

SESSION V

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 today's session (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.

# PRESENTERS



**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  
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**Gigi Amateau, MSG, PhD(c)**

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The Longevity Project (*formerly Greater Richmond Age Wave*)  
Gerontologist



**Jay White, EdD, MSG**

Director of Education and Outreach  
The Longevity Project (*formerly Greater Richmond Age Wave*)  
Gerontologist

# Compassion Fatigue:

## An Appreciative Approach to Building Compassion Satisfaction

1

### Week 1

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

2

### Week 2

Compassion Fatigue:  
Risk Factors:  
Personal,  
Professional,  
Organizational

3

### Week 3

Building Compassion  
Satisfaction: Honoring  
Self through  
Awareness and  
Connection

4

### Week 4

Building Compassion  
Satisfaction: Honoring  
the Work through  
Meaning & Purpose

5

### Week 5

Building Compassion  
Satisfaction: Honoring  
Others through  
Appreciative and  
Compassionate  
Communities

Questions: Email [ewellefo@vcu.edu](mailto:ewellefo@vcu.edu)

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# **WEEK 5**

**Parking Lot/Mind Dump**

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**Welcome and Review**

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**Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities**

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**Team Trust**

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**Wisdom Environments**

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**Discussion: 4Ds Appreciative Approach to Compassion Satisfaction**

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**Wrap-up**

# POLL

**According to the research we have reviewed in our Discovery phase, which seems more true to you:**

- ☐ We build resilience through Attention and Intention
- ☐ We build resilience through Distraction and Avoidance
- ☐ Not sure

# POLL

**Based on what we learned last week about Flow Strategy, which seems more true:**

- ☐ Flow just happens and is not at all under our control.
- ☐ We can create opportunities to drop into flow on purpose with purpose
- ☐ Not sure



# **Compassion Satisfaction**

**What is it?**

# From Session 1: 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, Carangi, 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:

## 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.

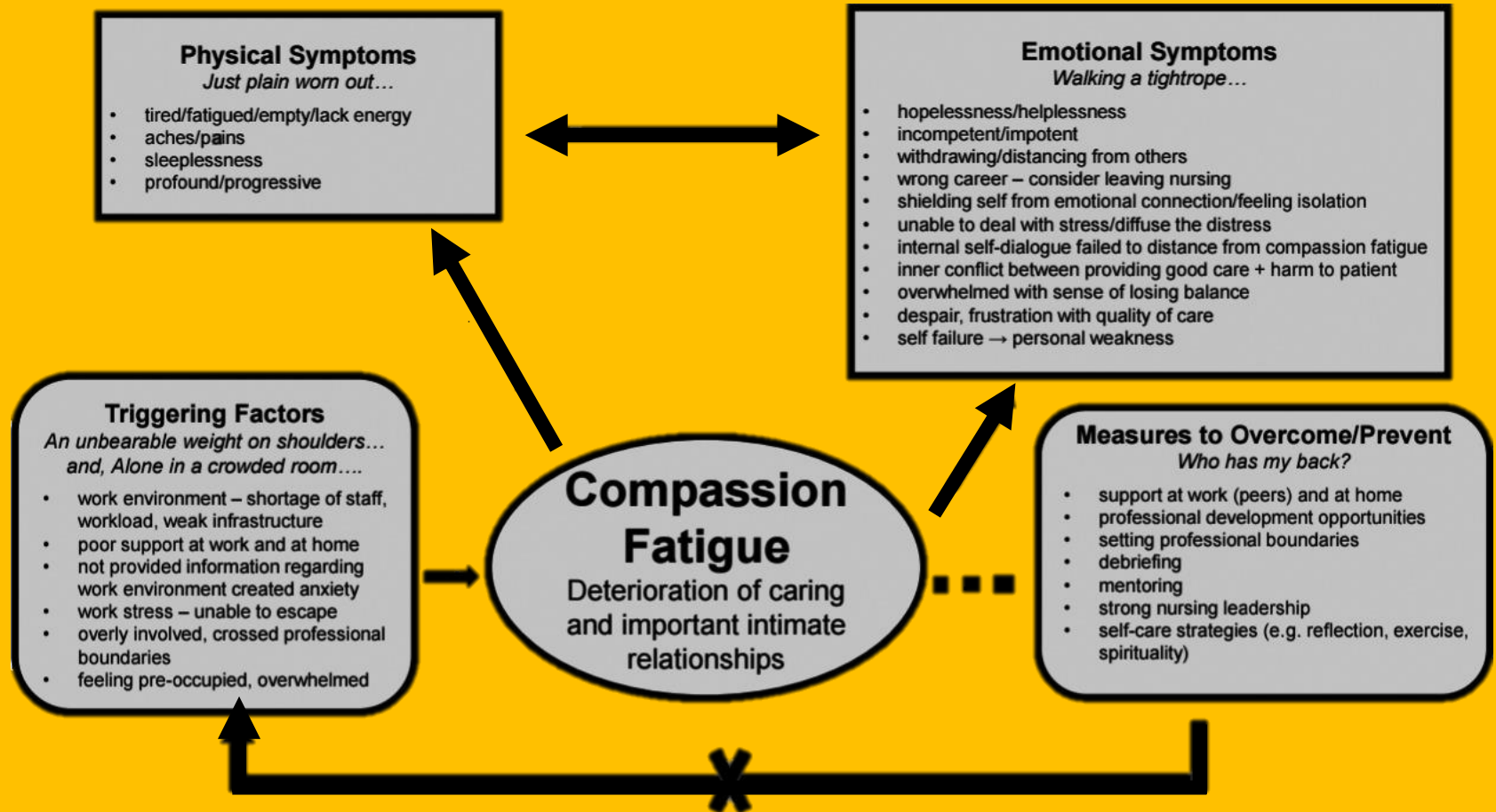
### Burnout (BO)

