

The Compassion Fatigue Toolkit: Fostering Self-Compassion, Mindfulness, and Self-Care

Core Competency 1: Understanding Compassion Fatigue and Compassion Satisfaction (AKA Compassion Fatigue Crash Course)

Compassion Fatigue Crash Course Session Goal: The goal of the compassion fatigue module is that participants will develop a comprehensive understanding of compassion fatigue/satisfaction, develop management skills, and improve personal and professional holistic health outcomes.

Learning Objectives:

1. Define and recognize the professional health-risks of compassion fatigue and burnout.
2. Understand the most common risk factors for the development of compassion fatigue and burnout among medical social workers, identify one's mental health baseline, and assess one's personal level of risk.
3. Describe the elements of an effective approach to recovery from and/or mitigation of compassion fatigue.
4. Recognize organizational responsibility and involvement in compassion fatigue and satisfaction.

Estimated Total Lesson Time: 1 hour 15 minutes

****Throughout curriculum session outlines the trainer's actions will be *italicized*; the content/recommended scripting of the session will not be.**

Introduction to the Session: Compassion Fatigue and Compassion Satisfaction	Method: Lecture, individual reflection, group discussion Slides used: 1-5 Time: 10 minutes
	<p><i>Trainer will start by welcoming participants and providing introduction to the curriculum as a whole.</i></p> <p><i>Trainer will describe the overall goal of the curriculum</i></p> <p>The curriculum modules will facilitate participants as they foster mindsets, build skills, and develop tools to proactively address compassion fatigue. Participants will experience improvements in personal and professional well-being as they learn to incorporate self-compassion, mindfulness, and self-care techniques into their lives. The ultimate goal of this curriculum is to foster a culture of compassion, kindness, and empathy in the Social Work Department at Swedish Medical Center.</p> <p><i>Trainer will review outline for lesson 1 of curriculum which is to define and describe key terms, assess participant self-awareness, provide several strategies towards preventing and/or alleviating compassion fatigue, and provide perspective for organizational</i></p>

	<p><i>interventions.</i></p> <p>Introduction to the Session: <i>Trainer will pose questions for the group to consider, and will begin discussion by themselves answering the corresponding questions on Slide 4:</i></p> <p>What brought you to the social work field? What is the number one reason you do your job? What about your work brings you joy?</p> <p><i>Trainer will encourage participants to share if they choose. Trainer will track participants' answers (on a whiteboard or a large notepad) and will highlight commonalities of participant answers. Trainer can place special emphasis on the answers to these questions having changed over the years.</i></p> <p><i>Trainer will fill in gaps that participants might have missed and expand on some of the common reasons that people are drawn to the social work profession (which are as follows):</i></p> <p>A strong desire to address and change social problems. The pursuit of social justice for vulnerable and oppressed groups. Compassion and care for human beings, and the recognition of each person's dignity and worth. Recognition of human relationships as an important vehicle for change, and an essential element of holistic well-being.</p> <p><i>Trainer will sum up by explaining that social workers share underlying compassionate characteristics, and that compassionate individuals have a tendency to ignore their own care needs which can potentially evolve into compassion fatigue. Before moving on to the next section, the trainer will pose a final question (on Slide 5) to participants to consider as they move through the lesson:</i></p> <p>Does the work I'm doing still feel good? If not, how can I bring that feeling back?</p>
<p>Core Competency 1 Compassion Fatigue Education: Definitions and Delineation</p>	<p>Method: lecture, individual activity Slides used: 6-7 Time: 5 minutes</p>
<p>Learning Objectives: Define, recognize and recognize the professional health-risks of compassion fatigue and burnout.</p>	<p><i>The trainer will define compassion fatigue, burnout, secondary trauma, and compassion satisfaction.</i></p> <p>Compassion fatigue (CF) refers to the profound emotional, psychological, and physical erosion that takes place when caretakers are unable to process/manage negative emotional</p>

