supporting EAP professionals

# The Warning Signs of **Compassion Fatigue**

By Deb Kosmer

f you've never heard of the term "compassion fatigue," let me describe it for you. When clients become faces, when you no longer feel "connected" to them, when you find yourself going through the motions on your job, and when you feel like you are losing more and more of yourself to the clients being served, you may be experiencing compassion fatigue.

A key warning sign of compassion fatigue is a gradual lessening of the ability to be compassionate with our clients and co-workers. This inability can also begin to affect our personal relationships.



Compassion fatigue has also been referred to as "vicarious traumatization" and "secondary traumatic stress disorder." Compassion fatigue is similar to critical incident stress, in which the person is traumatized by something he/she has actually experienced or seen. However, an individual experiencing compassion fatigue is absorbing the trauma through the eyes and ears of someone else (namely, the EA professional's clients.)

The term compassion fatigue was first used by a nurse, Carla Johnson in 1992 as a way of describing nurses who were worn down by daily hospital emergencies. Professionals especially vulnerable to compassion fatigue include, but are not limited to: emergency care workers, counselors, medical and mental health professionals, clergy, advocate volunteers, and human service workers.

Charles R. Figley, co-author of Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized, defines compassion fatigue as: "A state experienced by those helping people in distress, it is a state of extreme tension and

preoccupation with the suffering of those being helped to the degree that it is traumatizing the helper."

### **Burnout vs. Compassion Fatigue**

The term compassion fatigue is often confused and used interchangeably with burnout, but they are not the same. Burnout is associated with stress. It is a process, and

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<u>not</u> a condition. Burnout is cumulative and relatively predictable. However, compassion fatigue is quite different. This type of stress involves a state of tension and preoccupation with *another individual* or the cumulative trauma of *clients* (note the plural reference).

"We are usually not directly exposed to the incident or situation, but we experience 'their story'," states Gary Yeast, a specialist in trauma, disaster, terrorism, and mental health services.

"A key warning sign of compassion fatigue is a gradual lessening of the ability to be compassionate with our clients and co-workers."

"We absorb and internalize people's story and pain until we become supersaturated and begin to leak our stress onto others."

Karl LaRowe, another noted author on the subject, explains it like this: "Our unique ability to join with our clients that allows us a near firsthand experience of their inner world is perhaps our greatest gift; it is also our greatest challenge."

Finally, Figley adds: "There is a cost to caring. Professionals who listen to clients' stories of fear, pain, and suffering may feel similar fear, pain, and suffering because they care." Our very nature of wanting to help others, but taken to excess, combined with feeling overly responsible for the outcomes often leads to compassion fatigue.

There is wisdom in knowing when to give to others and when to commune with one's soul. We all experience those times of drought; times when we seem to have forgotten how to dance, forgotten the rhythm of the music, or perhaps no longer hear the music at all. Compassion fatigue can feel like that.

### Signs & Symptoms

Warning signs and symptoms of compassion fatigue include:

- Exhaustion:
- Depression;
- Hopelessness;
- Preoccupation with a client or his/her family;
- Anger or irritability with others;
- Sleep disturbances;
- Working harder but accomplishing less;
- Low self-worth;
- Headaches;
- Disillusionment:
- More prone to accidents and illness;
- Social withdrawal;
- Loss of objectivity or blaming others;
- Missing or late for appointments; and
- Feeling guilty for your loss of compassion.

Some of us as EAP practitioners are tempted to do *more* at this point. We may think that if we just move faster we will once again see the point of it all and our life will be back on track. This may work for a while, but the issue will resurface until we finally... really *stop* ... and really *listen* (to ourselves).

### **Preventing Compassion Fatigue**

In our role as EA professionals it is important to be aware of com-

### EMPLOYEE ASSISTANCE REPORT

Editor - Mike Jacquart Publisher - Scott Kolpien Designer - Laura J. Miller Circulation - Jamie Kolpien

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passion fatigue and our susceptibility to it. It is crucial to recognize the warning signs listed previously and take steps to prevent it. Some of the methods we can use to prevent or overcome compassion fatigue include:

- Asking for help or support from co-workers or a supervisor;
- Practicing good self-care, such as getting enough sleep, exercise and good nutrition;

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- Seeking medical attention for symptoms that are affecting our ability to function; and
- Making sure we take time for other interests or hobbies, including taking some time off.

