Too Tired to Care:  
How Providers Can Recognize and Overcome Compassion Fatigue

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National Center for PTSD Consultation Program  
June 1, 2022  
AVAPL 2022
Learning Objectives

**Recognize**
Recognize warning signs of compassion fatigue when working with trauma survivors.

**Identify**
Identify strategies to address compassion fatigue.

**Orient**
Orient attendees to available resources that support mental health providers engaged in trauma-focused therapies with veterans.
Outline

- Need for Support Providers treating Trauma Survivors
- Models for Supporting Providers
- Resources
Terminology

Compassion fatigue
- Emotional strain experienced when working with individuals coping with traumatic stress

Burnout
- Emotional and physical exhaustion from professional and personal stressors
- Prolonged work stress
- Hopelessness

Secondary trauma
- PTSD-like symptoms and/or negative changes in belief systems that result from working with trauma survivors

Vicarious traumatization
- Cognitive, emotional, social, and behavioral changes that may occur while working with traumatized individuals

Stress of working with trauma survivors (SWTS)
Care for staff was one of the most frequently requested consultation topics.

Most attended webinar of monthly lecture series: How Mental Health Providers Can Care for Themselves and Support Colleagues During the COVID-19 Virus Outbreak

By Patricia Watson, PhD

Audio Recording (MP4)
Pandemic Healthcare Worker Research

- Meta-analytic review: pooled prevalence rates of 70 studies with 101,017 healthcare workers during the covid pandemic:
  - 30% anxiety
  - 31% depression
  - 56% acute stress
  - 20% post-traumatic stress
  - 44% sleep disorders
  - Risk associated with concern about infecting others, inability to talk with managers, stigma and unreliable access to personal protective equipment (PPE)

- Meta-analysis: long-term mental health impact on healthcare workers 1-2 years after the SARS outbreak:
  - Higher rates of significant psychological distress and burnout
  - An increase in maladaptive behavior (21% vs 8.1%)
  - Worse anxiety and depression in high-risk unit staff
  - Higher probable PTSD (13.8% vs 8.6%) present in those working with SARS patients
  - Occupational exposure and perceived stigmatization were risk factors

- A study of essential workers reported that their key stressors were role overload, job complexity, time pressure, lack of support from management, poor team coordination, feeling unsafe at work, job insecurity, work-life conflict, customer incivility and reliance on technology

<table>
<thead>
<tr>
<th>Strength</th>
<th>Guiding Ideal</th>
<th>Vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placing the welfare of others above one’s own welfare</td>
<td>Selflessness</td>
<td>Not seeking help for health problems because personal health is not a priority</td>
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<tr>
<td>Commitment to helping patients heal and supporting their families</td>
<td>Loyalty</td>
<td>Guilt and complicated bereavement after perceived failure or loss</td>
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<tr>
<td>Toughness and ability to endure hardships without complaint</td>
<td>Stoicism</td>
<td>Not aware of / acknowledging significant symptoms /suffering</td>
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<tr>
<td>Following an internal moral compass to choose “right” over “wrong”</td>
<td>Moral Code</td>
<td>Feeling frustrated and betrayed when others fail to follow a moral code</td>
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<tr>
<td>Becoming the best and most effective professional possible</td>
<td>Excellence</td>
<td>Feeling ashamed / denial or minimization of imperfections</td>
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Empirical Research: Contributors To Provider Stress

- Personal trauma history
- Less professional experience and training
- Avoidance coping
- Negative shifts in beliefs
- Amount of exposure to trauma material
- Focus on negative emotions
- Lack of supervision or social support
COVID-19: Some Differences

- Scale: Affecting everyone, no safe zones
- Ongoing threat, continuing worries and fears
- Physical isolation interfering with connections
- Strangeness, unfamiliarity, hypervigilance
  - Room for imagination to run wild
  - Increased attention to bodily sensations, personal safety
- Unfamiliar situation with staying home
- Increased impact of information
  - Overwhelming, extended, coverage, often with substantial delays
  - Information is the central stressor, received in fragmented, contradictory doses, with potential misinformation
- Helpers under threat as well
## Five Types of Vicarious Stress Reactions