	<p>responses to repeat exposures to pain, trauma, and suffering of others. Compassion fatigue is quite literally the “cost of caring”. Compassion fatigue is the negative aspect of helping; and is considered an occupational hazard of helping professions. Compassion fatigue is complex and is understood as a blend of both burnout and secondary trauma. Work environment, client environment, and personal environment (life) all play a role in a person’s experience with compassion fatigue.</p> <p>Burnout is the prolonged physical and psychological exhaustion related to a person’s work.</p> <p>Secondary Traumatic Stress (STS) is the emotional duress that results when an individual hears about the firsthand traumatic experiences of another.</p> <p>Compassion satisfaction (CS) is the gratification that caretakers gain from contributing to the care and well-being of others. Compassion satisfaction is a positive result of helping and care-giving work. Like compassion fatigue, work environment, client environment, and personal environment all have a role in the experience of compassion satisfaction.</p> <p><i>The trainer will explain the importance of recognizing compassion fatigue, delineate the cognitive, emotional and behavioral symptoms, and emphasize the impact that compassion fatigue has on one’s mental health.</i></p> <p>The importance of participants recognizing symptoms of compassion fatigue in themselves is to understand when something is wrong regarding their own health. Acknowledgement is the first step towards intervention/treatment. Your signs and symptoms exist on a continuum and are <i>your</i> warning signs, so this is important stuff to know!</p> <p>Cognitive symptoms include</p> <ul style="list-style-type: none"> • Changes in belief systems (about self, others, the world, the future) • Self-blame • A reduced sense of accomplishment (personal and/or occupational) or efficacy • difficulty concentrating, focusing or making decisions • constantly thinking or dwelling on the suffering of others <p>Emotional Symptoms include</p> <ul style="list-style-type: none"> • Feeling overwhelmed, hopeless, helplessness or powerlessness when hearing about others’ suffering
--	---

	<ul style="list-style-type: none"> • Reduced empathy- hypersensitivity or insensitivity to emotional material • Feeling detached from surroundings, or from physical and/or emotional experience • Feelings of anger, anxiety, sadness, irritability, or fear • Limited tolerance for stress <p>Behavioral Symptoms include</p> <ul style="list-style-type: none"> • Appetite changes • hyper-vigilance • sleep disturbances • memory loss • self-isolation and/or withdrawal • poor coping such as increased use of substances and/or increased recklessness • reduced pleasure in activities one once enjoyed, reduced work satisfaction <p><i>Trainer will sum up symptom overview by highlighting compassion fatigue's very real impact on an individual's holistic health, especially one's mental health.</i></p>
Who gets compassion fatigue, and what does it look like	<p>Method: lecture, group discussion, individual activity</p> <p>Slides used: 8-10</p> <p>Time: 20 minutes</p>
<p>Learning Objectives:</p> <p>Understand unique risk factors for the development of compassion fatigue and burnout among medical social workers.</p> <p>Identify existing levels of compassion fatigue/satisfaction</p>	<p><i>Trainer will recall to group that compassion fatigue occurs when an individual is unable to process or manage emotions that come up following the exposure to others' trauma. The trainer will go on to explain who is at risk of compassion fatigue.</i></p> <p>Compassion fatigue can impact anyone who works in a caring profession: nurses, doctors, physical therapists, counsellors, emergency care workers, and social workers. There is a higher prevalence of compassion fatigue seen in health professionals due to chronic exposure to and treatment of people who have been through a trauma. The prevalence of compassion fatigue in intensive care units is up to 40%, and between 25% and 70% of inexperienced mental health workers.</p> <p>Unique factors to medical social work: Group discussion (Slide 9, 5-10 minutes)</p> <p><i>Trainer will invite participants to identify any unique factors that could contribute to medical social workers' experience of compassion fatigue. The trainer will encourage participants to share individual experiences that might have contributed to their own experience of compassion fatigue. Trainer will review participants' answers, and fill any gaps missed by participants.</i></p>