Some people find journaling or another creative endeavor helpful. It can also be beneficial to develop a daily ritual at the end of each work day to transition from your work life to life outside of work. It is important to note areas of your life that are out of balance and learn to set healthy boundaries. In some cases a vacation or sabbatical from the profession may be necessary to achieve and maintain emotional wellbeing and personal and professional fulfillment.

#### What I've Learned

In my own work as a full-time bereavement counselor and parttime social worker in hospice for more than 12 years, my days revolved around the pain, struggles and stories of death and dying. Many times people asked how I could do the work that I did. They thought it must be horribly sad and stressful and draining. I would say to the contrary, that it was quite the opposite, a blessing, privilege, and very fulfilling. In other words hospice and bereavement work did not empty my well, it filled it.

Nonetheless there were two times during those later years when I had to step back and evaluate myself and my profession. I no longer felt like I was giving my best, and I had many of the warning signs of compassion fatigue that I've described in this article. That meant taking many of the steps that I've mentioned – including taking some

### **Editor's Notebook**



When one considers the stress and anxiety caused by exposure to tragedies like

Sandy Hook and the recent bombing explosion in Boston, workplace pressure due to downsizings, to substance abuse and other personal issues that spill onto the job – it's quite possible that employees are experiencing more anxiety and stress than ever before.

EA professionals, of course, are in a perfect position to assist, and that's a good thing. The "double whammy" however, is that due to their helping and caring nature, EA professionals are also vulnerable to the negative feelings that caring can cause – a form of stress referred to as "compassion fatigue."

Deb Kosmer relates her experiences in discussing how to cope with this difficult form of stress in this month's cover article.

Because we think we would have

been negligent to not include some type of follow-up, we've included a quiz in this month's EAR to help determine if YOU might be suffering from burnout or compassion fatigue. The results, however, should not be viewed as medical advice or diagnosis of any sort, but as a useful guide and starting point for discussion.

Grief, another type of stress more typically experienced by *employees*, is presented in this month's *Brown Bagger* insert. We hope your summer is off to a good start – and the warmer temps and additional outdoor activities are helping <u>reduce</u> YOUR stress levels! Until next time.

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time off to refresh myself and reevaluate my calling.

Those times led to my return to the profession I loved. I cannot overstate it: The very nature of our work as helping professionals makes each of us susceptible to compassion fatigue.

On the other hand, our profession also gives us great pleasure in knowing we have the ability to help others make the changes they are seeking. The key, as in stress and burnout, lies in *balance*: in nutrition, between work and rest, and in vocation and recreation.

(Editor's note: Are YOU suffering from compassion fatigue or burnout? Take the quiz on page 5.)

### Resources

Health Coaching, Healthcare Intelligence Network, multiplecopy discounts available. This 60-page report is based on the responses of more than 150 healthcare companies to HIN's fourth-annual analysis of coaching programs. Check out: http://store.hin.com/product.asp?itemid=4598.

Turn Good People into
Great Employees, PDF download,
PBP Executive Reports, \$99, (800)
220-5000, http://pbpexecutivereports.com. Properly done, performance reviews are one of the
best tools a manager has. This report
shows how to make them work. ■

# Keys to Successful Crisis Management – Part II

### By Lucien Canton

Thy do some organizations come out of a crisis with enhanced reputations while others may not even survive as a business? While the reasons are many and varied, it frequently comes down to three main areas, one of which I described last month. The others appear below in the conclusion of this two-part article.

- \* Failure to gather adequate information to support decision-making. Good information is essential to good decision-making. The second phase that people experience when confronted with a crisis is deliberation the need to corroborate what has occurred or is occurring and to consider courses of action. There are, however, problems inherent in this process:
- ♦ Most information available in the early stages of crisis is fragmentary, contradictory, and unreliable. There can also be a considerable volume of information available, and most of it is not really helpful. Sorting through this mess requires an understanding of what information is important and why it is needed by decision-makers.
- ❖ A common failing in crisis is the tendency to seek only information that confirms what the crisis team thinks is happening or expects to see happening. The problem is that the team misses the true nature of the crisis and makes decisions that can be counter-productive or flat-out wrong.
- While the better the information the better the decision-making,

there will never be a situation where one has ALL the information needed. At some point, you will have to make decisions based on incomplete information. Information collection cannot become an end in itself that delays decision-making.