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
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<tbody>
<tr>
<td>Intrusive Preoccupation with Trauma</td>
<td>Strong emotional reactions, disillusionment, changes in beliefs / values</td>
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<td>(45-96%)</td>
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<tr>
<td>Avoidance and Detachment</td>
<td>“Numbing out,” detachment, concentration and memory difficulty</td>
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<td>(67-92%)</td>
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<tr>
<td>Over-involvement and Identification</td>
<td>Difficulty maintaining appropriate boundaries</td>
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<td>(63-99%)</td>
<td>Strong urge to protect</td>
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<tr>
<td>Professional Alienation</td>
<td>Lack of support, fear of being viewed as inept, difficulty disclosing the</td>
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<tr>
<td>(49-80%)</td>
<td>emotional impact and “burdening” others with the realities of work</td>
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<tr>
<td>Professional Role Satisfaction</td>
<td>Heightened sense of meaning and reason for being</td>
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<tr>
<td>(3.2-52)</td>
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</table>

(Wilson & Thomas, 2004)
What is Affected by VT?

- Relationship with meaning, hope

Self-capacities

- Enduring ability to maintain sense of self
- Affect Tolerance
- Sense of inner connection to others
- Sense of self as viable, worth loving, deserving
- Sense of self that is grounded
Self-Care Obstacles: Attitudinal

- “It would be selfish to take a break from this work.”
- “Others are working hard, so should I.”
- “I’m okay, I’m fine, I’m not even tired.”
- “The needs of those I’m supporting are more important than my own needs.”
- “I’m not doing enough.”
- “I can contribute the most by working all the time.”
- “I don’t want anyone to know how affected I am.”
- “Only I can do x, y, and z.”
Self-Care Obstacles: Behavioral

- Working too long by yourself without checking in
- Keeping stress to oneself
- Inflexibly concentrating only on what to do next
- Relying only on alcohol / substances to relax for extended periods of time
- Taking on others’ problems
- Developing overly rigid, strict boundaries
- Obsessing on safety of loved ones
- Avoiding social contact
- Avoiding professional contact
- Doubting the efficacy of psychotherapy as a change agent
No One Size Fits All
Healthcare Research: Personal Factors Related to Resilience

- **Balance Skills:**
  - Finding shifts that fit lifestyle
  - Consciously making time for meals, sleep and social activities
  - Being able to set boundaries, able to ‘switch off’ after work
  - ‘Professional shielding’
  - Able to seek out social support

- **Varied Coping Strategies:**
  - Self-reflection through journaling, prayer, and faith
  - Processing emotions
  - Being able to accept that you cannot fix everything
  - Being aware of the potential adversities
  - Focusing on purpose and meaning
  - Delegation of work
  - Basic time management

Huey & Palaganas (2020)
Healthcare Research: Organizational Factors Related to Resilience

- A genuine interest in the wellbeing of staff
- Accessibility to support without being judged as ‘not coping’
- Enhance peer support and social support
- Safe discussions of events and sharing
- Provide opportunities for coworkers to work collaboratively
- Recognize the importance of boundaries between work and home life
- Greater autonomy over time and content of work
- Regulated working hours and adequate staffing
- Meaningful recognition

Huey & Palaganas (2020)
Managing Personal and Professional Stress: What Clinicians Can Do

- Request and expect regular supervision and supportive consultation.
- Utilize peer support.
- Consider therapy for unresolved trauma.
- Practice stress management.
- Develop a written plan focused on work-life balance.
- Participate in community-building activities and system change.
Three essential tools in coping with vicarious traumatization are awareness, balance, and connection.

- **Awareness:** Being attuned to your needs, limits, emotions, and resources.
- **Balance:** Maintaining balance among work, play, and rest.
- **Connection:** Connections to oneself, to loved ones, to colleagues, and to the larger community.

Source: Saakvitne et al., 2000
Make a Self-Care Plan

Determine what change you want to focus on.

