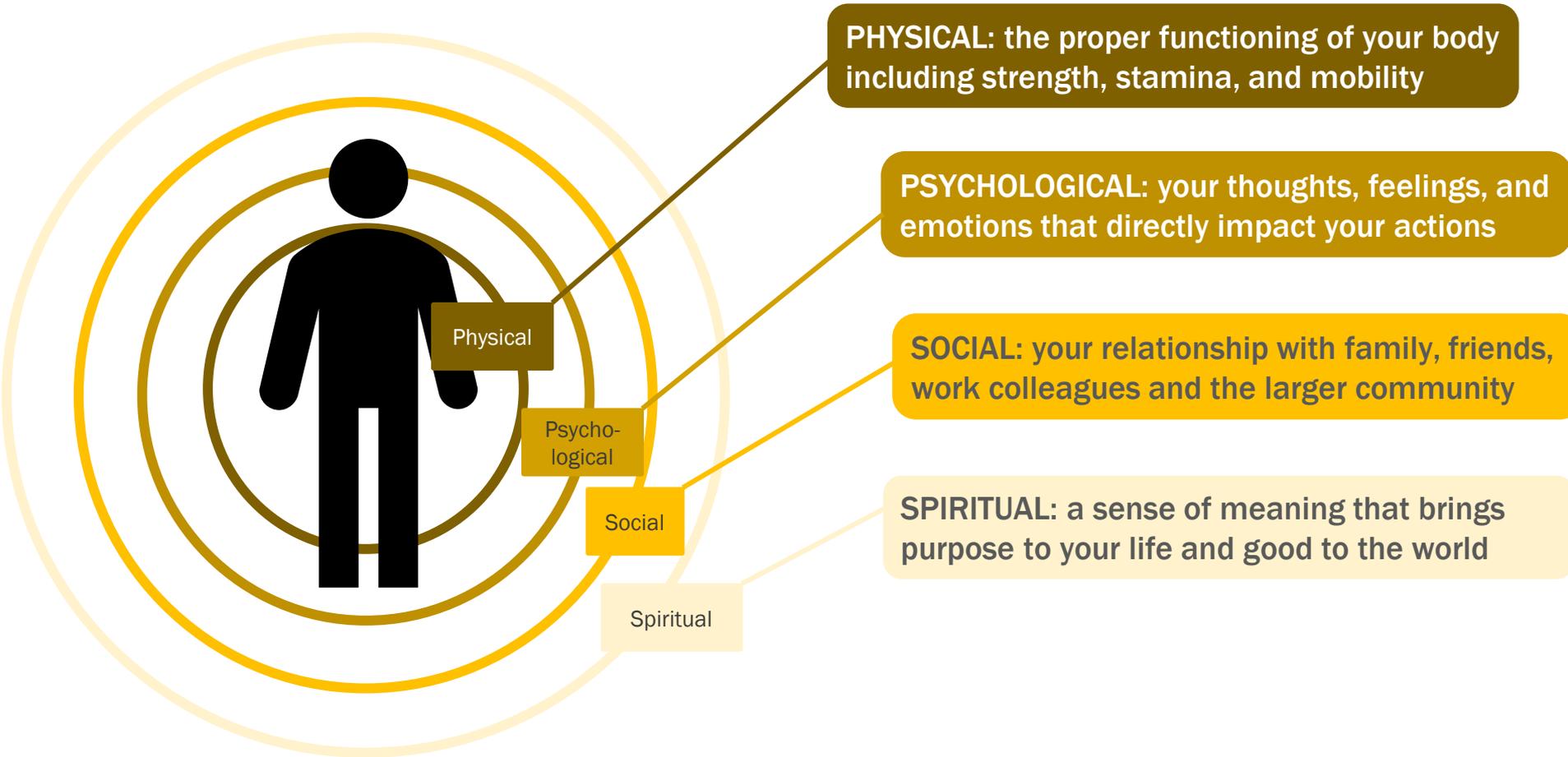
Risk Factors: Personal, Professional, Organizational

Who is at risk for Compassion Fatigue?

