



Compassion Fatigue: 'The Cost of Caring'

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Acknowledgment

Walking the Walk: Creative Tools for Transforming Compassion Fatigue and Vicarious Trauma

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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.

Rachel Naomi Remen, 1996



Costs of Caring at End of Life

- Constant exposure to death
- Inadequate time with dying patients
- Inadequate coping with one's own emotional response to dying patients
- Need to 'carry on' as usual in the wake of patient deaths
- Communication difficulties with dying patient's and relatives



Costs of Caring at End of Life

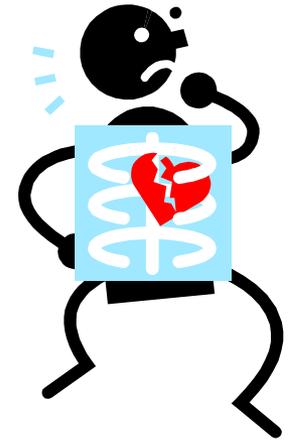
- Identification or developing friendships with dying patients
- Inability to live up to one's own standards (providing a 'good death')
- Feelings of depression, grief and guilt in response to loss



Costs of Caring at End of Life

- Being witness to patients in most terminal stage
- Struggling with DNR/AND when differing opinions
- Pressures to discharge dying patients from hospital
- Dealing with bodies once deceased

The reality...



- Deeply compromised system
- Ongoing challenges & cutbacks
- Increasing volume of work and demands
- Difficult stories

Compassion Fatigue (CF)

Figley, 1995

- *The profound emotional and physical exhaustion that helping professionals and caregivers can develop over the course of their career as helpers*
- Characteristics:
 - deep physical and emotional exhaustion
 - pronounced change in helper's ability to feel empathy for their clients, loved ones, co-workers
 - Unable to tolerate strong emotions/ difficult stories
 - Unable to refuel and regenerate
 - increased cynicism at work, loss of enjoyment of career
 - increased anger and irritability
 - Can also happen to caregivers (“caregiver fatigue”)
- Can turn into depression and stress-related illnesses

Vicarious Trauma

Saakvitne & Pearlman, 1995

- *The profound shift that workers experience in their world view when they work with clients who have experienced trauma*
- Repeated exposure to difficult stories
- Can cause nightmares, difficulty getting rid of certain images, an intense preoccupation with a particular story or event we've been exposed to.
- When external trauma becomes internal reality
- Can happen through work (stories we are told or stories we read) and through media exposure.
- Accumulates over time & across clients.
- Both CF and VT are occupational Hazards

Burnout

The physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work.

- Result of prolonged stress and frustration
- Depleted ability to cope with work demands
- Feel powerlessness to achieve goals
- Can happen in any occupation



Moral Distress



- inconsistencies between a [helper's] beliefs and his or her actions in practice” (Baylis 2000)
- “when policies or routines conflict with [...] beliefs about [...] patient care” (Mitchell 2000)

What we know?

- CF affects the most caring
- the more difficult and complex cases on your caseload, the higher the incidence of CF/VT
- demands of the health care environment increase risk
- can take a toll not only on the caregiving profession but also on the workplace
- utilizing personal and professional self-care strategies is protective
- access to good social support (at home and work) protective
- adequate training is protective

Signs & Symptoms of CF/VT

Physical

- Exhaustion, insomnia, headaches, illness, somatization and hypochondria

Psychological

- Reduced ability to feel empathy/ sympathy, cynicism\loss of hope, helplessness, increased sense of vulnerability, difficulty separating personal/professional, diminished sense of enjoyment, intrusive imagery

Behavioural Signs and Symptoms

Increased use of alcohol and drugs	Anger and Irritability	Avoidance of clients
Absenteeism	Impaired ability to make decisions	Problems in personal relationships
Attrition	Compromised care for clients	Forgetfulness



Physicians (clinicians) working with patients at the end of life frequently have to respond to overwhelming human suffering.... Self care is an essential part of the therapeutic mandate. Self care enables physicians (clinicians) to care for their patients in a sustainable way with greater compassion, sensitivity, effectiveness, and empathy.

The heart must first pump blood to itself.

Kearney et al. 2009



What are your warning signs?

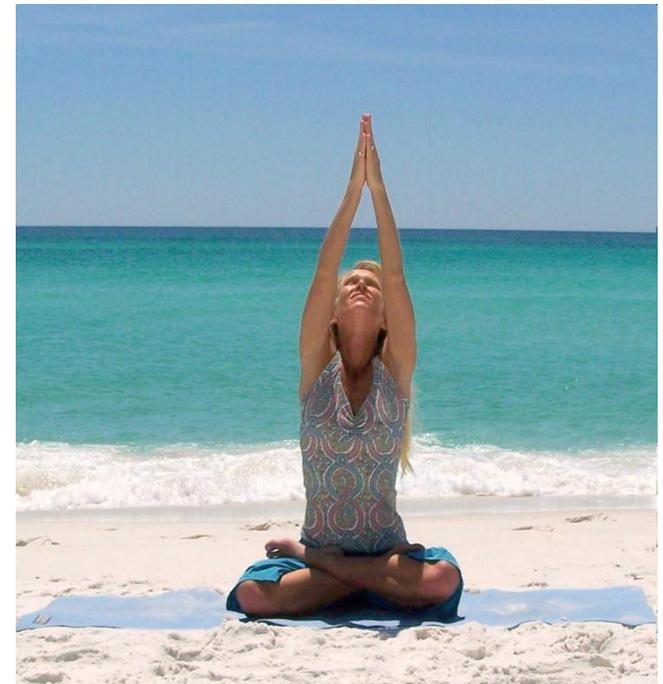
- Physical sensations
- Thoughts
- Feelings
- Behaviours
- Relationships

Personal Strategies

- Rest, sleep, nutrition, exercise, sex
- Renewal: Retreat and nourishing activities every day: Body, Mind, Spirit
- Practice relaxation
- Develop coping skills
- Limit trauma input

Self-awareness and Self-care techniques

- Mindfulness meditation
 - breathe deeply
- Journal/ Reflective Writing
- Relaxation
 - visualize a peaceful scene
 - count backwards from 100
- Yoga
 - body awareness
- Walking



Challenges to Self-Care

- waiting too long before activating the self care strategies we do have in our toolbox
- lack of a good repertoire of self care activities
- failing to periodically reassess how effective/relevant the self care strategies that we do use are – are they still working for us?
- getting in a rut
- not feeling that we deserve to do self care, that it's selfish/no time/not a priority.



Professional Strategies

- Engage in peer consultation/training
- Diversify workload
- Identify ‘trigger cases’
- Develop rituals – ‘role shedding’
- Make time to honour your work
- Take breaks/ check-in during the day

Professional Strategies

- Be self-aware- 'dual awareness'
- Allow time to grieve
- Talk it out
 - Therapy
 - Vault
- Water your joy seeds



Organizational Strategies

- Acknowledge CF/VT exists
- Use the language
- Supportive Teams
- Standing item on meeting agenda
- Review – (educational rounds etc.)
- Take care of each other

Contact Information:



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