Ask yourself:

- “What is one thing I would like to work on to reduce stress and burnout?”
- “Do I need anyone to help me carry it out?”
- “What triggers can I use to cue me to take the action?”
- “When in my day will I most likely be able to do this?”
- “What resources are needed?”

Review your plan and keep track of how you are doing.
Factors in Recovery From Adversity & Stress

Sense of Safety

Hope

Calming

Self Efficacy

Connect
The Stress First Aid (SFA) model is a self-care, leadership, and peer support model developed for those in high-risk occupations like military, fire and rescue, and health care.

It includes seven actions that will help you to identify and address early signs of stress reactions in yourself and others in an ongoing way (not just after “critical incidents”).
How is Stress First Aid Different?

Rather than prescriptively telling people how they should support each other, SFA highlights the importance of coworker support, which can often only arise in the unspoken understandings that result from working together.

It is frequently only in moment-to-moment encounters that the right support can happen, if we are aware of its importance and open to being creative in accessing and giving that support.
<table>
<thead>
<tr>
<th>READY</th>
<th>REACTING</th>
<th>INJURED</th>
<th>ILL</th>
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</thead>
<tbody>
<tr>
<td><strong>Circumstances:</strong></td>
<td><strong>Circumstances:</strong></td>
<td><strong>Circumstances:</strong></td>
<td><strong>Circumstances:</strong></td>
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<tr>
<td>Well trained</td>
<td>Responding to multiple stressors at work or home</td>
<td>Strong or multiple stressors:</td>
<td>Unhealed orange zone stress</td>
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<tr>
<td>Supported</td>
<td>Double-edged sword vulnerabilities</td>
<td>• Trauma</td>
<td>Additional stress</td>
</tr>
<tr>
<td><strong>Optimal functioning:</strong></td>
<td><strong>Mild and transient distress or impairment:</strong></td>
<td>• Loss</td>
<td>Risk factors</td>
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<tr>
<td>At one’s best</td>
<td>Changes in mood</td>
<td>• Moral injury</td>
<td></td>
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<tr>
<td>In control</td>
<td>Loss of motivation</td>
<td>• Wear and tear</td>
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<tr>
<td>Motivated</td>
<td>Loss of focus</td>
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<td></td>
<td>Physical changes</td>
<td></td>
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<td></td>
<td></td>
<td><strong>More severe or persistent distress or impairment:</strong></td>
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<td></td>
<td></td>
<td>Loss of control</td>
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<td>No longer feeling like normal self</td>
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**Clinical mental disorder:**
- Symptoms persist and worsen
- Severe distress
- Functional impairment
Stress First Aid Model

Seven Cs of Stress First Aid:

1. CHECK
   Assess: observe and listen
2. COORDINATE
   Get help, refer as needed
3. COVER
   Get to safety ASAP
4. CALM
   Relax, slow down, refocus
5. CONNECT
   Get support from others
6. COMPETENCE
   Restore effectiveness
7. CONFIDENCE
   Restore self-esteem and hope
## What Contributes to Each Zone in a Pandemic?

<table>
<thead>
<tr>
<th>READY</th>
<th>REACTING</th>
<th>INJURED</th>
<th>ILL</th>
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</thead>
<tbody>
<tr>
<td><strong>Safety:</strong> Staying informed</td>
<td>Not pacing oneself</td>
<td>Lack of attention to chronic yellow zone stress</td>
<td>Lack of attention to orange zone stress</td>
</tr>
<tr>
<td>Facing facts</td>
<td>Taking on too much</td>
<td>Stuck in unhelpful patterns</td>
<td>Not seeking help / expertise</td>
</tr>
<tr>
<td>Setting boundaries</td>
<td>Ignoring drops in functioning</td>
<td>More disengaged / isolated</td>
<td>Engaging in counterproductive behaviors</td>
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<tr>
<td><strong>Calm:</strong> Changing expectations</td>
<td>Not changing expectations</td>
<td>Overdoing without balance</td>
<td></td>
</tr>
<tr>
<td>Being patient</td>
<td>Not checking in</td>
<td>Underdoing what is needed</td>
<td></td>
</tr>
<tr>
<td>Keeping balanced</td>
<td>Underestimating needs</td>
<td>Stigma</td>
<td></td>
</tr>
<tr>
<td><strong>Connect:</strong> Staying connected</td>
<td>Not adapting self-care</td>
<td></td>
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</tr>
<tr>
<td><strong>Self-Efficacy:</strong> Prioritizing what to expend energy on</td>
<td>Overriding the concern of others</td>
<td></td>
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<tr>
<td>Planning and adapting to current situation</td>
<td>Self-medicating</td>
<td></td>
<td></td>
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<tr>
<td>Focusing on prevailing problem solving</td>
<td>Lack of routine</td>
<td></td>
<td></td>
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<tr>
<td>Making routines</td>
<td>Unhelpful thoughts or habits</td>
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<tr>
<td>Seeking mentoring or training</td>
<td></td>
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<tr>
<td><strong>Hope:</strong> Living by values</td>
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<td></td>
<td></td>
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<tr>
<td>Finding gratitude</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Focusing on faith/religion/philosophy</td>
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Prioritizing Actions Towards the Green Zone