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

Remen, 1996

Bio-Psycho-Social-Spiritual Approach (BPSS)

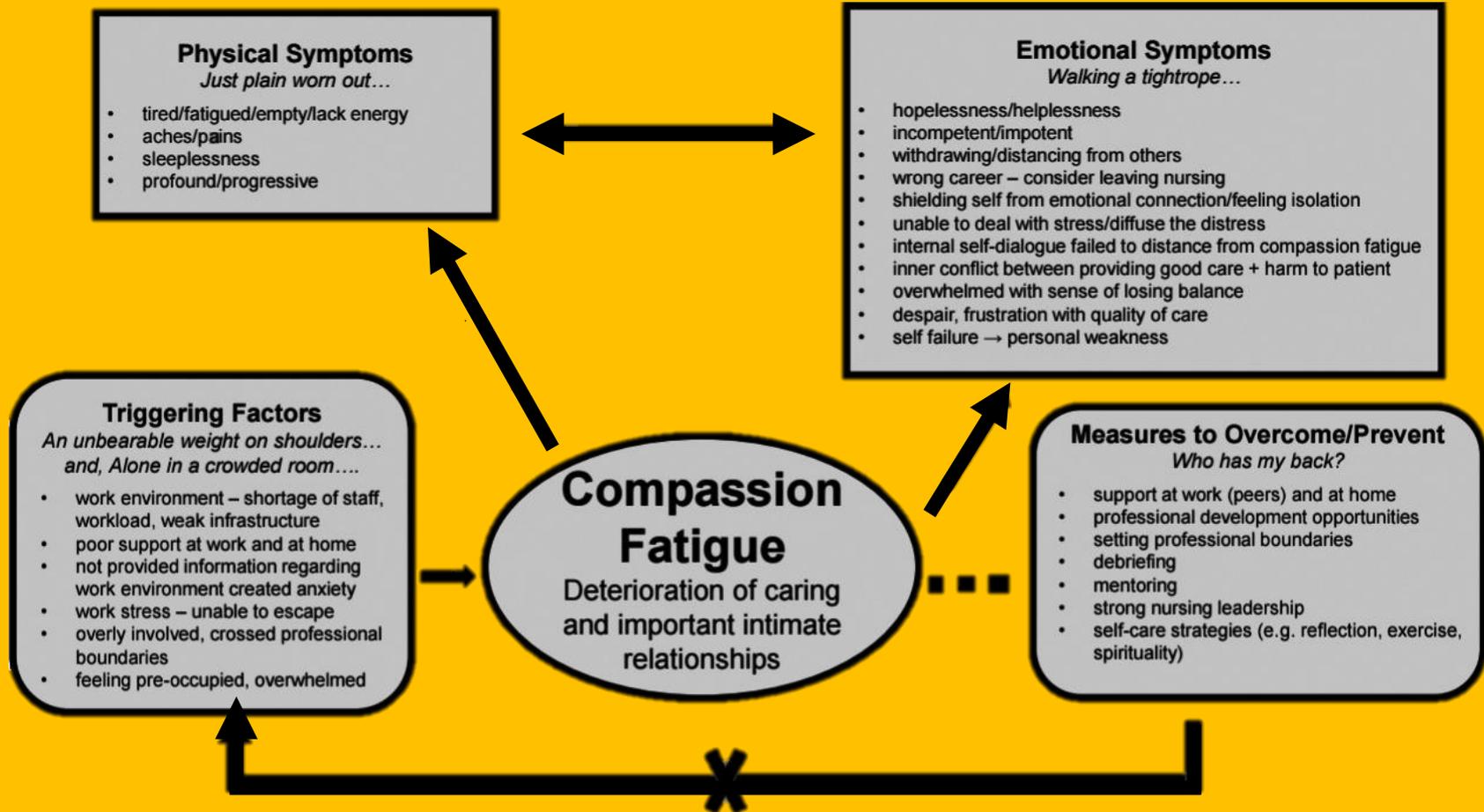


Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Compassion fatigue in nurses: A metasynthesis



Compassion Fatigue:

Risk Factors: Personal, Professional, Organizational

Who is at risk for Compassion Fatigue?

Personal Risk Factors

An individual who possesses the following traits may be at greater risk for Compassion Fatigue.

- overly conscientious
- perfectionists
- self-giving
- low levels of social support
- high levels of stress in personal life
- histories of trauma that led to maladaptive coping skills, such as bottling up or avoiding emotions
- heightened sensitivity to people and the environment
- sense of isolation

(Meadors et al, 2008, O'Connor, 2001, Figley, 1995).