**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.**

# Compassion fatigue in nurses: A metasynthesis



# Compassion Fatigue:

Risk Factors. Trigger Factors.

## 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. They were not identified this way by the authors.*

# Compassion Fatigue:

Risk Factors. Trigger Factors

## Organizational/ Environmental Risk Factors

### 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:

Risk Factors. Trigger Factors

## 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  
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  
Satisfaction

Belonging

Growth mindset

Strengths &  
Resilience

My Big Why

Compassion  
fatigue

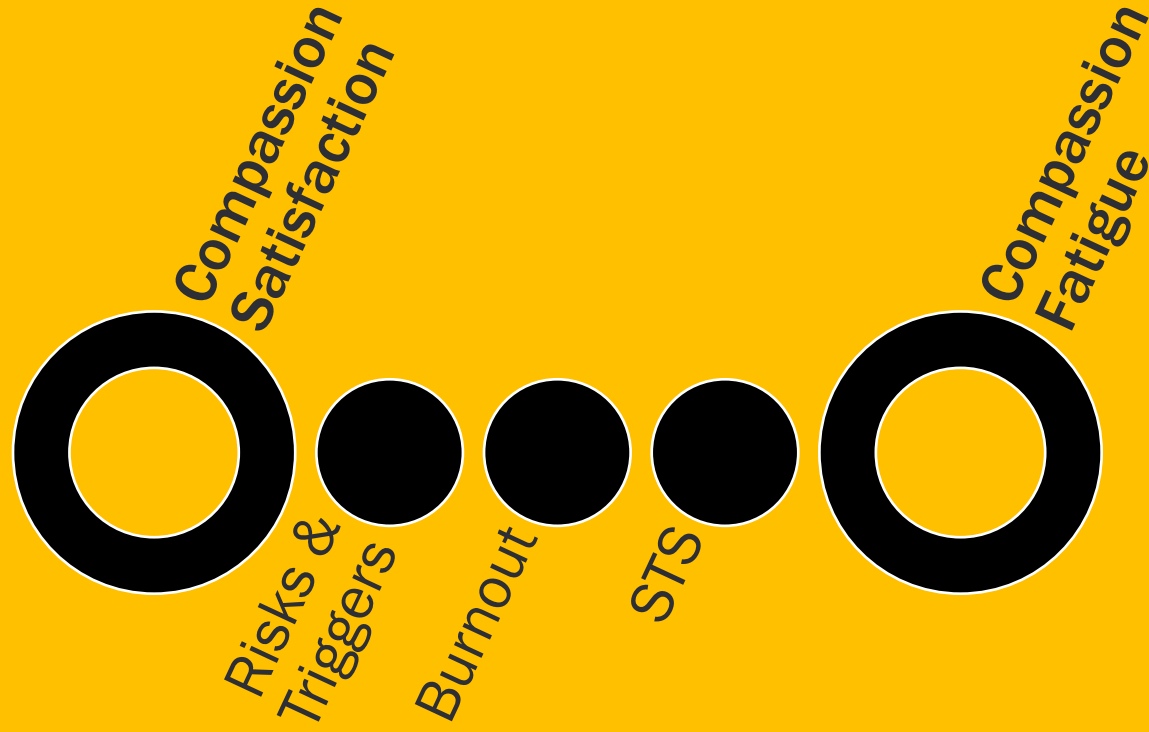
Risk factors

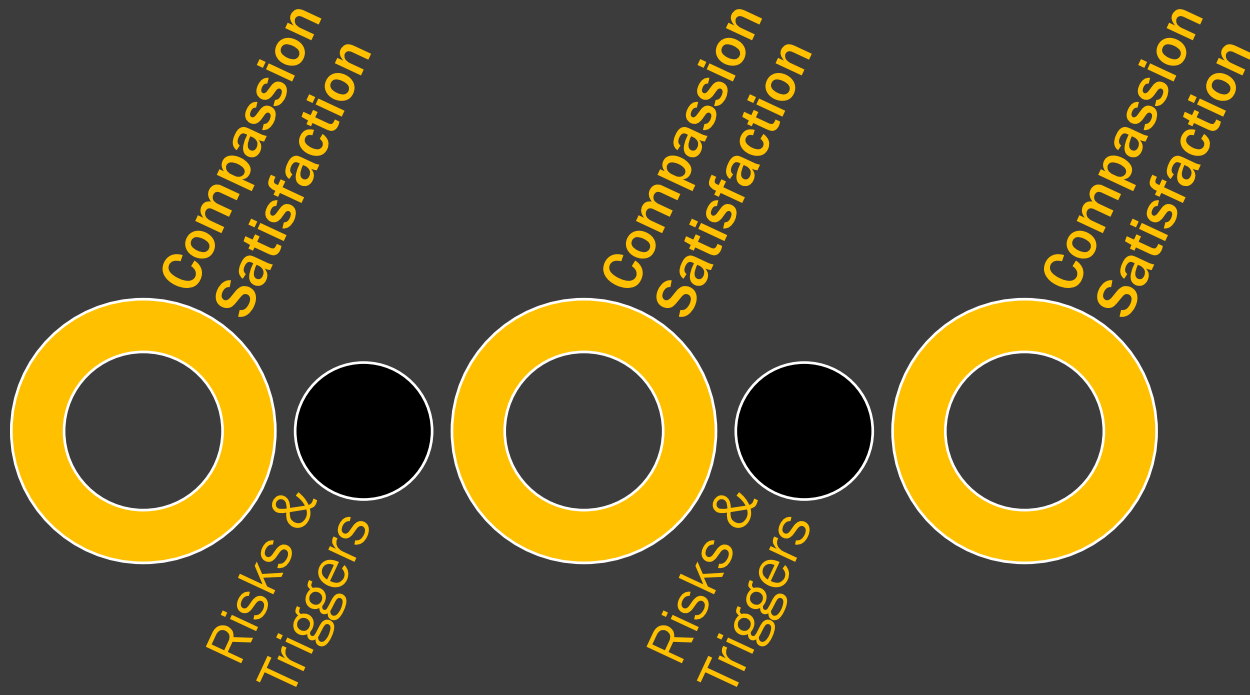
Triggering factors

Contextual factors

My Big Why







## Building Compassion Satisfaction:

Honoring Others through Appreciative and Compassionate Communities

## Measures to Overcome/ Prevent

Who has my back?  
(Nolte, et al. 2017)

**Support at work (peers) and at home** (*self & organizational measure*)

Professional development opportunities (*organizational measure*)

