

SESSION V

Become a **VCU** Gerontologist

BE OLD BE BOLD BE OLDER AND BOLDER

GRTY 692 Compassion Fatigue

A Five-week Course

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

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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.

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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.

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PRESENTERS



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**Compassion Fatigue:
An Appreciative Approach to Building
Compassion Satisfaction**

1	2	3	4	5
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

Questions: Email ewellefo@vcu.edu

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WEEK 5

- Parking Lot/Mind Dump

- Welcome and Review

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

- Team Trust

- Wisdom Environments

- Discussion: 4Ds Appreciative Approach to Compassion Satisfaction

- Wrap-up

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Compassion Satisfaction

What is it?

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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 and CF	RESILIENCE
<p>CS is the joy, purpose, and meaning derived from one's work (Flarity, 2016)</p>	<p>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)</p>	<p>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-Fairlie 2008, Caring, Peariman, 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)</p>

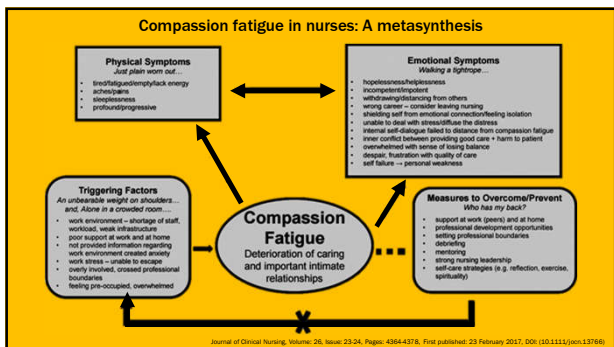
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Compassion Fatigue: What is it? What does it look like? Why does it matter?

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)	Secondary Traumatic Stress (STS)
<p>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".</p>	<p>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.</p>

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<p>Compassion Fatigue: Risk Factors, Trigger Factors</p>	<p>Work environment - shortage of staff, workload, weak infrastructure (<i>Organizational</i>)*</p> <p>Poor support at work and at home (<i>Personal & Organizational</i>)</p> <p>Not provided information regarding work environment created anxiety (<i>Organizational</i>)</p> <p>Work stress - unable to escape (<i>Professional, Organizational</i>)</p> <p>Overly involved, crossed professional boundaries (<i>Personal, Professional</i>)</p> <p>Feeling pre-occupied, overwhelmed (<i>Personal, Professional, Organizational</i>)</p> <p style="text-align: right;"><small>(Notte et al, 2017)</small></p> <p><small>* 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.</small></p>
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<p>Compassion Fatigue: Risk Factors, Trigger Factors</p>	<p>Organizational/Environmental Risk Factors</p> <p>Working in an organization or environment which possesses or promotes the following characteristics may increase the risk for Compassion Fatigue.</p> <ul style="list-style-type: none"> • 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. <p style="text-align: right;"><small>(Meadors et al, 2008, Norcross, Guy, & Laidig, 2007)</small></p>
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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)

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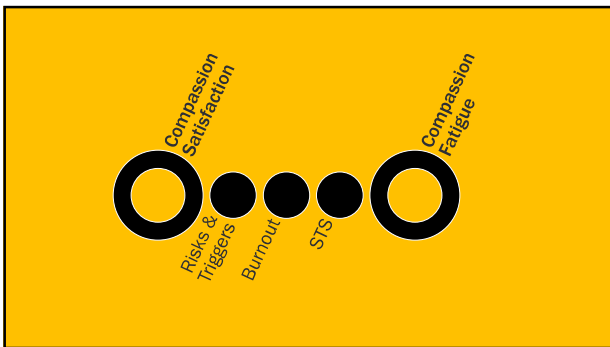
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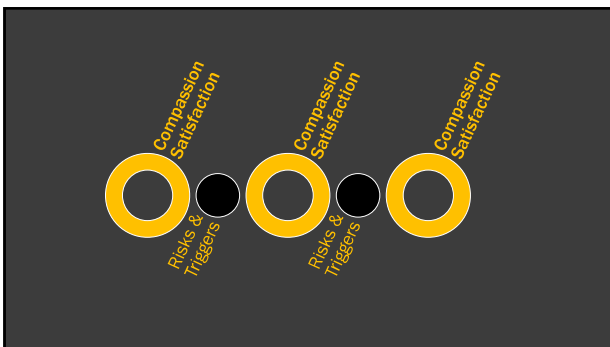
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<p>Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities</p> <p>Measures to Overcome/ Prevent</p> <p>Who has my back? (Noite, et al. 2017)</p>	<p>Support at work (peers) and at home (self & organizational measure)</p> <p>Professional development opportunities (organizational measure)</p> <p>Setting professional boundaries (self and professional measure)</p> <p>Debriefing (self, professional, organizational measure)</p> <p>Mentoring (professional & organizational measure)</p> <p>Strong leadership (organizational measure)</p> <p>Self-care strategies Self-honoring Practices (self-measure)</p>
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<p>Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities</p> <p>Intervention Strategies</p> <p>(Cocker & Joss, 2016)</p>	<p>Accelerated Program for Compassion Fatigue focuses on the restorative quality of personal self-awareness:</p> <p>Sharing of stories and debriefing</p> <p>Promotion of self-compassion in order to encourage individuals to challenge a negative internal dialogue.</p> <p>Focuses on shifting automatic thoughts and beliefs to reflect a more positive outlook.</p> <p>Promotes the development of a combination of "Resiliency Skills"</p> <p><small>(Accelerated Program for Compassion Fatigue, Gentry et al. 2002)</small></p>
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<p>Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities</p> <p>Intervention Strategies</p> <p>(Cocker & Joss, 2016)</p>	<p>Resiliency Skills:</p> <p>Self-care and revitalization</p> <p>Connection and support</p> <p>Intentionality</p> <p>Self-regulation</p> <p>Perceptual maturation</p> <p><small>(Accelerated Program for Compassion Fatigue, Gentry et al. 2002)</small></p>
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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.**"