	<p>The unique factors that increase a medical social workers risk for compassion fatigue include:</p> <ul style="list-style-type: none"> • Large caseloads • Continued exposures to complex, often disturbing cases • Prolonged care of severely ill/dying patients • Conflicting professional values, between the organization and other medical professionals <p><i>Trainer will sum up by acknowledging the extreme amount of trauma that medical social workers are exposed to on a daily basis.</i></p> <p>Individual Activity Measuring CF and CS (10 minutes): <i>Trainer will distribute Handout 1 ProQOL Self-Score assessment (located in the Handout 1 tab on the Session page) to participants. The instructions of this assessment are to answer provided questions honestly, and upon completion tally up scores for compassion satisfaction, burnout, and secondary traumatic stress. The purpose of this assessment is for participants to identify their current levels of CS, burnout, and STS.</i></p> <p><i>Trainer will encourage participants to complete the assessment honestly, and will remind participants that an important part of mitigating CF is understanding it.</i></p> <p><i>Trainer will sum up this activity by explaining that understanding individual baseline burnout, trauma, and CS can help begin the process of intervention. You can't address a problem without understanding it's presence and scope! It is absolutely essential that the trainer normalize CF as an occupational hazard, restate the CF happens because we care. Preventing or managing compassion fatigue does not mean that we have to stop caring, it means that we need to start caring about ourselves more.</i></p>
Self-Awareness and Compassion Fatigue	<p>Method: group discussion, lecture, individual activity Slides used: 12-13 Time: 15-20 minutes</p>
Learning Objective: Identify one's mental health baseline, unique symptom set, and assess one's personal level of risk.	<p><i>Trainer will introduce and review the mental health continuum and the importance of identifying our mental and behavioral baseline.</i></p> <p>Mental health exists on a continuum and can change depending on a variety of circumstances and it can get better or worse. Depending on where you land on the continuum, different interventions and support mechanisms are needed.</p>

	<p>The continuum goes from healthy, to reacting or mild/reversible distress, to more severe, persistent, and injured impairment, through to clinical illnesses and/or disorders that require clinical interventions.</p> <p>Your mental and behavioral baseline is your state of behavior which is steady in form and frequency. It shows you where you're at right now and gives you a standard to compare when new interventions/treatments are utilized in order to see how they impact you. For example, you may experience trouble sleeping 5 nights a week and suffer from bouts of intense sadness every other day. These behaviors are your baseline to compare back to after implementing treatment/intervention. Understanding your behavioral baseline will help you get a better picture of your existing behavioral health, as well as identify interventions that work for you. Your baseline is your critical starting point!</p> <p>Individual Activity- Mental Health Continuum (10 mins): <i>Trainer will distribute Session 1 Handout 1 to participants. The purpose of this activity is to increase participants' self-awareness by identifying their healthy and baseline mental/behavioral health, and creating a tangible mental health continuum to compare their baseline to better/worse health.</i></p> <p>The activity instructions are as follows: Part 1: Participants imagine their physical, emotional, and psychological wellbeing when they are “doing well” and at their current baseline. What does their mood, attitude, sleep, activity levels, physical health, and habits look like when they are “well” and at baseline? Trainer will leave slide visible with an example.</p> <p>Part 2: Participants will identify symptoms they experience when their mental health looks like across the mental health continuum: in the healthy, reacting, injured, and ill categories.</p> <p><i>The trainer will leave Slide 9 visible so that participants may use this as a guide to complete their continuum.</i></p> <p><i>Trainer will sum up activity by explaining that the most important thing to help reduce the likelihood of developing CF is for individuals to educate themselves to compassion fatigue signs and symptoms while understanding their own baseline and warning signs for deteriorating health.</i></p>
Strategies for combatting/mitigating compassion fatigue	Method: lecture Slides used: 14 Time: 5-8 minutes

<p>Learning Objectives: Describe the elements of an effective approach to recovery from and/or mitigation of compassion fatigue.</p>	<p><i>The trainer will introduce strategies for preventing or combatting CF.</i></p> <p>Some methods for increasing CF resiliency are journaling, intentionality/mindfulness, connection/support, debriefing/supervision, staying curious/aware, and self-care/revitalization. These strategies are positively correlated with developing compassion satisfaction, which you'll remember is the gratification that one gets from helping others. People with higher levels of compassion fatigue have lower levels of compassion fatigue and burnout.</p> <p>Journaling: Reflective journaling allows individuals the opportunity for an immediate, individual debrief on the events of the day. Individuals can identify frustrations and/or challenges, acknowledge barriers/limitations, reflect on something that went well, and identify supportive people in your life.</p> <p>Intentionality/Mindfulness: When we set intentions for the day, we become mission focused rather than outcome driven. Intentionality allows us to remain loyal to our purpose and principles. When we are mindful and allow these intentions to drive us throughout the day, we become better at relaxing our bodies and minds rather than allowing compulsive reactivity during external stimuli (i.e. working with trauma).</p> <p>Connection and support: Sharing narratives is important in deconstructing the isolation one might feel as they experience CF symptoms. Cultivating and utilizing peer (and supervisor) support allows us to share painful work experiences. When we share our experiences, we process them and essentially dilute their power over us. As we strengthen these peer relationships, we develop a safety net of others who can confront us when they notice we are becoming symptomatic (i.e moving into the unhealthier side of the mental health continuum.)</p> <p>Debriefing/Supervision: Building on connection and support, debriefing specific events as a team is especially beneficial. Large group debriefs gives space to yourself and others to verbalize perspectives and/or feelings from the role of the active listener, the facilitator and the speaker.</p> <p>Cultivating curiosity/awareness: As already stated, maintaining a curiosity about one's state of emotional, physical, and behavioral well-being increases our self-awareness and our ability to identify compassion fatigue. Additionally, pursuing continued education opportunities (i.e social work seminars, trainings, etc.) allow us to stay up to date on professional</p>
--	--