**Setting professional boundaries** (*self and professional measure*)

**Debriefing** (*self, professional, organizational measure*)

**Mentoring** (*professional & organizational measure*)

Strong leadership (*organizational measure*)

~~Self-care strategies~~ **Self-honoring Practices** (*self-measure*)

## Building Compassion Satisfaction:

Honoring Others through Appreciative and Compassionate Communities

# Intervention Strategies

(Cocker & Joss, 2016)

## ***Accelerated Program for Compassion Fatigue***

focuses on the restorative quality of personal self-awareness:

**Sharing of stories** and debriefing

Promotion of **self-compassion** in order to encourage individuals to **challenge a negative internal dialogue**.

Focuses on **shifting automatic thoughts** and beliefs to reflect a more **positive outlook**.

Promotes the development of a combination of **“Resiliency Skills”**

*(Accelerated Program for Compassion Fatigue, Gentry et al. 2002)*

## **Building Compassion Satisfaction:**

Honoring Others through Appreciative and Compassionate  
Communities

## **Intervention Strategies**

(Cocker & Joss, 2016)

## **Resiliency Skills:**

**Self-care** and revitalization

**Connection and support**

**Intentionality**

**Self-regulation**

**Perceptual maturation**

*(Accelerated Program for Compassion Fatigue, Gentry et al. 2002)*

## **Building Compassion Satisfaction:**

Honoring Others through Appreciative and Compassionate Communities

## *Accelerated Program for Compassion Fatigue, Gentry et al. 2002*

“ARP is a five-session model for the treatment of the deleterious effects caregivers experience as a result of their caregiving work through the promotion of resilience and self-efficacy. Participants in the ARP not only report a reduction in CF symptoms, they also feel more empowered, more energetic, and have a stronger sense of self-worth. Designed to reduce the intensity, frequency and duration of symptoms associated with Compassion Fatigue, ARP aims to help at-risk workers identify symptoms of CF, recognise CF triggers, identify and utilize existing available resources, review personal and professional history to the present day to identified those at increased risk, master arousal reduction methods, resolve any impediments to efficacy, initiate conflict resolution, and initiate a supportive aftercare plan in collaboration with their employer or supervisor.”



## **Building Compassion Satisfaction:**

Honoring Others through Appreciative and Compassionate  
Communities

*Accelerated Program for  
Compassion Fatigue,  
Gentry et al. 2002*

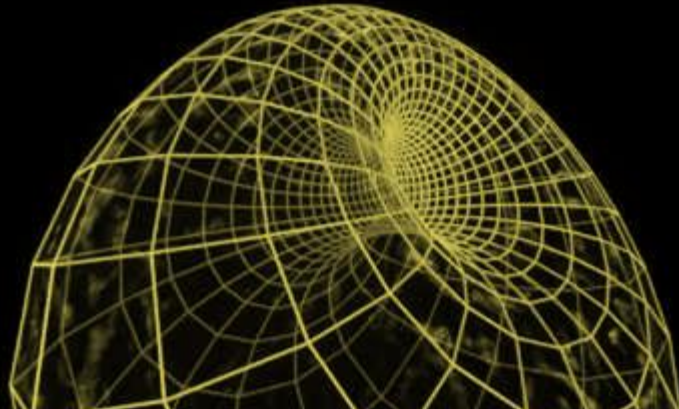
***A supportive aftercare plan in  
collaboration with their employer or  
supervisor....***

# **Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities**

**DREAM**

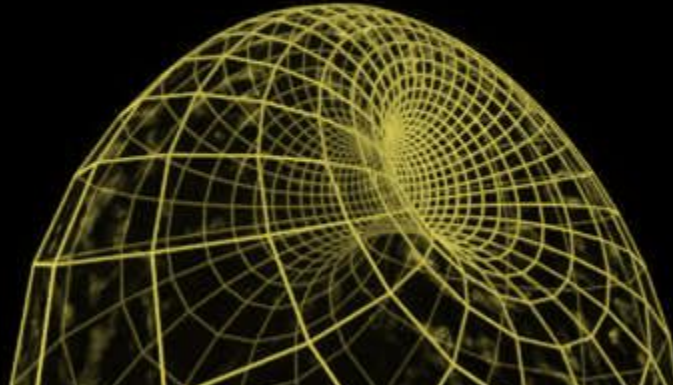
# **Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities**

