

Walking the Tightrope Between Helping Others & Self-Care

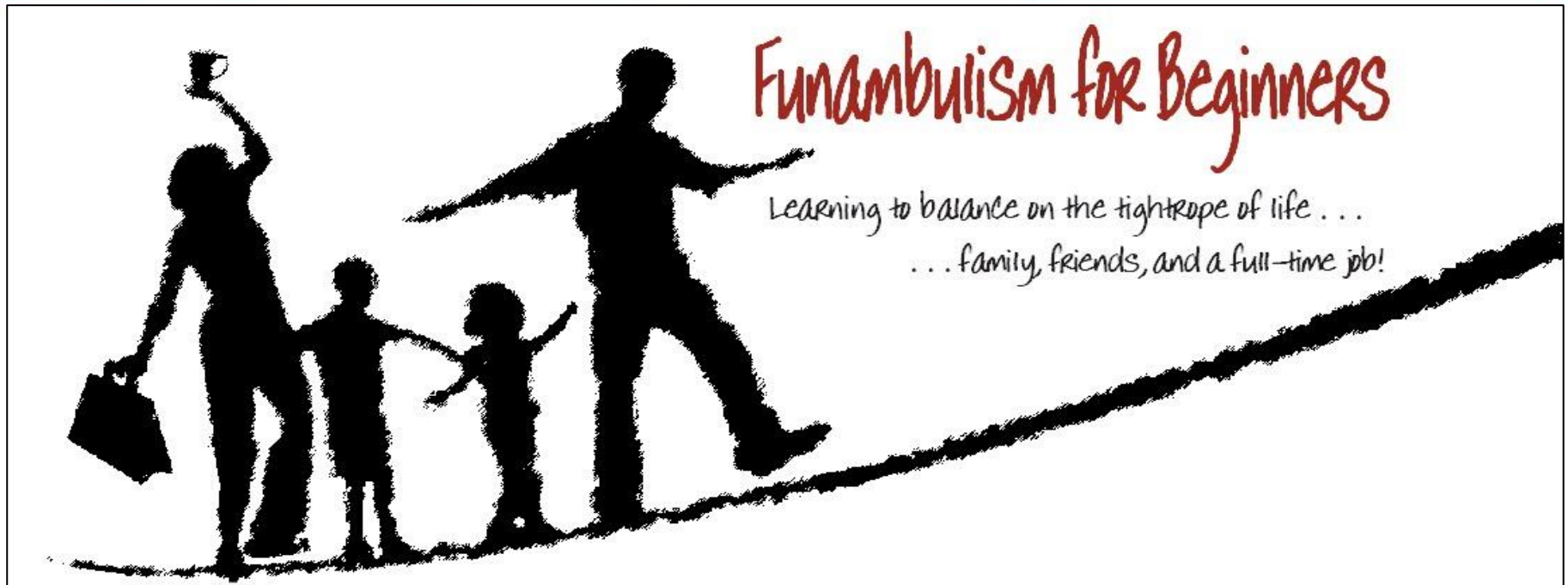
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Learning Objectives

- Define compassion fatigue and burnout as they relate to health care professionals, including peer specialists.
- Identify warning signs of compassion fatigue in health care professionals.
- Identify practices to promote self-care and address signs of compassion fatigue if present in oneself.
- Identify strategies to promote resilience and wellness in the workplace as a peer specialist.

Why are we talking about funambulism (tightrope walking)?



Health care professionals, including peer specialists, have rewarding and meaningful roles in helping others who are ill and/or in distress. The health care professionals' roles as helpers also extend to their personal lives with family members, relatives, friends, and their communities. While helping others is both meaningful and can feel highly rewarding, it also comes with several stressors which is why having a solid self-care plan is essential.

