Compassion Fatigue and the Child Abuse Professional
January 7, 2015

Cry Me a River

CHAMP Program Educational Webcast
Cry Me a River

Handouts available:
www.CHAMPprogram.com/whats-new.shtml

This CHAMP Educational Webcast activity has been planned and implemented by Dr. Botash. She verifies that she and the speakers (Drs. Lenane, Hoffman-Rosenfeld and Palusci) have no financial relationships with commercial interests to disclose.

Disclosures
Objectives

- Recognize aspects of compassion fatigue
- Assess methods to prevent and assist others with signs of burnout and compassion fatigue
- Improve skills for self-care

What is Compassion Fatigue?

- Compassion fatigue: The stress resulting from helping or wanting to help a traumatized person
- Related to “indirect trauma”
- Burnout: The inability to cope with job stress including emotional exhaustion, depersonalization and reduced personal and professional accomplishment

Definitions
Police officers
Hotline workers
Emergency department nurses
Mental health professionals
CPS workers
Others who are empathetic toward victims of trauma, including volunteers

Who Gets Compassion Fatigue?


Open communication
Work-life balance
Encouragement
Interpersonal skills training
Work skills training
Recognition
Strong team spirit
Culture of supportiveness

What makes a positive work environment?

http://www.hongkiat.com/blog/positive-working-environment/
Keys to a Positive Environment


Compassion and Compassion Fatigue


What does the compassionate child abuse professional look like?
How do child abuse professionals show compassion?

Think of someone that frequently and consistently shows compassion to others. What makes that person stand out?

- Rapport
- Relationships
- Psychological safety

“It is based on a passionate connection...passion moves one beyond feeling and emoting toward social action aimed at relieving the pain of others.”

Compassion is more than empathy


A 14 year old teenager is brought by her mother for care at your office. She does not want to be there. She disclosed that she had been at a party and awakened the next morning without any clothes on. Her mother thinks she was drugged. The party occurred 3 weeks ago, she has not received any medical care and she has given a statement to the police.

In the course of getting the room ready and discharging the prior patient, the patient leaves her mother in the waiting room, leaves the building and goes out to the parking lot. Her mother thinks that her daughter will walk home and is upset that she wasted the morning but is not overly concerned about her daughter.

What would you do in this situation?
What is your reaction? Emotionally?

Does this case contain triggers for stress/compassion fatigue?

What steps would you take to help the patient, if any?

How would you relieve the stress?

**Discussion with Mentors**

Ann Lenane, MD
Ann Botash, MD
Vince Palusci, MD, MS

- Observing unrealistic expectations on the part of the family
- Contagion effect
- Providing a repeated sounding board for sad situations
- Observing kids not having a “normal” life
- Non-compliant and/or angry families
- Systems problems (staffing, unreasonable policies, insurance issues, excessive paperwork, justification of time needed for work, other dysfunction)
- Lack of support, feeling of being on your own
- Excessive demands (too much work)
- Becoming overly involved or crossing professional boundaries

**Common Triggers**


**Secondary Traumatic Stress**

- Burnout
- Compassion fatigue
- Vicarious trauma
- Countertransference
Irritability
Inability to concentrate
Anger
Intrusive or recurring disturbing thoughts
Sleep disturbances
Physical exhaustion
Hypertension
Headaches

Secondary Traumatic Stress Symptoms

Emotional exhaustion
Patient depersonalization
Diminished sense of accomplishment

Burnout—a process

Conflict between individual values and organizational goals
Overload of responsibility
Sense of not having any control over the quality of services provided
Awareness of little emotional or financial reward
Sense of loss of community within the work setting
Existence of inequity or lack of respect at the workplace

Causes of work-related burnout
Exposure to traumatic material that begins to affect one’s world view, emotional and psychological needs, belief system, and cognition.

Can cause negative changes:
- Trust of others
- Intimacy
- Connectedness
- Esteem for others
- Child rearing

**Vicarious Trauma**

A 10 year old girl is brought with her mother for an evaluation for sexual abuse. She was seen at age 5 for an evaluation but the case was closed and unfounded. She had been brought in at that time by her father after she disclosed abuse by her mother’s boyfriend.

Since that time, she has begun cutting, has been hospitalized in an inpatient psychiatric facility and has been placed on anti-anxiety medications.

This time, the mother “caught” her fiancé with the patient and the case is being re-investigated.

**Does this dilemma lead to compassion fatigue?**

What is your reaction? Emotionally?
What issues could trigger compassion fatigue?

**Discussion with Mentors**

Jamie Hoffman-Rosenfeld, MD
Ann Botash, MD
Ann Lenane, MD
Inhibits professionals from studying, correctly diagnosing and treating the effects of trauma

Experience of reactions (unconscious usually) within the professional hearing about or seeing the trauma

Lack of detachment

Emotional involvement

Crossing “professional boundaries”

Getting personal needs met through work

Unrealistic expectations of self (saving the patient)

* 3 month old with HIE
* On the heels of a serious child abuse fatality
* VIP family
* Resistance to reporting from hospital staff
* Child vegetative, MRI: C-spine ligamentous injury
* Parents manipulated system, refused to take off life support until the older children were returned home
* Parents had connections to judges
* Baby died (5 weeks later)
* Celebrity ME hired to give opinion (in favor of parents)
* Primary ME findings “undetermined”
* Grueling cross examination in court

What issues could trigger compassion fatigue?
In what ways can we ameliorate the effect of these stresses?

Discussion with Mentors
Jamie Hoffman-Rosenfeld, MD
Ann Botash, MD
The American Board of Pediatrics is reviewing “Entrustable Professional Activities” for pediatrics and pediatric subspecialties.

Child Abuse Pediatrics has identified the following EPA: “Engage in behaviors and use coping strategies that will mitigate the emotional stress of caring for patients that have been abused, neglected or maltreated.”

“Are You Burning Out?” adapted from the Freudenberger Burnout Scale

“Compassion Fatigue Test” adapted from the Florida State University Psychosocial Stress Research Program

“Professional Quality of Life Scale (ProQOL)” by B. Hudnall Stamm, 2009

“Self Care Assessment” adapted from Saakvitne, Periman & Staff, TSI/CAAP, 2006

“Compassion Satisfaction/Fatigue Self-Test for Helpers” adapted from Figley CR, 2005

Several Ways to Measure

Vincent J. Palusci, MD, MS
The Compassion Satisfaction/Fatigue Self-Test for Helpers is a separate handout for this webcast. View that handout as Dr. Palusci explains the self-test.
What do the CHAMP Mentor’s do?
What you can do...

- Regular review of cases or consultation to process
  the material (Salston, Figley)
- Work/life balance
- Crisis intervention for critical incidents
- “Safe” conversations with work colleagues
- Planned approach to manage stress
- Detachment through “learning”
- Enable compassion satisfaction

Compassion Satisfaction

Coping Skills for Compassion Fatigue

Coping
Be alert to symptoms of compassion fatigue

Develop a prevention approach for yourself and your “team”

Address self-care

**Summary**

“Come on and cry me a river, cry me a river ‘Cause I cried a river over you…”

Ella Fitzgerald (1917-1996)
http://www.ellafitzgerald.com/