	<p>standards, rejuvenate and reinforce our desire to work in the social work field.</p> <p>Self-Care/Revitalization: Allow space for non-social work activities that decrease career related stress and yield revitalization. In order to maintain high levels of caregiving required in the medical social work profession, it is imperative to develop an individualized, intentional program that refuels and re-energizes. Self-care can include physical exercise, meditation, socializing with friends and family, reading, etc. People who develop meaningful self-care plans and have a higher frequency of sticking to those plans tend to have higher levels of compassion satisfaction.</p> <p><i>As the trainer reviews these strategies, trainer will explain that mindfulness and self-care will be further expanded upon in upcoming lessons of the curriculum. Additionally, trainer will offer participants a copy of the Reflective Journal Handout, located in the supplemental materials tab of the course container.</i></p>
Compassion Fatigue- Final Thoughts on Organizational Accountability	<p>Method: lecture, group discussion Slides used: 15-16 Time: 10 minutes</p>
<p>Learning Objective: Recognize organizational responsibility and involvement in compassion fatigue and satisfaction</p>	<p><i>Trainer will explain that organizations/agencies as well as individuals have responsibility when it comes to mitigating compassion fatigue. The purpose of this delineation is to avoid blaming individuals for their experience of CF, and encourage participants to advocate for themselves when they are not receiving adequate support from their agencies.</i></p> <p>By focusing only on individual care and resiliency, we risk pinning the blame for CF onto individuals for not balancing work and life. As discussed earlier in this lesson, compassion fatigue and compassion satisfaction are linked to work environment (which includes agency culture, attitudes, etc.) Leaders and supervisors have a responsibility to care for their employees and their social work department as a whole to cultivate an environment that encourages connection, support, and care.</p> <p><i>Trainer will invite participants to consider the causes of compassion fatigue and think of ways that an organization might support their staff in mitigating compassion fatigue. Allow for group discussion. (5 minutes)</i></p> <p><i>Trainer will fill in gaps that participants might have missed with the following information:</i></p>

	<p>Ways that an organization can mitigate compassion fatigue:</p> <p>Reasonable caseloads and hours: Reasonable expectations and amounts of work ensure that staff is not overwhelmed. Diversifying staff caseloads to manage the percentage of socially complex or traumatic patients can reduce the emotional burden on individuals.</p> <p>Supervision and Support: Providing adequate (and exceptional) supervision and support encourages individuals time and space to share their experiences, effectively combatting isolating thoughts.</p> <p>Benefits: Agencies can mitigate compassion fatigue by providing adequate compensation to staff for the work they do. Additionally, agency leadership should encourage staff to take time off to rejuvenate and participate in meaningful self-care.</p> <p>Training/Education: Agencies should encourage both individual and team awareness and give workers the tools to identify and manage CF in themselves and their peers. These tools are acquired through attending seminars, classes, and workshops which the agency should encourage, incentivize, and compensate employees for the time spent participating in educational opportunities.</p> <p>Supportive work environment/culture: Agencies have a responsibility to cultivate a supportive, kind, and compassionate work environment. Leaders need to create an environment where staff <i>can</i> talk about their pain, assign meaning to experiences, and begin healing. Compassionate leaders serve as a role model for the entire staff- when employees see leadership helping staff, it fosters the environment where staff can help one another through their suffering.</p>
Closing the Session	<p>Method: Lecture</p> <p>Slides used: 18</p> <p>Time: 2 minutes</p>
	<p><i>Trainer will review key points of the compassion fatigue lesson.</i></p> <p>Key takeaway 1: Medical social workers can feel a great deal of satisfaction when they are able to help patients in need. Consequently, the empathic social worker is at risk of experiencing compassion fatigue- or the profound emotional, psychological, and physical erosion that takes place when caretakers are unable to process/manage negative emotional responses to repeat exposures to pain, trauma, and suffering of others.</p>

