

# Compassion Satisfaction: Flipping the Paradigm on Compassion Fatigue in SA Workers

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*For there is nothing heavier than compassion. Not even one's own pain weighs so heavy as the pain one feels with someone, for someone, a pain intensified by the imagination and prolonged by a hundred echoes.*

— Milan Kundera, *The Unbearable Lightness of Being*

# TERMS

**Compassion Fatigue – state of exhaustion and dysfunction – biologically, psychologically and socially – as a result of prolonged exposure to compassion stress.**

**Burnout - generalized state of physical, emotional and mental exhaustion counselors experience by long-term involvement in emotionally demanding situations.**

**Primary traumatic stress reaction- the manifestation of posttraumatic symptoms in clinicians who have been directly exposed to violence, threat of violence, or violations/threat of violations of physical, emotional, mental/psychological, spiritual boundaries/integrity and the ability to respond effectively to the threat is overwhelmed.\***

**Secondary trauma, also known as compassion fatigue - the manifestation of posttraumatic symptoms in clinicians (who may not necessarily have a history of trauma) when exposed to clients' stories of traumatic experiences. \***

**Vicarious traumatization - the transformation of the clinician's inner experience, sense of self, and/or worldview as a result of empathic engagement with the traumatic material of the client. \***

**Countertransference - originally referred to an unconscious emotional reaction to the client based on the clinician's life experience, but more recently this term has been used to describe all emotionally charged reactions of clinicians to clients, whether or not those reactions are based on the clinician's personal history. \***

<b>Professional Quality of Life</b>	
<b>The Bad Stuff</b>	<b>The Good Stuff</b>

# Agenda

1. Creating a Working Community
2. Engaging in the Process
3. Self Assessment/Skills
4. Awareness & Narratives
5. Exploration and Self-Talk and Self-Care
6. Messages in our Work Environments
7. Creating a Working Community
8. Expanding Perspectives
9. Skills and Tools for Neutral Working Empathy
10. Transformation



**Rogers, Carl. 1986b. "Reflection of Feelings," *Person-Centered Review*, vol. 1, no. 4.**

I have come to a double insight. From my point of view as therapist, I am *not* trying to "reflect feelings." I am trying to determine whether my understanding of the client's inner world is correct — whether I am seeing it as he or she is experiencing it at this moment. Each response of mine contains the unspoken question, "Is this the way it is in you? Am I catching just the color and texture and flavor of the personal meaning you are experiencing right now? If not, I wish to bring my perception in line with yours."

*How Neutral is your Empathy? - anniefahy*

## Measuring Empathy Through History

### Dymond Empathy Test.

1949, 1950

**Observational Interaction** of pairs

Critique:

Lengthy administration time, inadequate standardized scoring as well as questionable validity.

### **Empathy Test**

Kerr and Speroff, 1954

**Scaled responses** based on **beliefs** about **population groups**

### **Children's Empathy Scale**

Feshbach and Roe, 1968

measures **cognitive and affective empathy**

Critique: poor psychometric properties and for the lack of clarity in scoring; this scale is appropriate if the researcher is using visual cues to stimulate empathy.

### **Relationship Inventory (RI)**

Barrett-Lennard, 1964, 1981

4 sub scales: level of regard **empathic understanding**, (**directly related to cognitive empathy**)

unconditional regard, congruent scale

Critique: not originally developed to measure

### **Empathy Measure EM**

Hogan, 1969

Conceptualized empathy as a **uni-dimensional construct** which consisted of 64 items. EM's 64 items had four relatively uncorrelated factors: **social self-confidence, even-temperedness, sensitivity, and nonconformity**

Critique: EM scale consisted of poor psychometric properties and Davis (1994) stated that EM is not a scale which measures empathy, but is used more as a measure of social skill.