Compassion Fatigue:

Risk Factors: Personal, Professional, Organizational

Who is at risk for Compassion Fatigue?

Professional/Work Roles Risk Factors

Experiencing the following feelings in one's work or professional role may increase the risk for Compassion Fatigue.

- Tendency to put others' needs before one's own
- Need to control their emotions when faced with clients' trauma and intense emotions.
- job as Identity
- No “off switch” The feeling of needing to “be on” or “performing”

(O'Connor, 2001, Norcross, Guy, Laidig, 2007)

Compassion Fatigue:

Risk Factors: Personal, Professional, Organizational

Who is at risk for Compassion Fatigue?

Organizational/Environmental Risk Factors

Working in an organization or environment which possesses or promotes the following characteristics may increase the risk for Compassion Fatigue.

- A “culture of silence”
- Lack of awareness of symptoms and poor training
- Challenging client behaviors,
- Lack of therapeutic success (or lack of demonstrated impact)
- Demands of paperwork and administrative duties
- “*We are our jobs*” and are unable to leave our jobs at the end of the day.

(Meadors et al, 2008, Norcross, Guy, & Laidig, 2007)

Compassion Fatigue:

What is it? What does it look like? Why does it matter?

Triggering Factors

An unbearable weight on my
shoulders...”

“Alone in a crowded room...”

Work environment - shortage of staff, workload,
weak infrastructure (*Organizational*)*

Poor support at work and at home (*Personal &
Organizational*)

Not provided information regarding work
environment created anxiety (*Organizational*)

Work stress - unable to escape (*Professional,
Organizational*)

Overly involved, crossed professional boundaries
(*Personal, Professional*)

Feeling pre-occupied, overwhelmed (*Personal,
Professional, Organizational*)

(Nolte et al, 2017)

** I have identified these triggering factors as Personal, Professional, Organizational so we can address them separately later on. They were not identified this way by the authors.*

Compassion Fatigue:

Risk Factors: Personal, Professional, Organizational

Who is at risk for Compassion Fatigue?

“The most insidious aspect of compassion fatigue is that it attacks the very core of what brings helpers into this work: their empathy and compassion for others.” (Figley, 1995)

Compassion Fatigue:

Risk Factors: Personal, Professional, Organizational

Who is at risk for Compassion Fatigue?

APA Annual Stress Survey Stress increase since COVID in the US

www.apa.org/news/press/releases/stress/2020/report

The Harris Poll conducted this survey on behalf of APA from April 24 to May 4, 2020; the online survey included 3,013 adults age 18+ who reside in the United States.

The average reported stress level for U.S. adults related to the coronavirus pandemic is **5.9**.

When asked to rate their stress level in general, the average reported stress for U.S. adults is **5.4**.

This is significantly higher than the average stress level reported in the 2019 Annual Stress in America survey, which was **4.9**, and marks the first significant increase in average reported stress since the survey began in 2007.

Compassion Fatigue:

Risk Factors: Personal, Professional, Organizational

Who is at risk for Compassion Fatigue?

“There is a pervasive form of modern violence to which the idealist... most easily succumbs: activism and over-work. The rush and pressure of modern life are a form perhaps the most common form, of its innate violence.

To allow oneself to be carried away by the multitude of conflicting concerns, to surrender to too many demands, to commit oneself to too many projects, to want to help everyone in everything is to succumb to violence.

The frenzy of the activist neutralizes his (or her) work... It destroys the fruitfulness of his (or her) work, because it kills the root of inner wisdom which makes work fruitful.”

Thomas Merton

Compassion Fatigue:

Risk Factors: Personal, Professional, Organizational

BREAK

Compassion Fatigue: Who is at risk for Compassion Fatigue

Practice Pause

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

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

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I [help].
- _____ 3. I get satisfaction from being able to [help] people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I [help].
- _____ 7. I find it difficult to separate my personal life from my life as a [helper].
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- _____ 9. I think that I might have been affected by the traumatic stress of those I [help].
- _____ 10. I feel trapped by my job as a [helper].
- _____ 11. Because of my [helping], I have felt "on edge" about various things.
- _____ 12. I like my work as a [helper].
- _____ 13. I feel depressed because of the traumatic experiences of the people I [help].
- _____ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a [helper].
- _____ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 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 I [help].
- _____ 24. I am proud of what I can do to [help].
- _____ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a [helper].
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

https://proqol.org/uploads/ProQOL_5_English_Self-Score.pdf

Compassion Satisfaction

Compassion fatigue

Risk factors

Triggering factors

Contextual factors

My Big Why

My Big Why



Compassion
Satisfaction

Compassion
fatigue

Risk factors

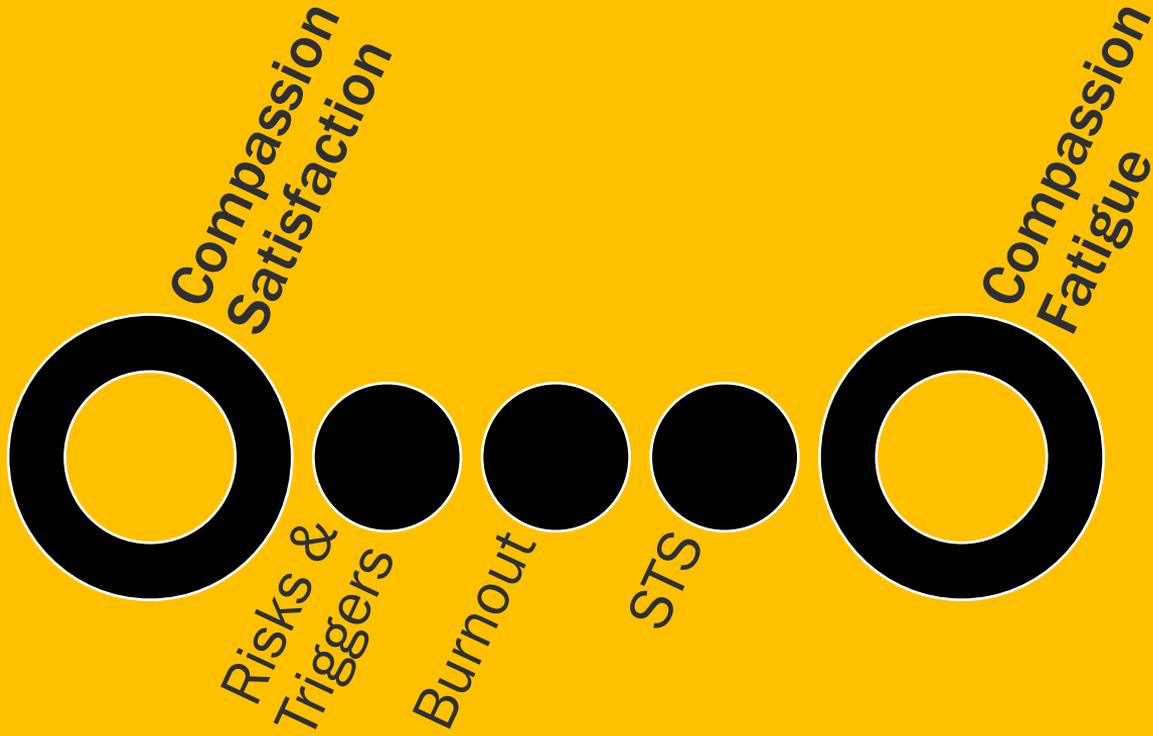