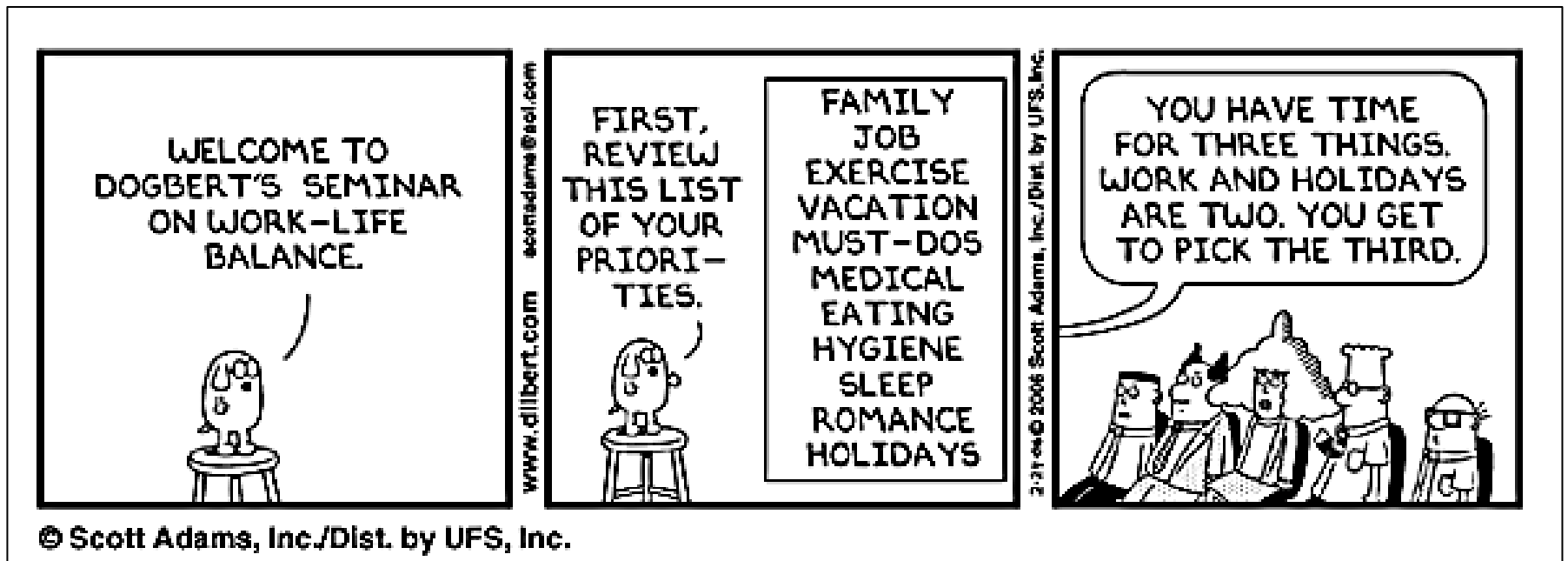
Related VHA Peer Support Staff Competencies

Here are some of the expected knowledge and skills for peer specialists in VHA that are related to self-care.

Professional Development Domain

- Uses supervision (mentoring, reflection) effectively by monitoring oneself and the peer specialist's work relationships with others, preparing agendas for the meetings, and addressing problems by engaging in solution-oriented discussions with the supervisor.
- Recognizes the dynamics of stress, compassion fatigue, and burnout and seeks out appropriate strategies to address these issues if they arise.
- Demonstrates understanding that self-care is essential to successfully manage one's duties and maintain wellness in the workplace.

Successful Work-Life Balance: Fact or Fiction?



Common Stressors of Health Care Professionals

- Working with people in distress in the role of helper (includes paid staff and volunteers).
- Demands of carrying out professional responsibilities—maintaining ethical, professional, and legal standards.
- Varied and often shifting role demands—role conflict and ambiguity.
- Challenge of managing and balancing the intimate, confidential, and non-reciprocal nature of the relationship between a health care professional and a Veteran receiving health care services in VHA.
- Using oneself being a fellow person as a therapeutic tool and managing one's own emotions in challenging and/or emotionally sensitive situations.
- Need to maintain interpersonal and professional boundaries and resist boundary intrusions from others.
- Interactions between work demands and personal stressors.
- Potential stress from listening to Veterans or other health care service users describe their traumatic life experiences and personal struggles.

