



# Compassion Fatigue: Let's Talk About It

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# Learning Objectives

- ▶ Objective #1: Compare concepts of compassion fatigue, secondary traumatic stress, and burnout.
  - ▶ Objective #2: Describe the Compassion Fatigue–Compassion Satisfaction model.
  - ▶ Objective #3: Review the causes, consequences, and strategies for managing compassion fatigue in front-line staff.
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# Direct and Indirect Trauma Exposure

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**Direct Trauma:** First-hand experience/exposure/involvement with a traumatic incident

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**Indirect Trauma:** Second-hand experience/exposure/involvement with a traumatic incident.

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Both direct and indirect exposure can occur in the course of professional duties in a corrections environment, including mental health care providers, medical providers, and custody staff.

# Overlapping Indirect Trauma Terms

## Vicarious Trauma

- The vicarious effect on helping professionals working with those who have experienced direct traumatic experiences.
- Consequences result in shifts in cognitive schemas of the helping professional.

## Secondary Traumatic Stress

- Also known as secondary victimization.
- Figley (1995) noted that secondary trauma stress is the “the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other.”
- Differs from vicarious trauma as the consequences do not just impact cognitive schemas but can cause symptoms congruent with PTSD.

# Overlapping Indirect Trauma Terms

## ▶ Burnout

- Feelings of exhaustion, mental distance, numbness, depletion, cynicism and can reduce efficacy.
- Not necessarily caused by indirect or direct trauma exposure. Can result from:
  - Lack of control
  - Lack of support
  - Frequently changing or unclear expectations
  - Lack of work–life balance
  - Poor work culture



# Overlapping Indirect Trauma Terms

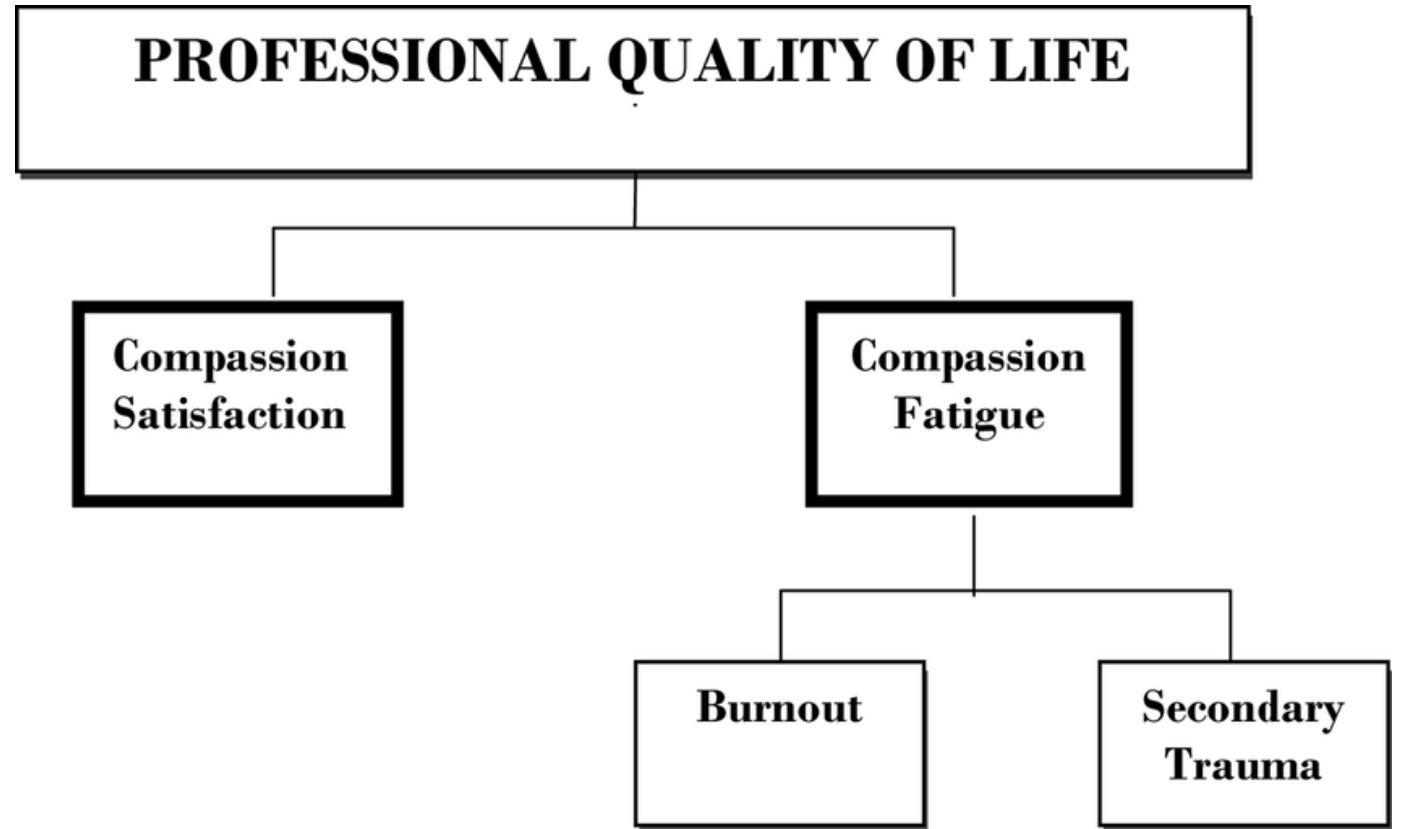
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## ► Compassion Fatigue