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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....

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Building Compassion Satisfaction: Honoring Others through Appreciative and Compassionate Communities

DREAM

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

4Ds: Discover, Dream, Design, Deliver



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

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



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

Practice Pause

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Building Compassion Satisfaction:
Honoring Others through Appreciative and
Compassionate Communities

Building Trust
Jay White, EdD, MSG

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Establishing Trust
Step 1 in Building a Successful Team

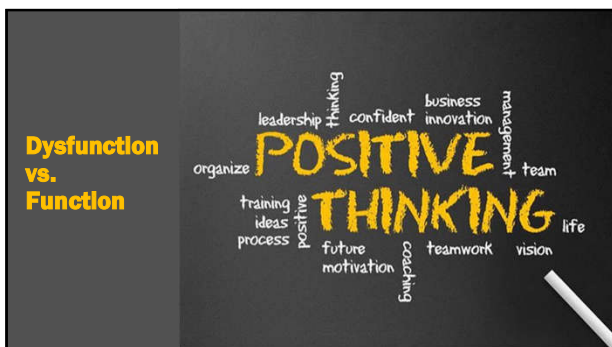
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COVID-19 Stressors That Can Affect Team Performance	Emergent Risk Points for Teams
Individual-level Stressors Concerns about own health Overwork and fatigue	Attitudes/Cognitions Low belief the team can succeed (loss of <i>collective efficacy</i>) Narrowing of <i>attention</i> and over focus on self Insufficient <i>shared mental models</i> (priorities, roles, etc.) Discomfort with speaking up (lack of <i>psychological safety</i>)
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	

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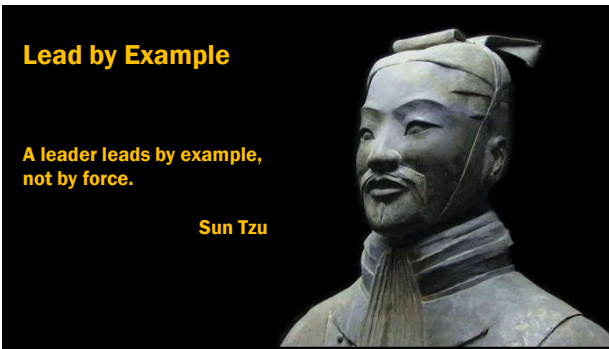
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Types of Listening Skills



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

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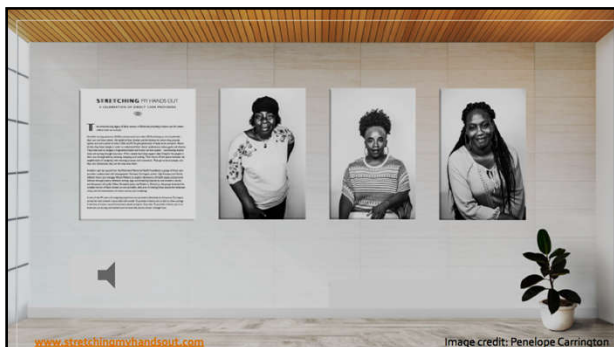
**A Brief Summary:
Thank You +...**

Let me see if I heard you correctly...