**4Ds: Discover, Dream, Design, Deliver**



# **Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities**

**Appreciative Mindset:  
Growth Mindset, Strengthening Strengths,  
Sense of Belonging**



# **Building Compassion Satisfaction:**

**Honoring Others through Appreciative and Compassionate  
Communities**

## Practice Pause

# **Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities**

## **Building Trust**

**Jay White, EdD, MSG**

# **Establishing Trust**

**Step 1 in Building a Successful Team**

# The 5 Functions of a Team





# Healthcare Teams During Covid-19

## COVID-19 Stressors That Can Affect Team Performance

### Individual-level Stressors

Concerns about own health

Overwork and fatigue

### Team-level Stressors

Lack of team member expertise (e.g., people assuming new roles)

Unfamiliarity with new team members

Heightened consequences of mistakes for patients/team members

New or unfamiliar care processes and treatments

### Organisation-level Stressors

Insufficient resources (e.g., PPE, ventilators)

Forced separation of COVID-19 patient care teams and other teams

Financial stress from decreased elective procedure volume

### Work-Life Stressors

Concerns about family and friends (e.g., healthcare, finances, childcare)

Other family members being laid off or furloughed

Social isolation



## Emergent Risk Points for Teams

### Attitudes/Cognitions

Low belief the team can succeed (loss of *collective efficacy*)

*Narrowing of attention* and over focus on self

Insufficient *shared mental models* (priorities, roles, etc. )

Discomfort with speaking up (lack of *psychological safety*)

### Behaviours

Manifestation of schisms (*faultlines* appearing)

Insufficient monitoring, *vigilance*, and backup

Failing to ask questions, admit concerns, provide feedback

Setbacks adversely affect next tasks (low *team resilience*)

# Dysfunction vs. Function

A word cloud on a dark background with the words 'POSITIVE' and 'THINKING' in large, bold, yellow, hand-painted letters. Surrounding these are various related terms in white, hand-painted text of different sizes and orientations. The words include: leadership, thinking, confident, business, innovation, management, team, organize, training, ideas, process, positive, future, motivation, coaching, teamwork, vision, and life. A white chalk-like object is visible in the bottom right corner.

POSITIVE  
THINKING

leadership thinking confident business innovation management team  
organize training ideas process positive future motivation coaching teamwork vision life



A black and white photograph showing two hands clasped together in a firm grip. The hand on the left is lighter-skinned, and the hand on the right is darker-skinned. The fingers are interlaced, and the thumbs are pressed against each other. The background is a plain, light-colored surface.

**Trust**



# Lead by Example

**A leader leads by example,  
not by force.**

**Sun Tzu**





# Types of Listening Skills



## Attentive listening involves:

- Holding eye contact
- Maintaining good posture
- Nodding
- Mirroring speaker's body language to show interest
- Allowing speaker to complete entire thoughts



## Reflection listening involves:

Repeating and paraphrasing what speaker has said to show that you truly understand what they are telling you

## **A Brief Summary: Thank You +...**

**Let me see if I heard you  
correctly...**

**What I heard you say is...**

**Is my understanding  
accurate? This is what I  
heard...**



**STRETCHING MY HANDS OUT**  
A CELEBRATION OF DIRECT CARE PROVIDERS

**T**he most striking aspect of this research is that even providing information for others reduces such ego concerns.

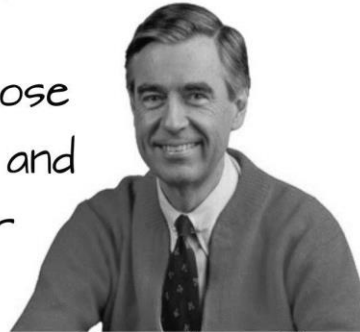
[illegible][illegible]

It was in the 90 years of struggling against economic adversity in the group. The group started but has remained a very efficient unit. It provides a safe place to share thoughts in the face of economic adversity, and a place to find support. The group is a safe place to be when you are struggling and to help the others off your struggle too.