- \* Failure to act quickly and decisively. Overcoming denial and moving through deliberation leads to action. In most cases, the quicker you are seen to act and to provide information on the crisis and your actions the more likely you are to mitigate the effects of the crisis. Effective action depends on a number of elements:
- ❖ Isolating the crisis by identifying a crisis management team and dedicating them solely to the crisis. Other parts of your organization can be devoted to business as usual but your crisis management team must be focused exclusively on the crisis and must have the authority and resources necessary to act.

- ❖ Speed is essential, particularly in crisis communications.
- Depending on the nature of your organization, you may have only minutes to get your story out. Even if it's just acknowledging that the crisis has occurred and that you are assessing the situation it is critical that the public, employees, and shareholders hear from you.
- \* Acting quickly, being honest, and demonstrating empathy can go a long way to countering the negative effects of a crisis.

### Summary

Incorporating these keys into preparations for crisis may not guarantee success, but they will certainly go a long way to preventing failures. ■

Lucien G. Canton, CEM is a consultant specializing in preparing managers to lead better in crisis by understanding the human factors often overlooked in crisis planning. For more information, visit www.luciencanton.com, or email Info@luciencanton.com.

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# Are YOU Suffering from Compassion **Fatigue or Burnout?**

The following self-test may help determine if an individual is suffering from, in particular compassion fatigue, but also burnout. However, it is not intended as a substitute for medical advice or diagnosis. Consult a physician or mental health professional to discuss the results. (Write in the number of the best response to each of the following questions using one of the following answers: 1 - rarely or never; 2 - at times; 3 - not sure; 4 - often; 5 - very often.)

I force myself to avoid certain	thoughts of sessions with especially	the money than for personal
thoughts or feelings that remind	difficult clients and their families.	fulfillment.
me of a frightening experience.	I've suddenly recalled a fright-	I find it difficult separating my
I avoid certain activities or situ-	ening experience while working	personal life from my work life.
ations because they remind me of	with a client or their family.	I have a sense of worthlessness,
a frightening experience.	I'm preoccupied with more	disillusionment, resentment associ-
I have gaps in my memory	than one client and their family.	ated with my work.
about frightening events.	I'm losing sleep over a client and	I have thoughts that I'm a "fail-
I feel isolated from others.	their family's traumatic experiences.	ure" as a helper.
I have difficulty falling or	I've thought that I might have	I have thoughts that I am not suc-
staying asleep.	been "infected" by the trauma of	ceeding at achieving my life goals.
I have outbursts of anger or	my clients and their families.	I have to deal with bureau-
irritability with little provocation.	I remind myself to be less con-	cratic, unimportant tasks in my
I startle easily.	cerned about the well-being of my	work life.
While working with a victim I	clients and their families.	
thought about violence against the	I've felt trapped by my work as	<b>Scoring Instructions:</b>
person(s) who victimized.	a helper.	Make sure you responded to ALL
I am a sensitive person.	I've felt a sense of hopeless-	questions. Next, circle the following
I've had flashbacks connected	ness associated with working with	23 items: 1-8, 10-13, 17-26 and num-
to clients and families.	clients and their families.	ber 29. Now, ADD the numbers you
I've had first-hand experiences	I've felt "on edge" about things	wrote next to the items circled. Note
with traumatic events in my adult life.	that I attribute to working with	your risk of compassion fatigue:
I've had first-hand experiences with	certain clients and their families.	☐ 26 or less – Extremely low risk
traumatic events in my childhood.	I've wished that I could avoid	☐ 27 to 30 – Low risk
I've thought that I need to	working with some clients and	☐ 31 to 35 – Moderate risk
"work through" a traumatic expe-	their families.	☐ 36 to 40 – High risk
rience in my life.	I've been in danger working with	☐ 41 or more – Extremely high risk
I've thought that I need more	some clients and their families.	
close friends.	I've felt that some of my clients and	To determine the risk of <b>burn</b> -
I've thought that there is no	their families dislike me personally.	out, add the numbers you wrote
one to talk with about highly		next to the items NOT circled.  Note your risk of burnout:
stressful experiences.	Items about being a helper and	TYOU YOU TISK OF DUFFICUL.
I've concluded that I work too	your work environment:	☐ 19 or less – Extremely low risk
hard for my own good.	I've felt weak, tired, and run down	□ 20 to 24 – Low risk
	as a result of my work as a helper.	☐ 25 to 29 – Moderate risk
Items about clients and their families:	I've felt depressed as a result of	☐ 30 to 42 – High risk
I'm frightened of things trau-	my work as a helper.	☐ 43 or more – Extremely high risk
matized people and their family	I am unsuccessful at separating	
have said or done to me.	work from personal life.	Sources: Gary Yeast, BA, MS, MS, LMFT, Fellow AAMFT; Ace-Network; National Institute for Oc-
I experience troubling dreams simi-	I feel little compassion toward	cupational Safety and Health; and Florida State
lar to a client of mine and their family	most of my co-workers	University Psychosocial Stress Research Program.