What I heard you say is...

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

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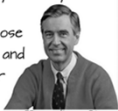


www.stretchinmyhandsout.com Image credit: Penelope Carrington

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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



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Promote Inclusion



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Virtual Teams



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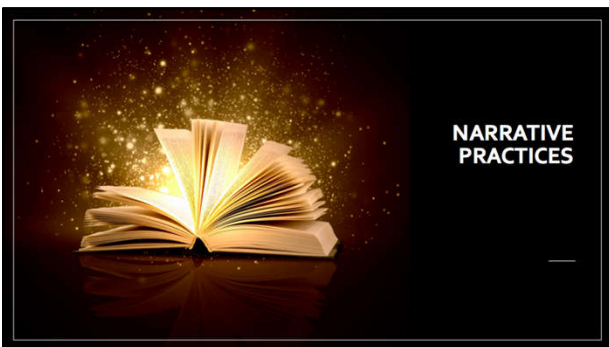


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Building Compassion Satisfaction:
Honoring Others through Appreciative and
Compassionate Communities

Wisdom Environments
Gigi Amateau, MSG, PhD(c)

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

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

Kenyon, Clark, & de Vries, 2004

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"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

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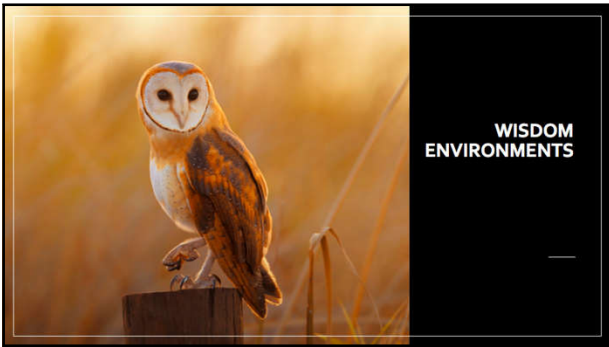
"We are all narrative beings."

Concepts

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

Berendonk et al; Randall and Kenyon; Blix

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

Practice Pause

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

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STOP

START →

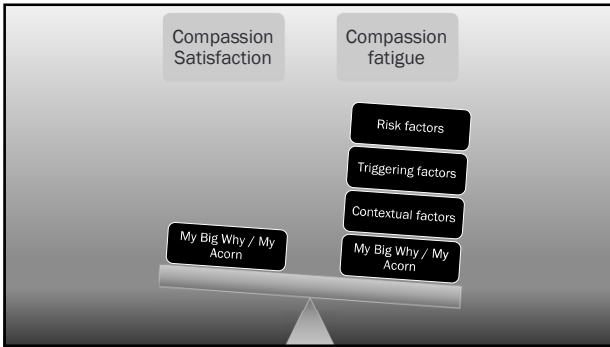
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**Building Compassion Satisfaction:
Honoring Others through Appreciative and
Compassionate Communities**

Wrap-up/Take-away Points

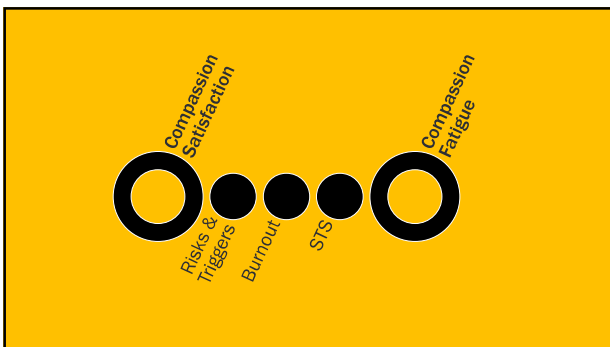
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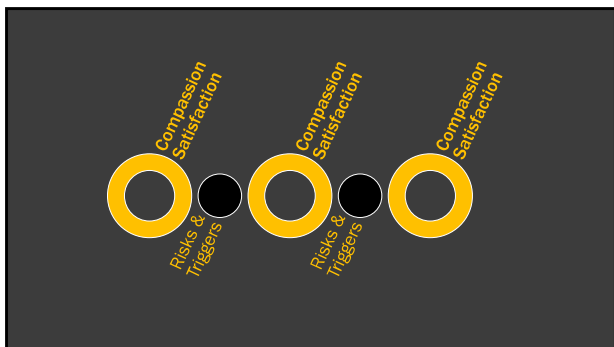
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