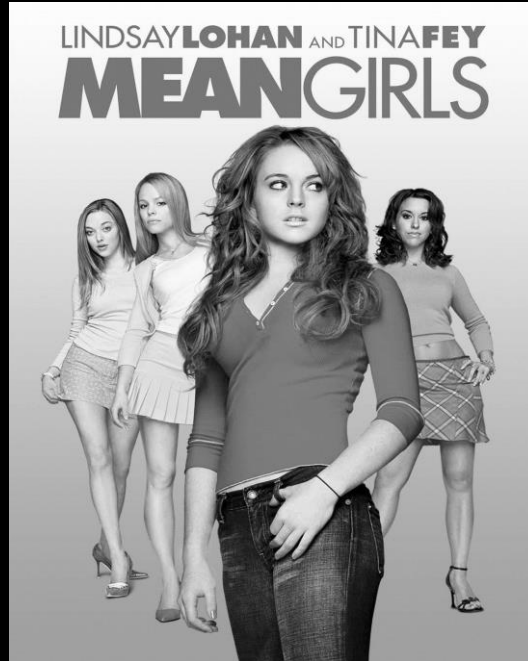
# Share Responsibility for the Highs and Lows

"We live in a world in which we need to share responsibility. It's easy to say 'It's not my child, not my community, not my world, not my problem.' Then there are those who see the need and respond. I consider those people my heroes." -Fred Rogers



[FB.com/IntactRI](https://www.facebook.com/IntactRI)

# Promote Inclusion



# Virtual Teams





# **Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities**

## **Wisdom Environments**

**Gigi Amateau, MSG, PhD(c)**

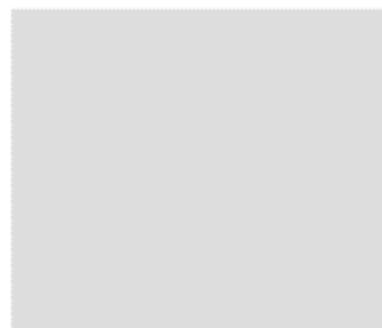
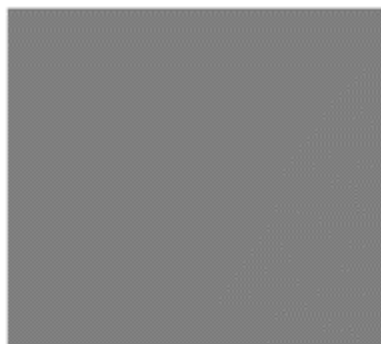




# **NARRATIVE PRACTICES**

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“We age biographically as much as we age biologically, psychologically, and socially.”



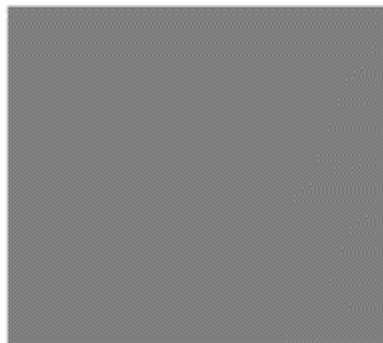
Kenyon, Clark, & de Vries, 2004

## Approach

- “Inside of aging”
- Theory, research, practice
- Storytelling is fundamental to being human
- Facticity and possibility
- Four story dimensions: structural, sociocultural, interpersonal, personal
- Themes
  - Temporality
  - Poetics
  - Wisdom

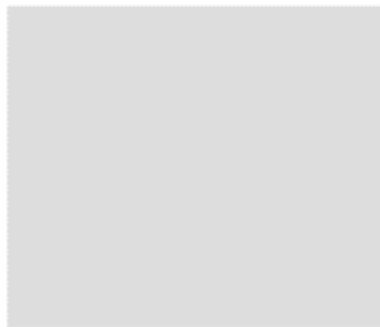


"Because we enter the story, we must explore its complexity and challenge our own morality."