	<p>Key takeaway 2: Self-awareness is critical in understanding your holistic wellness, as well as your individual experiences with compassion fatigue.</p> <p>Key takeaway 3: Compassion fatigue is manageable/preventable, and compassion satisfaction is achievable through efforts on both the individual and institutional levels</p> <p><i>Trainer will thank participants for attending, and will remind them of upcoming session “Understanding the role of Self-Compassion in Managing Compassion Fatigue”</i></p>
--	--

Resources

Compassion Fatigue Awareness Project. (2017)What is compassion fatigue?

<https://www.compassionfatigue.org/pages/compassionfatigue.html>.

Figley, C.R. (1995) *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. New York and London: Brunner-Routledge.

Figley, C. R. (2002). Compassion fatigue: psychotherapists' chronic lack of self care. *Journal of Clinical Psychology*, 58(11), 1433–1441. <https://doi.org/10.1002/jclp.10090>

Flarity, K., Gentry, J. E., & Mesnikoff, N. (2013). The effectiveness of an educational program on preventing and treating compassion fatigue in emergency nurses. *Advanced Emergency Nursing Journal*, 35(3), 247–258.
<https://doi.org/10.1097/tme.0b013e31829b726f>

Harr, C. (2013). Promoting workplace health by diminishing the negative impact of compassion fatigue and increasing compassion satisfaction. *Social Work and Christianity*, 40(1), 71-88. Retrieved from
<https://du.idm.oclc.org/login?url=https://www.proquest.com/docview/1315739540?accountid=14608>

Healy, S., & Tyrrell, M. (2011). Stress in emergency departments: experiences of nurses and doctors. *Emergency Nurse*, 19(4), 31–37.
<https://doi.org/10.7748/en2011.07.19.4.31.c8611>

Hunsaker, S., Chen, H.-C., Maughan, D., & Heaston, S. (2015). Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*, 47(2), 186–194.
<https://doi.org/10.1111/jnu.12122>

Keyes, C. L. (2002). The Mental Health Continuum: From Languishing to Flourishing in Life.

Journal of Health and Social Behavior, 43(2), 207. <https://doi.org/10.2307/3090197>

National Association of Social Workers. (n.d.). What are social work values? NASW - National

Association of Social Workers. <https://www.socialworkers.org/Careers/NASW-Career-Center/Explore-Social-Work/What-Are-Social-Work-Values>.

Perregrini, M. (2019). Combating compassion fatigue. Nursing, 49(2), 50–54.

<https://doi.org/10.1097/01.nurse.0000552704.58125.fa>

Ray, S. L., Wong, S., White, D., & Heaslip, K. (2014). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care

professionals. Traumatology, 19, 255-267. doi: 10.1177/1534765612471144

Salloum, A., Kondrat, D. C., Johnco, C., & Olson, K. R. (2015). The role of self-care on compassion satisfaction, burnout, and secondary trauma among child welfare workers.

Children and Youth Services Review, 49, 54-61. doi:10.1016/j.chilyouth.2014.12.023

Stamm, B. H. (2012). Helping the helpers: Compassion satisfaction and compassion fatigue in self-care, management, and policy of suicide prevention hotlines. Resources for

Community Suicide Prevention, Pacatello, Idaho: Idaho State University.

Van Mol, M., Kompanje, E., Bakker, J., & Nijkamp, M. (2014). Compassion fatigue and burnout among healthcare professionals in the ICU. Critical Care, 18(Suppl 1).

<https://doi.org/10.1186/cc13209>

Wagaman, M. A., Geiger, J. M., Shockley, C., & Segal, E. A. (2015). The role of empathy in burnout, compassion satisfaction, and secondary traumatic stress among social workers.

Social Work, 60(3), 201–209. <https://doi.org/10.1093/sw/swv014>

