

Running on Empty: Understanding Compassion Fatigue

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As mental health professionals, we are exposed to hundreds, maybe thousands of difficult stories throughout the course of our careers. In a typical day we may bear witness to profoundly disturbing details from a client dealing with trauma, then we may help our colleagues debrief their client stories either during formal supervision or over coffee or around the proverbial water cooler. We may also be asked to audit client files with a great deal of traumatic content. To add insult to injury, some of us have a spouse in the same field, and spend our evenings talking shop and sharing painful and disturbing stories. In addition to all this, many of us use our “off duty” time to sit on community mental health boards and volunteer for organisations that also deal with issues like poverty, abuse, and profound loss.

At the end of the day, where does all of this information go? How do we do this work without being deeply affected by what we hear, or conversely without shutting down and being unmoved by what we have heard?

An occupational hazard

These important questions have led researchers such as Charles Figley, Beth Stamm and Laurie Pearlman to explore the impact of the work of helping on helpers themselves. Pearlman and colleagues have coined the word “Vicarious Trauma” which refers to a negative transformation that takes place in the helper as a result of a cumulative exposure to traumatic stories. (Pearlman, 1995) Charles Figley uses the term Compassion Fatigue (CF) to describe what he calls “the cost of caring”: the deep emotional erosion that occurs within helpers over time. (Figley, 1995). He has called Compassion Fatigue “a disorder that affects those who do their work well” (Figley, 1995). Dr Figley and Beth Stamm have developed a *Compassion Fatigue self-test* that can be taken online to assess one’s own level of CF: www.isu.edu/~bhstamm/tests.htm.

This research shows two important findings: First, that vicarious trauma and compassion fatigue are occupational hazards, and are therefore inevitable consequences of the work we do. And secondly, that these are eminently treatable problems, providing we recognise the signs and symptoms early and



that the level of intervention is appropriate to the level of compassion fatigue present in the helper.

What does Compassion Fatigue look like?

The impact of absorbing all of this traumatic material is subtle and insidious. We don't carry a geiger counter that warns: "your level of traumatic content is being exceeded: take a three week holiday now". CF can look like depression, or like PTSD, because it is in fact a very specialised form of secondary traumatic stress with symptoms such as intrusive images, difficulty separating home life from work life, insomnia, anxiety, irritability and depression. Additionally, helpers may become dispirited and increasingly cynical at work, they may make clinical errors, violate client boundaries, lose a respectful stance towards their clients and contribute to a toxic work environment.

The key to transforming compassion fatigue is to gain a better understanding of our own warning signs and to develop realistic and effective strategies to enhance self-care and foster a life beyond our work.

The Continuum of our Compassion Fatigue

As Compassion Fatigue consultants, we offer training, counselling and coaching to helpers across the country. During our workshops, we have heard the stories of hundreds of resilient therapists, nurses, midwives, personal support workers, correctional workers, ministers, physicians, psychologists, social workers and students in these professions. What we have discovered through these conversations with helpers is that CF exists on a continuum, meaning that at various times in our careers, we may be more immune to its damaging effects and at other times feel very beaten down by it. Within an agency, there will be, at any one time, helpers who are feeling well and fulfilled in their work, a majority of people feeling some symptoms and a few people feeling like there is no other answer available to them but to leave the profession.

Strategies to Transform CF

There are many simple and effective strategies that helpers can implement to protect themselves from compassion fatigue.

First, by openly discussing and recognizing compassion fatigue in the workplace, helpers can normalise this problem for one another. They can also work towards developing a supportive work environment that will encourage proper debriefing,



regular breaks, mental health days, peer support, assessing and changing workloads, improved access to further professional development and regular check-in times where staff can safely discuss the impact of the work on their personal and professional lives.

On the personal front, helpers need to carefully and honestly assess their life situation: Is there a balance between nourishing and depleting activities in their lives? Do they have access to regular exercise, non-work interests, personal debriefing? Are they caregivers to everyone or have they shut down and cannot give any more when they go home? Are they relying on alcohol, food, gambling, shopping to destress? Helpers must recognise that theirs is highly specialised work and their home lives must reflect this.

Helpers need to take an honest look at their current level of compassion fatigue. It may be necessary to seek the help of a trained mental health professional to deal with the most severe symptoms and concurrent depression that may arise from CF.

When we discuss CF in our workshops, people nod in unison when we note that our clients have not done this to us on purpose, nor do we in any way advocate silencing our clients or suggesting to them that they not tell us their stories.

We believe that helpers are capable of thriving rather than just barely staying afloat. We also firmly believe that it is part of our ethical responsibility as counsellors to make sure that we take stock of our own level of Compassion Fatigue and take steps to look after ourselves, so that we can continue to do the work we love without being damaged by it.

Recommended Readings:

Figley, C.R. (Ed.). (1995) *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York: Brunner/Mazel.

McCann, I.L.; & Pearlman, L.A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, 3: 131 - 149.

Stamm, B.H. (Ed.). (1999). *Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators*, 2nd Edition. Lutherville, MD: Sidran Press.

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Cameron & Mathieu Consulting was created in 2001 by two mental health professionals who wanted to provide workshops to helpers with a focus on personal and professional renewal. We offer practical, skill-based workshops on various topics related to compassion fatigue, burnout and stress management. We also provide consultation services directly to organizations who wish to improve workplace wellness. For more information and resources, contact Cameron & Mathieu Consulting: (613) 547-3247; cmc@cogeco.ca or visit our website: www.cmc-consulting.ca