lar to a client of mine and their family.

I've experienced intrusive

I feel I am working more for

most of my co-workers.

## **Understanding Military Culture**

eterans bring knowledge, experiences, and added value to the civilian workplace. Some understanding of military culture and the military experience is integral to an EAP's ability to provide optimal services and appropriate resources to veteran employees.

The National Center for Post-Traumatic Stress Disorder (NCPTSD) hosts an online course: *Understanding Military Culture* for service providers. Another free online course, *Military Cultural Competence* also offers comprehensive information about services for veteran employees. Users can assess their military-related knowledge by taking the military culture quiz.

Another important part of the EAP's role and provision of services lies in knowing how to assess clients for history of military service, or how and when to screen for post-traumatic stress disorder (PTSD). One needn't be an expert in understanding or

assisting veterans who need help in order to provide services to them. EA professionals have a lot to offer veteran clients, but they can also learn from veterans. Veterans will recognize and appreciate these efforts.

Sources: National Center for PTSD (www.ptsd.va.gov), U.S. Department of Veterans Affairs. Editor's note: "Supporting Our Veterans" is a new feature in EAR focusing on hands-on, practical information for EA professionals assisting veterans and their families.

### Quick Ideas

# **Cubicle Courtesy Tips**



❖ Don't barge in. Before stepping into a colleague's work space, knock gently on the side of the entrance. This allows the individual to signal whether he or she has time to chat.

\* Use your "library voice."

Talk softly to avoid disturbing others, and don't use your speakerphone unless absolutely necessary. If you need to participate in a conference call, find an available office or other enclosed area.

❖ Don't be an open book. Avoid lengthy, personal conversations when others can hear. For instance, a play-by-play description of the big baseball game is best discussed outside the office

\* Hit the right note. Wear headphones if you listen to music. Likewise, set your cell phone on vibrate or a quiet volume, especially if you have a trendy ringtone. Co-workers might not appreciate listening to "Dancing Queen" all day, every day.

❖ Have good scents. Keep co-workers' noses in mind. Avoid wearing too much cologne or eating particularly pungent foods at your desk.

Source: The Creative Group (www.creativegroup.com).



# Change Made to CEAP® Eligibility

he Employee Assistance Certification Commission (EACC) has announced that, effective July 1, 2013, completion of a new "CEAP candidate initial training" (CCIT) course will replace certified employee assistance professional "advisement" as an eligibility requirement for all new CEAP® candidates. The new three-hour online CCIT course will be available to all registered CEAP candidates at no charge on EAPA's website (www.eapassn.org).

The CCIT course will examine the three EA knowledge domains, as well as providing an overview of the CEAP candidate process, insights and tips for passing the examination, and suggestions for further study. The course will be offered both live online at selected intervals and "on demand" in archived form.

From now through June 30, 2013, CEAP candidates may choose whether to apply for approval of a new CEAP advisement process or wait for the new course requirement to take effect in July. After June 30, no new advisements will be approved. All advisements approved prior to July 1, 2013 must be completed and submitted with a CEAP exam application no later than June 30, 2016. After that date, advisements

will no longer be considered for completion of eligibility requirements. The work experience and PDH eligibility requirements have not changed.

For more information, go to the EAPA website: on left navigation bar, click on "CEAP Certification Credentialing" and then "CEAP Candidate Information."

Questions should be directed to Shirley Springfloat, director of credentialing, (703) 387-1000, ext. 311 or certdir@eapassn.org. ■

Source: Employee Assistance Professionals Association.