### **Questionnaire Measure of Emotional Empathy (QMEE)**

Mehrabian and Epstein, 1972

The scale included **seven subscales: 1)**

**Susceptibility to Emotional Contagion, 2)**

**Appreciation of the Feelings of Unfamiliar and Distant Others, 3) Extreme Emotional**

**Responsiveness, 4) Tendency to be Moved By**

**Others' Positive Emotional Experiences,**

**5) Tendency to be Moved By Others' Negative**

**Emotional Experiences, 6) Sympathetic Tendency,**

**and 7) Willingness to be in Contact with Others**

**Who Have Problems.**

Critique: Researchers have found that the QMEE scale consists of strong psychometric properties, however, Dillard and Hunter (1989) in their study

### **Interpersonal Reactive Index (IRI)**

Davis (1980)

Yarnold et al. (1996)

Four dimensions: **(1) Perspective Taking (PT), (2)**

**Fantasy (FS), (3) Empathetic Concern (EC), and (4)**

**Personal Distress (PD).**

Critique: Dimensions not stable, but high validity in PT and EC. Another dimension identified in 1996- **Involvement. (I)**

### **The Jefferson Scale of Physician Empathy**

Hohat, Mangione, Nasca, Cohen, Gonnella, Erdmann, Veloski, and Magee (2001)

The scale is directed toward measuring the **cognitive dimension of empathy**. The scale consists of 20 items and four factors: 1) physician's view from patient's perspective, 2) understanding patient's experiences, feelings and clues, 3) ignoring emotions in patient care, and 4) thinking like the patient.

Critique: not enough items per factor for stable reassessment of items.

### **Empathy Quotient (EQ)**

Baron-Cohen and Wheelwright (2004)

Utilizes cognitive and affective dimensions. The scale consisted of 60 items (40 empathy items and 20 filler items). The EQ only assesses the individual's beliefs about their own empathy, or how they might like to be seen or think about themselves, and that this may be different to how empathic they are in reality.

Critique: Used to diagnose autism spectrum and items are seen to have biases; depends on ability to read verbal and non verbal cues but doesn't account for adaptation.

## Scales: Love em or Leave em...

Very Interested 5	Somewhat Interested 4	Neutral 3	Not Very Interested 2	Not at All Interested 1
Very Much 5	Somewhat 4	Undecided 3	Not Really 2	Not at All 1
Very Much Like Me 5	Somewhat Like Me 4	Neutral 3	Not Much Like Me 2	Not at All Like Me 1
Very Happy 5	Somewhat Happy 4	Neutral 3	Not Very Happy 2	Not at All Happy 1
Almost Always 5	Sometimes 4	Every Once In a While 3	Rarely 2	Never 1

### SELF ASSESSMENT

### LISTENING TO OURSELVES

*Empathy is saying to someone: "I'm trying to be a companion to you in your search and your exploration. I want to know, am I with you? Is this the way it seems to you? Is this the thing you're trying to express? Is this the meaning it has for you?" So in a sense I'm saying, "I'm walking with you step by step, and I want to make sure I am with you. Am I with you? So that's a little bit of my understanding about empathy."*

Carl Rogers

Event or situation:

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**Before**

**During**

**After**

ACTIONS

THOUGHTS

FEELINGS

TOUCHPOINTS

CHANGES &  
OPPORTUNITIES FOR  
IMPROVEMENT

## The relationship of Self care and compassion satisfaction and fatigue...

Behavior	System Supports	Self Supports	Peer or other professional Supports
regular practice of self check-in/ taking stock			
Time for yourself in between clients to regroup			
transition rituals from work to home			
Say No to family and friends who want work-type supports			
Assess and manage your trauma inputs			
Attend workshop and professional development regularly			
Have a peer support persons and group and or supervision			
have an option to back out or move partite from direct client work intermittently			

## Who Taught You Empathy? Who Helps you keep your Empathy tuned Up?

Cognitive Empathy: Perspective taking

Affective Empathy: Internalized emotional experience of another

Accurate Empathy ( empathic listening and meaning making as in early skills Motivational Interviewing, nonviolent communication and active listening for the sole purpose of support)