Definitions of Compassion Fatigue and Burnout

	<u>Compassion Fatigue</u>	<u>Burnout</u>
Definition	“Cost of caring” as a helper; manifested as physical, emotional, and spiritual exhaustion. It is sometimes also known as vicarious traumatization or secondary traumatic stress.	Emotional exhaustion related to work in helping role in a health care setting.
Onset	Acute—Can occur quickly without warning.	Occurs gradually.
Cause(s)	Tends to be related to traumas experienced by health care service users rather than other stressors.	Several causative factors: job strain; fading idealism; and diminishing sense of accomplishment. Burnout generally has 3 stages: <ol style="list-style-type: none"> 1. Faced with assorted potential stressors (personal, interpersonal, and organizational). 2. Experience strain of dealing with these stressors. Strain could be emotional exhaustion (psychological); fatigue or headaches (somatic); and family conflicts or substance abuse (behavioral). 3. Defensive coping—Demonstrates changes in attitudes and behaviors such as reduced empathy and concern for health care service users, detachment, and blaming health care service users for their own situations.
Recovery	Quicker recovery than burnout when treated.	May be irreversible.

Types of Warning Signs of Compassion Fatigue

- Cognitive
- Psychological/Emotional
- Physical
- Behavioral



Cognitive Warning Signs of Compassion Fatigue

- Intrusive thoughts and/or images of Veteran health care service users' traumatic situations
- Developing a worldview in terms of victims and perpetrators
- Decreased sense of safety
- Increased suspicion of others
- Decreased trust in others
- Diminished feelings of personal control and freedom
- Feelings of therapeutic impotence/helplessness
- Loss of hope
- Guilt
- Victim-blaming
- Diminished sense of purpose, accomplishment, or enjoyment of work
- Difficulties with attention and concentration
- Increased forgetfulness



Psychological/Emotional Warning Signs of Compassion Fatigue

- Increased anger and irritability
- Lower frustration tolerance
- Depression
- Decreased ability to feel joy
- Increased feelings of anxiety
- Feelings of horror or dread
- Inability to maintain balance between empathy and objectivity
- Feeling unappreciated, alienated, and isolated
- Emotional withdrawal from colleagues, friends, and family
- Over-identification with certain Veteran health care service users
- Marked or increased countertransference issues with certain Veteran health care service users



Physical Warning Signs of Compassion Fatigue

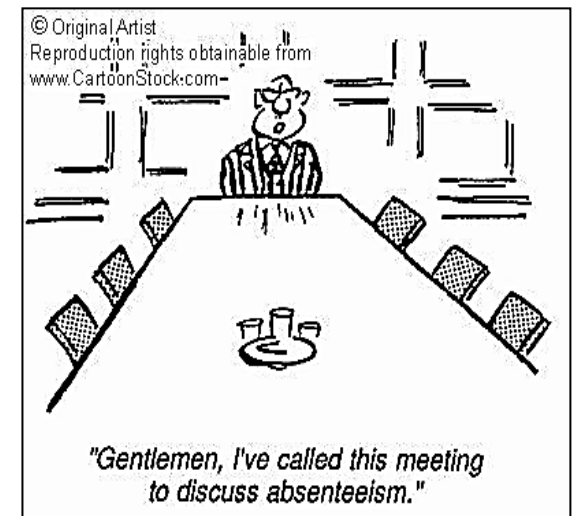
- Chronic fatigue
- Increased somatic complaints (headache, stomach aches, back pain, etc.)
- Increased muscle tension
- Physiological arousal in the form of palpitations and hypervigilance



"The test results are in. The tightness in your chest and numbness in your extremities are caused by the biking outfit you're wearing."

Behavioral Warning Signs of Compassion Fatigue

- Difficulty sleeping (insomnia or oversleeping)
- Workaholism
- Increase in addictive behaviors such as compulsive eating or substance abuse
- Impairment in day-to-day functioning including missed or cancelled appointments
- Decreased use of supervision
- Increased isolation
- Chronic lateness
- Increased absenteeism from work



Self-Assessment Tools

- Professional Quality of Life Scale (ProQOL): This is a free 30-item, brief self-assessment scale that is commonly used to measure the positive and negative effects of helping others who experience suffering and trauma. The ProQOL has subscales for compassion fatigue, burnout, and compassion satisfaction. You can find the scale and scoring guidelines on http://www.proqol.org/ProQol_Test.html.
- Compassion Fatigue Self-Test: An Assessment: This is a free 40-item self-assessment test where you endorse each item with either “Very True,” “Somewhat True,” or “Rarely True” about your thoughts, feelings, and behaviors in regard to your helping roles. The scoring guideline indicates that if you endorse more than 15 items with “Very True,” you should take a careful look at your current self-care needs. You can find the self-assessment test and scoring guideline on <http://www.compassionfatigue.org/pages/cfassessment.html>.