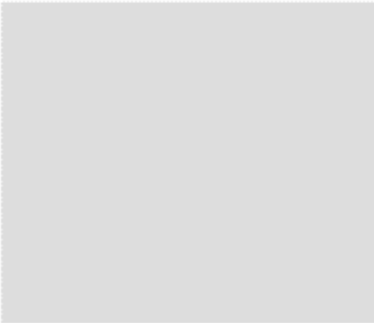
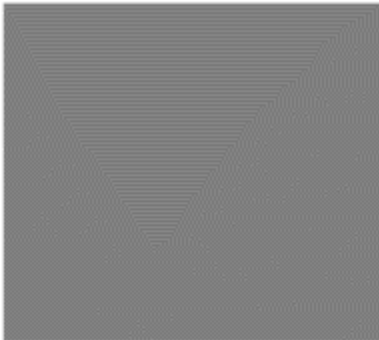


## Narrative Skills

- Close listening
- Allowing our own emotions and feelings to be present, helpful, and informing
- Self-stilling, as we discern the course and source of care
- Being interested
- Taking notice
- Willing and alert to co-creation
- Taking time to reflect



"We are *all*  
narrative  
beings."



## Concepts

- Narrative Loss
- Narrative Foreclosure
- Narrative Dispossession
- Shadow stories
- Restorying
- Narrative/Wisdom Environment



## **WISDOM ENVIRONMENTS**

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**Building Compassion Satisfaction:  
Honoring Others through Appreciative and  
Compassionate Communities**

**DESIGN**

**Building Compassion Satisfaction:  
Honoring Others through Appreciative and  
Compassionate Communities**

**DELIVER**

**Building Compassion Satisfaction:  
Honoring Others through Appreciative and  
Compassionate Communities**

Practice Pause

# Building Compassion Satisfaction: Honoring the Others

through Appreciative and Compassionate Communities

...