Empathy with an agenda: as in sales or with Motivational Interviewing

*I woke up every night for a week after I found out about a client's abuse as a child. It was my weekly three a.m. appointment with her memory. The thought wouldn't linger, it would just be the vivid picture that woke me up all agitated so that I couldn't fall back to sleep. I would move into my own worries and fears for my daughter asleep in her little footie pajamas. I never even realized how much it affected me until about two years later when I came across a secondary traumatic stress reference. I almost didn't have to read the article I knew it from the inside out.*

*We make all the clients write their autobiography and read it out loud... we wouldn't let her graduate until she dealt with her abuse... She told us how he pulled her legs open to see if she had had sex with someone else and I felt nauseous for her...she left treatment after we role played angry partners and how to deal with them. She just wasn't serious, she hasn't hit her bottom. I remember when her mama was here, she was just seven then. She didn't ever get it together either.*



Treatment Modalities that build healthy  
Empathy skills and may improve Resilience:

Trauma Informed Care (TIC)—Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

-National Center for Trauma Informed Care (NCTIC, [www.samsha.gov/nctic](http://www.samsha.gov/nctic), 2013)

Motivational Interviewing-(MI)—Motivational interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence. Compared with non directive counseling, it is more focused and goal-directed. The examination and resolution of ambivalence is its central purpose, and the counselor is intentionally directive in pursuing this goal.

Harm Reduction (HR) and Harm Reduction Therapy (HRT)—is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use. Harm Reduction is also a movement for social justice built on a belief in, and respect for, the rights of people who use drugs.

Harm reduction incorporates a spectrum of strategies from safer use, to managed use to abstinence to meet drug users “where they’re at,” addressing conditions of use along with the use itself. Because harm reduction demands that interventions and policies designed to serve drug users reflect specific individual and community needs, there is no universal definition of or formula for implementing harm reduction.

Narrative Therapy (NT)—Narrative therapy seeks to be a respectful, non-blaming approach to counseling and community work, which centers (sic) people as the experts in their own lives. It views problems as separate from people and assumes people have many skills, competencies, beliefs, values, commitments and abilities that will assist them to reduce the influence of problems in their lives.

# Characteristics of Healthy Empathic Techniques

- Originate from Practice Wisdom
- 
- Utilize Combination Theoretical Approaches
- 
- Share and suspend the medical model  
power dynamic-egalitarian
- 
- Are evidenced based and evaluated with  
supervision and witnessing
- 
- Originate from a Mindful Awake perspective
- 
- Assist worker to a curious nonjudgmental  
neutral stance
- 
- Make the client the expert in their own  
situation
- 
- Externalize the problem from the person
- 
- Are process based rather than outcome  
based
- 
- Look for the NEWS OF DIFFERENCE AND  
CREATE CONVERSATIONS ABOUT THIS
- 
- Patient innovates plans and actions

## EMPATHY CIRCLE

1. Who are the natural healers in your community? What do they do?
2. What keeps you going? What gives you HOPE?
3. Who is part of your family? How did they become your family?
4. What helps people belong? What helps them feel part of a community?



5. What has inspired you lately? In the last week?

6. If a miracle happened and there was no stigma, what would your work look and feel like?

7. Imagine we are coming together to celebrate a success in your community in 2 years? What would we be celebrating, who would be there? What would the celebration look, feel, sound like?

Optional-

What can one person do to make change happen?

Share a story of courage? Who, what, where?

What do you find to be healing? Where do you go?

What do you recommend?

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Self-Care books for Helpers:

Borysenko, J. (2003) Inner peace for busy people: 52 simple strategies for transforming your life.

Fanning, P. & Mitchener, H. (2001) The 50 best ways to simplify your life

O'Hanlon, B. (1999) Do one thing different: 10 simple ways to change your life.

Posen, D. (2003) Little book of stress relief.

Richardson, C. (1998) Take time for your life.

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