Self-Assessment Exercise with ProQOL



Write your responses to the statements on the Professional Quality of Life Scale (ProQOL). Tally your scores on the ProQOL subscales. Right now, where do you score on the subscales for Compassion Fatigue, Burnout, and Compassion Satisfaction?

Treating Compassion Fatigue

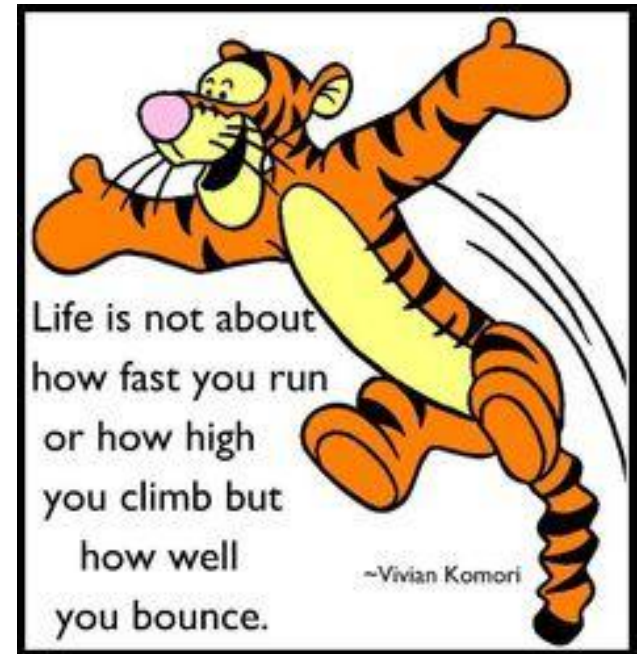
When experiencing symptoms of compassion fatigue, it can be easy for health care professionals to blame themselves and feel shame and guilt for feeling the way that they do. Do not allow yourself to fall into this trap. If you experience symptoms of compassion fatigue, take one or more of the following steps.

- Educate yourself by learning more about compassion fatigue and how it affects people.
- Talk through the triggering experiences and your reaction(s) with your supervisor, another trusted colleague, or a mental health professional.
- Develop a solid self-care plan of sleep, exercise, positive eating habits, and social engagement.
- Develop and maintain a healthy and strong social support system. Relationships that impose an additional strain and demands on you should be addressed in order to reduce their toxic impact.

Fostering Resilience & Minimizing Risk of Compassion Fatigue

Understand that all health care professionals, including peer specialists, are vulnerable to developing compassion fatigue and other job-related health issues. Make some of the following accommodations in your professional life and personal life to reduce your own risk.

- Cognitive Strategies
- Psychological/Emotional Strategies
- Behavioral Strategies
- Boundary Setting



Fostering Resilience: Cognitive Strategies

- Ask yourself, “Would the world fall apart if I step away from my work for a day or a week?”
- Challenge assumptions that stigmatize or devalue health care professionals who acknowledge current or past experiences of distress, impairment, or personal pain in their lives.
- Think about the notion that if you never say, “No,” then what is your “Yes” worth?
- Develop reasonable and realistic expectations about your workload, responsibilities, and capabilities.
- Assess your motivations for being a peer specialist. If you give to get, you will be disappointed. Develop realistic expectations about the rewards and limitations of being a peer specialist.



Fostering Resilience: Psychological/Emotional Strategies

- Set and keep healthy boundaries with others.
- Do not blame others.
- Do not make any big decisions when you are feeling stressed.
- Make and maintain professional connections that include opportunities to discuss the specific nature and stresses of your work. Model openness in these discussions with colleagues.
- Seek supervision and consultation on a regular basis from colleagues.
- Identify sources of support for your work and use them.
- Spend plenty of quiet time alone for meditating, reflecting, and reconnecting with a spiritual source.
- Have at least one focused, meaningful conversation every day with family and/or friends.



