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

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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. *

Professional Quality of Life

The Bad Stuff	The Good Stuff

Agenda

1. Creating a Working Community
2. Self Assessment/Skills
3. Body Volley Ball
4. Awareness & Narratives: I am From
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

Where I'm From
by George Ella Lyons

I am from clothespins
from Clorox and carbon-tetrachloride.
I am from the dirt under the back porch.
(Black, glistening,
it tasted like beets.)
I am from the forsythia bush
the Dutch elm
whose long-gone limbs I remember
as if they were my own.
I'm from fudge and eyeglasses,
from Imogene and Alafair.
I'm from the know-it-alls
and the pass-it-ons,
from Perk up! and Pipe down!
I'm from He restoreth my soul
with a cottonball lamb
and ten verses I can say myself.
I'm from Artemus and Billie's Branch,
fried corn and strong coffee.
From the finger my grandfather lost
to the auger,
the eye my father shut to keep his sigh.
Under my bed was a dress box
spilling old pictures,
a sift of lost faces
to drift beneath my dreams.
I am from those moments--
snapped before I budded--
leaf -fall from the family tree.

Event or situation:

	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, 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 you 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?

Close your Eyes
Breathe to Center
Recall or envision a happy moment or occurrence
Smile with the memory
Smile with your whole face
Smile with you eyes
Breathe and live in Wonder

The Stimulating Breath (also called the Bellows Breath)

The Stimulating Breath is adapted from yogic breathing techniques. Its aim is to raise vital energy and increase alertness.

- Inhale and exhale rapidly through your nose, keeping your mouth closed but relaxed. Your breaths in and out should be equal in duration, but as short as possible. This is a noisy breathing exercise.
- Try for three in-and-out breath cycles per second. This produces a quick movement of the diaphragm, suggesting a bellows. Breathe normally after each cycle.
- Do not do for more than 15 seconds on your first try. Each time you practice the Stimulating Breath, you can increase your time by five seconds or so, until you reach a full minute.

If done properly, you may feel invigorated, comparable to the heightened awareness you feel after a good workout. You should feel the effort at the back of the neck, the diaphragm, the chest and the abdomen. Try this diaphragmatic breathing exercise the next time you need an energy boost and feel yourself reaching for a cup of coffee.

Breath Counting

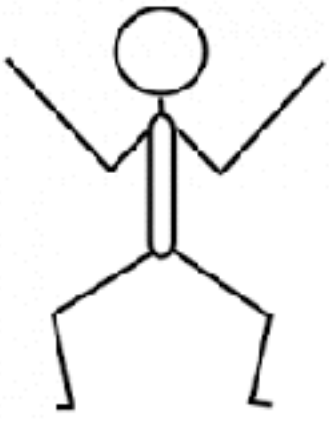
If you want to get a feel for this challenging work, try your hand at breath counting, a deceptively simple breathing technique much used in Zen practice.

Sit in a comfortable position with the spine straight and head inclined slightly forward. Gently close your eyes and take a few deep breaths. Then let the breath come naturally without trying to influence it. Ideally it will be quiet and slow, but depth and rhythm may vary.

- To begin the exercise, count “one” to yourself as you exhale.
- The next time you exhale, count “two,” and so on up to “five.”
- Then begin a new cycle, counting “one” on the next exhalation.

Never count higher than “five,” and count only when you exhale. You will know your attention has wandered when you find yourself up to “eight,” “12,” even “19.”

For Energy Become A Goddess



The 4-7-8 (or Relaxing Breath) Exercise

The 4-7-8 breathing exercise is utterly simple, takes almost no time, requires no equipment and can be done anywhere. Although you can do the exercise in any position, sit with your back straight while learning the exercise. Place the tip of your tongue against the ridge of tissue just behind your upper front teeth, and keep it there through the entire exercise. You will be exhaling through your mouth around your tongue; try pursing your lips slightly if this seems awkward.

- Exhale completely through your mouth, making a whoosh sound.
- Close your mouth and inhale quietly through your nose to a mental count of four.
- Hold your breath for a count of seven.
- Exhale completely through your mouth, making a whoosh sound to a count of eight.
- This is one breath. Now inhale again and repeat the cycle three more times for a total of four breaths.

Note that with this breathing technique, you always inhale quietly through your nose and exhale audibly through your mouth. The tip of your tongue stays in position the whole time. Exhalation takes twice as long as inhalation. The absolute time you spend on each phase is not important; the ratio of 4:7:8 is important. If you have trouble holding your breath, speed the exercise up but keep to the ratio of 4:7:8 for the three phases. With practice you can slow it all down and get used to inhaling and exhaling more and more deeply.

This breathing exercise is a natural tranquilizer for the nervous system. Unlike tranquilizing drugs, which are often effective when you first take them but then lose their power over time, this exercise is subtle when you first try it, but gains in power with repetition and practice. Do it at least twice a day. You cannot do it too frequently. Do not do more than four breaths at one time for the first month of practice. Later, if you wish, you can extend it to eight breaths. If you feel a little lightheaded when you first breathe this way, do not be concerned; it will pass.

Once you develop this technique by practicing it every day, it will be a very useful tool that you will always have with you. Use it whenever anything upsetting happens – before you react. Use it whenever you are aware of internal tension or stress. Use it to help you fall asleep. This exercise cannot be recommended too highly. Everyone can benefit from it.

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