*STOP*



*START*



*CONTINUE*



**Building Compassion Satisfaction:  
Honoring Others through Appreciative and  
Compassionate Communities**

Wrap-up/Take-away Points



Compassion  
Satisfaction

Compassion  
fatigue

Risk factors

Triggering factors

Contextual factors

My Big Why / My  
Acorn

My Big Why / My  
Acorn



Compassion  
Satisfaction

Belonging

Growth mindset

Strengths &  
Resilience

My Big Why / My  
Acorn

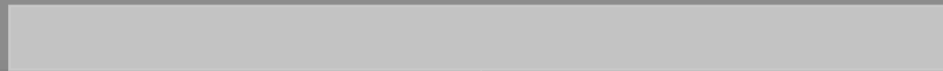
Compassion  
fatigue

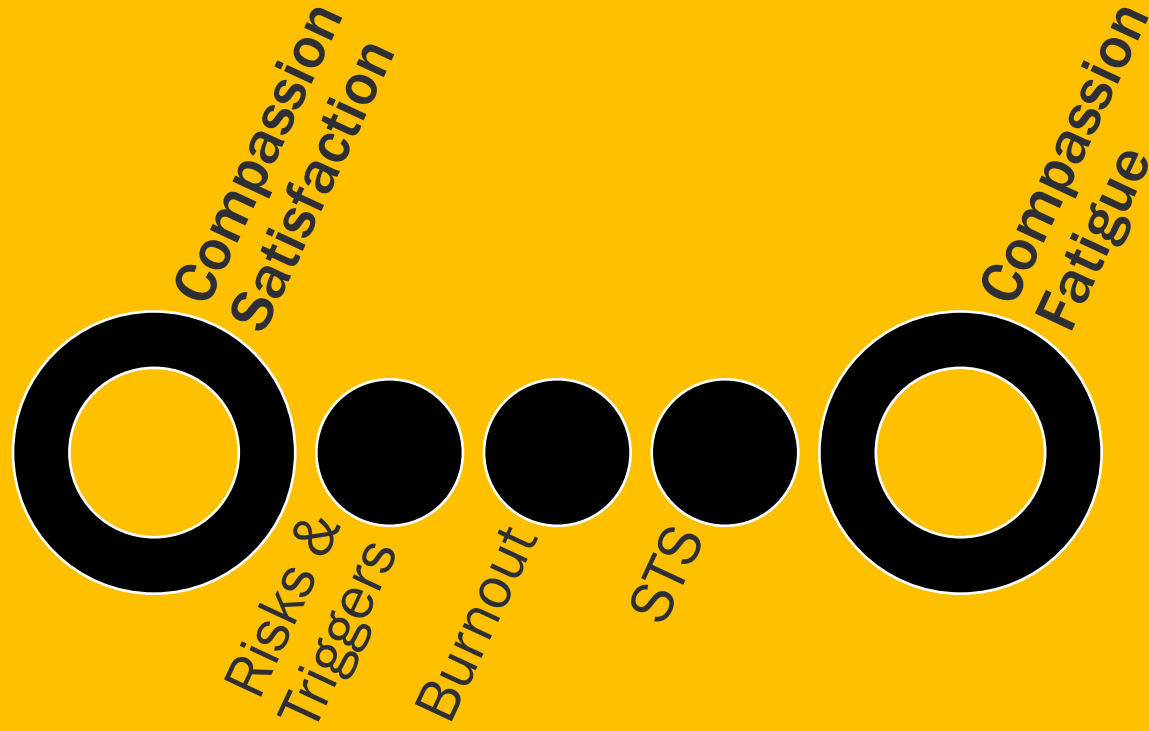
Risk factors

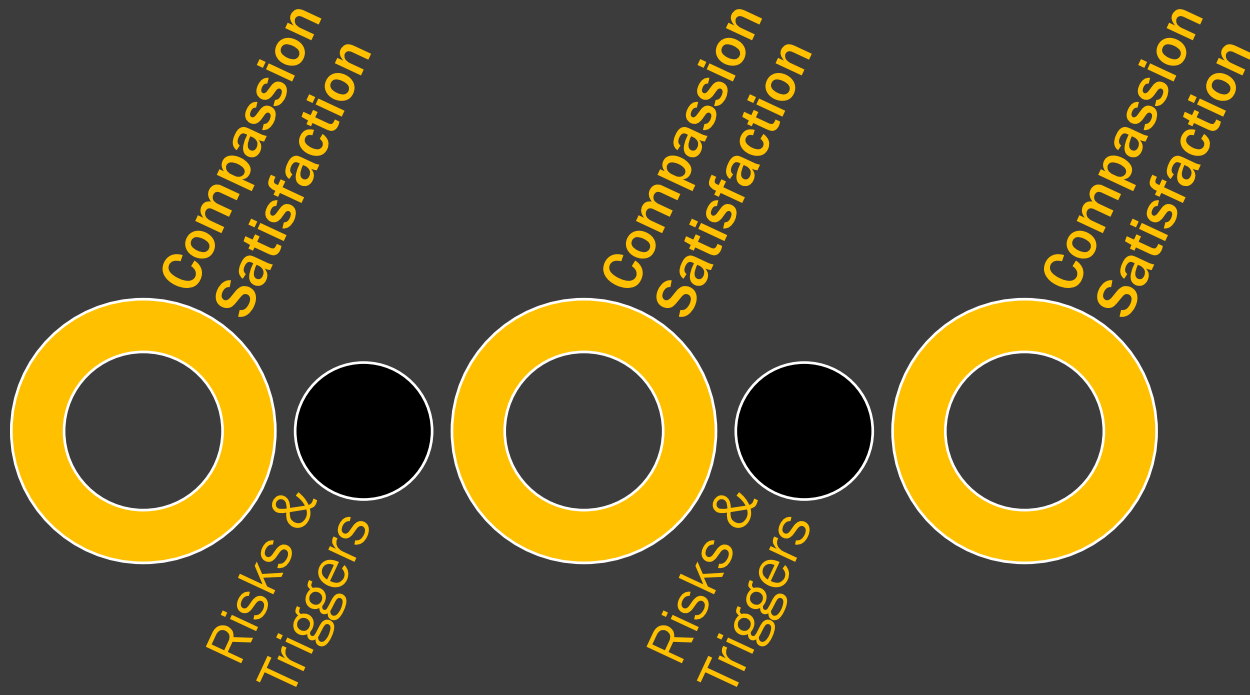
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Questions: Email [ewellefo@vcu.edu](mailto:ewellefo@vcu.edu)



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