Fostering Resilience: Behavioral Strategies

- Arrive to work on time and leave on time.
- Adhere to a commitment for regularly scheduled time off.
- Take scheduled breaks.
- Ask for help from others for routine work when appropriate.
- Eat sensibly.
- Exercise regularly/engage in a physical activity that you find pleasurable.
- Get the amount of sleep that you need to feel refreshed every day.
- Journal about your thoughts and feelings about your work and personal experiences.
- Balance work with other activities that provide opportunities for growth.



Fostering Resilience: Boundary Setting

Boundaries are involved with how we treat others, how they treat us, and how we treat ourselves. Here are practical tips for how to maintain healthy interpersonal boundaries in your work as a peer specialist in VHA.

- Arrive to work on time and leave on time.
- Take your allotted breaks.
- Do not give out your personal phone number and/or home address to Veteran health care service users with whom you are working.
- Take care not to mix your roles as peer specialist/friend/family member/etc. with people in your life. Example: Do not engage in a personal relationship with a Veteran health service user with whom you are working.
- Do not take work home with you.
- Seek consultation with your supervisor about how to manage challenging situations with Veteran health care service users or other staff members when you feel uncertain about what to do.

Exercise with Self-Care Assessment



Write your responses to the statements about each self-care domain listed on the Self-Care Self-Assessment which you can download for free and print from https://www.dhs.wisconsin.gov/sites/default/files/legacy/MH_BCMH/docs/confandtraining/2013/HO-05%20Self-Care%20Assessment.pdf. Tally your scores on each self-care domain. Right now, where do you score on each of the self-care domains on this self-assessment tool? Are you neglecting yourself in one or more of these domains of self-care? If so, set a SMART (specific, measurable, action-oriented, realistic, time-based) goal for a self-care domain that you want to improve. Decide a first step to work on your SMART goal and set a target date by which you will complete that first step on the goal.

Time for Questions & Group Discussion

“Rest and self-care
are so important.
When you take time
to replenish your spirit,
it allows you to serve
others from the overflow.
You cannot serve from
an empty vessel.”

~ Eleanor Brownn

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References

- Collins, S., & Long, A. (2003a). Too tired to care? The psychological effects of working with trauma. *Journal of Psychiatric and Mental Health Nursing*, 10. 17-27.
- Collins, S., & Long, A. (2003b). Working with the psychological effects of trauma: Consequences for mental health-care workers—A literature review. *Journal of Psychiatric and Mental Health Nursing*, 10, 417-424.
- Figley, C.R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. In C.R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1-20). London, England: Brunner-Routledge.
- Figley, C.R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Journal of Clinical Psychology*, 58, 1433-1441.
- Good Therapy.org. (2016). *Compassion fatigue*. Retrieved July 13, 2016, from <http://www.goodtherapy.org/blog/psychpedia/compassion-fatigue>.
- Mathieu, F. (2007). *Running on empty: Compassion fatigue in health professionals*. Retrieved July 13, 2016, from <http://www.compassionfatigue.org/pages/RunningOnEmpty.pdf>.

References

- Pfifferling, J.H., & Gilley, K. (2000). Overcoming compassion fatigue. *Family Practice Management*, 7(4), pp. 39-44. Retrieved July 13, 2016, from, <http://www.aafp.org/fpm/2000/0400/p39.html>.
- Project Resilience. (1999). *Vocabulary of strengths: The seven resiliencies*. Retrieved July 13, 2016, from <http://projectresilience.com/vocab.htm>.
- Ray, S.L., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology*, 19(4), 255-267.
- Saakvitne, K.W., & Pearlman, L.A. (1996). *Transforming the pain: A workbook on vicarious traumatization*. New York: W.W. Norton & Company. Retrieved the Self-Care Assessment July 14, 2016, from, https://www.dhs.wisconsin.gov/sites/default/files/legacy/MH_BCMH/docs/confandtraining/2013/HO-05%20Self-Care%20Assessment.pdf.

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