### Clinical Perspective

### **Lift Depression in Hours?**

urrent treatments for depression often take a month or more to give patients relief, and they don't work for everyone. However, researchers and pharmaceutical companies are testing medications that early studies are indicating can lift a person's mood in just a few days or even within several hours.

The new fast-acting drugs act on the brain in a different way than the current popular antidepressants. Ketamine and the new compounds from AstraZeneca and Naurex all act on the brain's N-methyl-D-aspartate (NMDA) receptors, which are involved in learning and memory. These receptors interact with the neurotransmitter glutamate, the levels of which seem to be out of balance in depression.

Scientists believe glutamate is a much more direct target for depression than serotonin, a neurotransmitter affected by selective serotonin reuptake inhibitor (SSRI) drugs like Prozac and Paxil. The SSRIs' more indirect method of action is likely the reason why there is a lag time before patients feel relief from depressive symptoms,

according to Ronald Duman, professor of psychiatry and neurobiology at the Yale University School of Medicine in New Haven, Conn.

It will likely be at least several years before the new drugs come to market, since they need further clinical trials and Food and Drug Administration approval.

However, some doctors are already using ketamine off label with depressed patients. ■

Additional source: EAP NewsBrief, a service of the Employee Assistance Professionals Association (EAPA).

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### Feeling Owed Syndrome - Part I

### By David & Rhonda Travland

ow could a man take a gun into a crowded store and start shooting people? How could a drunk driver mow down a crowd during a street festival?

How can we explain this behavior in terms of motives and forces common to all of us? And what does any of this have to do with caregiving?

The people who commit these horrific crimes are angry. Where does all this anger come from? These people are feeling "put upon." In other words, they have done for others and in return have gotten the shaft. They have succumbed to Feeling Owed Syndrome (FOS).

Caregivers don't tend to be potential criminals, but this kind of inequity *is* built into caregiving relationships and with time and enough stress, it can turn into an explosively violent situation.

Caregiving relationships often suffer from inequity, in which one person contributes more to the relationship than the other. Caregivers give, and give, and give, and receive little in return from the person receiving care.

You might say, "Of course. The sick person can't give much back. They are too sick." And you would be correct. But understanding this fact does not make it go away.

Our society teaches that this sort of inequity shouldn't make us angry, but the fact is it does. We all carry around an internal ledger that keeps track of what we are investing in any given relationship, and what we are getting back in return.

For instance, let's say you leave a department store and someone with their arms full of packages is following you. As a courtesy you hold the door for this person. We've all done this hundreds of times.

Now, suppose that this individual

with the packages that needed a little help walks through the door, not even bothering to acknowledge your presence. How would this make you feel? Most of us would be at least a little annoyed.

You probably wouldn't be hostile or depressed, but you'd likely be miffed. Why? Because you performed a service for that person, and they did not bother to give you anything back, such as a "thanks" or a smile or nod.

You've just experienced an unbalanced relationship and you feel "owed." This has resulted in stress. Multiply this situation many times over and you have an idea of the stress experienced by caregivers.

NEXT MONTH: How FOS can be avoided.

David Travland, Ph.D., clinical psychologist and former caregiver, and Rhonda Travland, former nursing home administrator and caregiver, are co-founders of the Caregiver Survival Site, http://caregiver survivalsite.org

### Quick Ideas

# **Normal Stress or Anxiety Overload?**

ome degree of anxiety on the job is normal, but when it becomes excessive, employees start operating on "fight or flight" instinct rather than thinking clearly and rationally. Are the employees of any of your corporate clients experiencing anxiety overload? Consider the following questions:

Are feuding, backstabbing, and turf wars a way of life?

- ❖ Are particular individuals or departments blamed for organizational problems?
- ❖ Is there a problem with employee turnover? Are people constantly quitting due to job stress or dissatisfaction with the organization?
- ❖ When conflicts and problems arise, are people told to show more "team spirit"?
- ❖ Is "improved communication" considered the solution to all

- problems and conflicts rather than making decisions based on solid principles?
- ❖ Do people avoid conflict by avoiding each other altogether?

If the answer to most of these questions was an emphatic, "Yes," the level of anxiety is likely too high – for employees *or* the company.

Source: "The Anxious Organization, 2<sup>nd</sup> Edition," by Jeffrey A. Miller.