- Does not require direct or indirect exposure to a traumatic event.
- Can develop through empathizing with patient's distress and emotional pain.
- Often defined as “the cost of caring”
- Can result in:
  - Increased emotional sensitivity and reactivity
  - Decreased work satisfaction
  - Decreased productivity
  - Difficulty leaving work at work
  - High risk self-soothing skills



# Compassion Fatigue Model Stamm (2010)

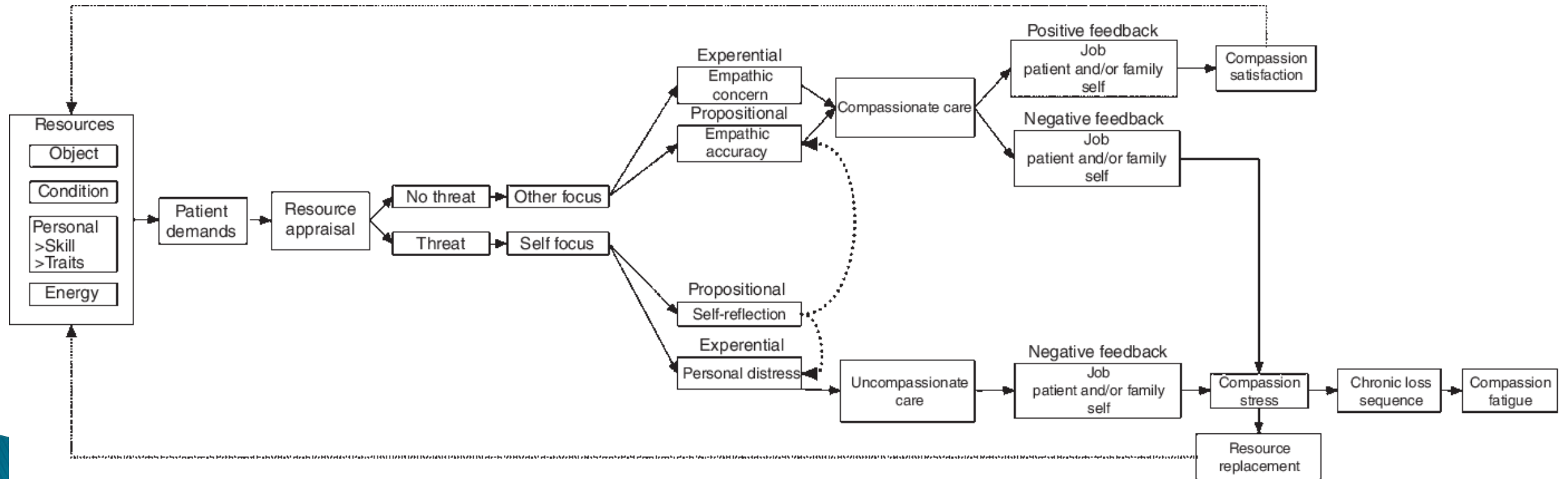




# Complete ProQOL Scale



# Compassion Fatigue Model Coetzee (2017)





# Implications for Correctional Professionals

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Poor-resourced correctional professionals are more likely to experience compassion fatigue.

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Lack of resources can result in uncompassionate care.

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Staff can get stuck in a negative feedback loop resulting in compassion fatigue.

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Resource development and replacement is necessary for compassionate care.

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»» What can we do?

# Resources Development

- ▶ Staff involvement in resource decision-making increases job satisfaction.
  - Current shortage of correctional officers have increased the lack of decision-making abilities that correctional have regarding many aspects of their job.
    - Advocating to administration as to the importance of maintaining the safety of the institution, as well as, letting staff have as much autonomy in decisions as possible.
  - Helping correctional staff gain confidence in their decision-making processes and abilities to increase self-efficacy.

# Resources Development

- ▶ Investments in training and mentoring are likely to decrease compassion fatigue.
    - Mental health professionals are in a great place to be involved with training and mentoring in facilities.
    - Increasing awareness in the very early stages of correctional officer's orientation.
    - Educate, train, and encourage problem-focused coping strategies.
    - Team building and continuous reinforcement.
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# Resource Replacement

- ▶ Self-compassion
- ▶ Humor
- ▶ Research, research, research!
  - Very limited research into these subjects especially on the level of correctional officers.
  - Mental health can be advocates to encourage more research.

# References

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