Triggering factors

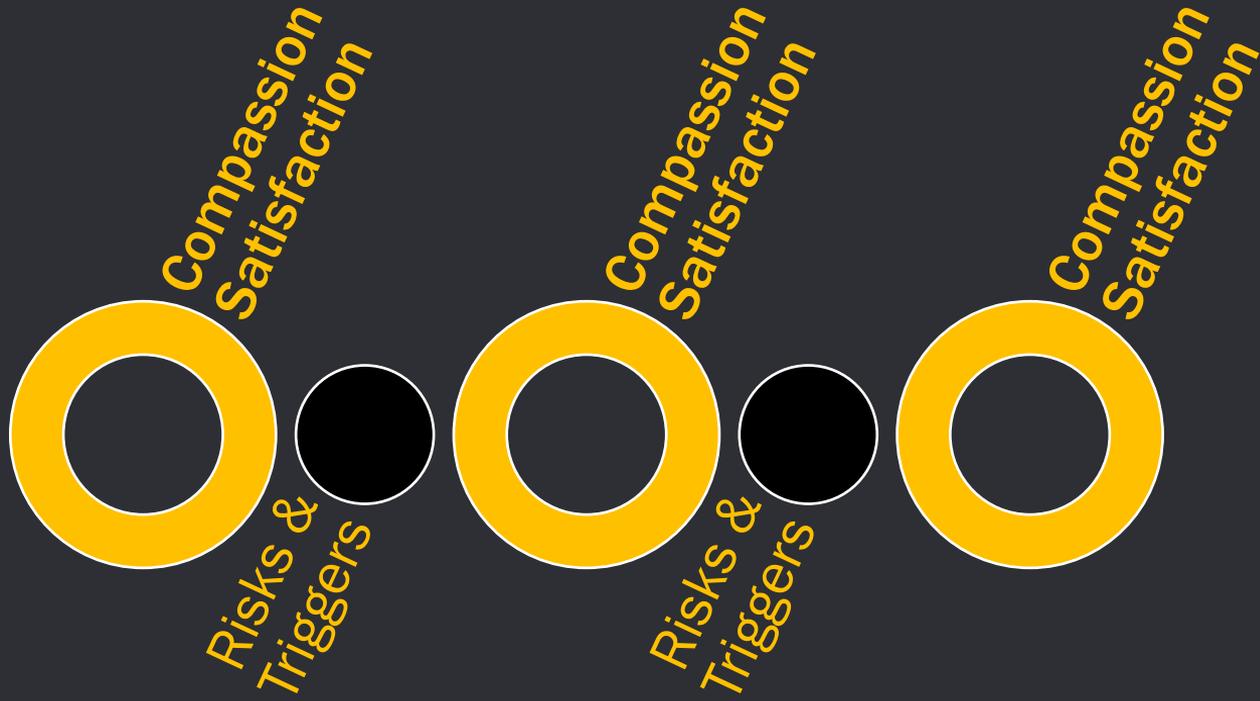
Contextual factors

My Big Why

My Big Why

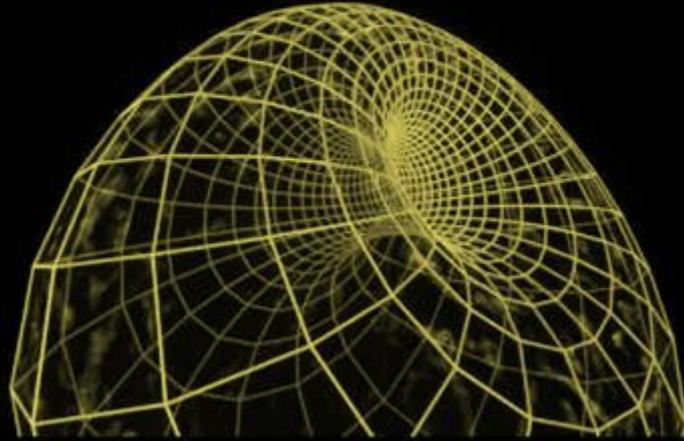






Compassion Fatigue: An Appreciative Approach to Building Compassion Satisfaction

4Ds: Discover, Dream, Design, Deliver



Compassion Fatigue: An Appreciative Approach to Building Compassion Satisfaction

4Ds of Appreciative Inquiry:

Discover, **D**ream, **D**esign, **D**eliver

www.youtube.com/watch?v=7RpfFIFC5ss

Compassion Fatigue: An Appreciative Approach to Building Compassion Satisfaction

ONE WORD:

Discover!

What does Compassion Satisfaction look like for
YOU?

Compassion Fatigue:

Risk Factors: Personal, Professional, Organizational

Wrap-up/Take-away Points

Compassion Fatigue:

What is it? What does it look like? Why does it matter?



Week 1

Compassion Fatigue:
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it look like? Why does
it matter?



Week 2

Compassion Fatigue:
Risk Factors:
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Week 3

**Building Compassion
Satisfaction:
Honoring Self through
Awareness and
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Week 4

Building Compassion
Satisfaction: Honoring
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Week 5

Building Compassion
Satisfaction: Honoring
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Questions: Email me at ewellefo@vcu.edu



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(804) 828-1565



agingstudies@vcu.edu



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