**READY**

**Safety:**
- Stay informed
- Face facts
- Set boundaries

**Calm:**
- Change expectations
- Be patient
- Keep balanced

**Connect:**
- Apart
- But
- Connected

**Self-Efficacy:**
- Prioritize what to expend energy on
- Plan and adapt
- Focus on prevailing problem
- Solve
- Make routines
- Seek mentoring/training

**Hope:**
- Live by values
- Find gratitude
- Faith / philosophy

**REACTING**

**Safety:**
- Take a marathon approach
- Build healthy habits
- Set boundaries

**Calm:**
- Be disciplined about taking breaks
- Identify unhelpful thoughts
- Practice helpful thoughts
- Focus on what you can control

**Connect:**
- Seek specific support

**Self-Efficacy:**
- Build resilience skills

**Hope:**
- Make time to reflect
- Seek mentoring / support

**INJURED**

**Safety:**
- Get help with setting routines and boundaries

**Calm:**
- Rest and recuperate
- Build tiny health habits

**Connect:**
- Ask for targeted or sustained support

**Self-Efficacy:**
- Identify unhelpful ruts
- Tackle one issue at a time

**Hope:**
- Ask for assistance in reframing unhelpful thoughts
- Remind yourself that you don’t need to be perfect

**ILL**

**Safety:**
- Make small positive behavior changes

**Calm:**
- Pause...take a time out
- Distance from stressor to reduce agitation

**Connect:**
- Get formal behavioral health treatment
- Find a mentor

**Self-Efficacy:**
- Regain lost ground
- Rehabilitate as you would a physical injury

**Hope:**
- Reconnect with values
Stress First Aid: Self-Reflection

What helps me to feel safer?

What helps me feel calm?

1. What connections with others could help me get through this?
2. Do I need to add more?
3. Do I need to distance from some existing connections?

What helps me to feel that I can persevere?

1. What helps me have more hope, faith, optimism, or confidence?
2. What remains when everything is lost?
Stress First Aid: Coworker Support

How can I help foster safety?

What can I do to help them get more calm?

What can I do to help them get connected?

How can I help them feel they can cope or persevere?

How can I help them to have more hope?
Provider Self-Care Toolkit

This toolkit is for providers who work with those exposed to traumatic events, to help reduce the effects of job-related stress, burnout, and secondary traumatic stress. Working with trauma survivors is rewarding, yet such work can create challenges. Hearing trauma survivors' stories can be difficult and some providers may find they experience burnout or secondary traumatic stress as a result. In this toolkit you will find assessment tools, strategies, and resources to help you care for yourself while working with those who have experienced trauma or have posttraumatic stress disorder (PTSD).
Professional Quality of Life: ProQOL
VA self care apps

COVID Coach: COVID Coach | VA Mobile

Mindfulness Coach: Mindfulness Coach | VA Mobile

Whole Health: Live Whole Health | VA Mobile
Learn more at your own pace

Lectures:

- March 17, 2021
  An Update on How Mental Health Providers Can Care for Themselves and Support Colleagues During the COVID-19 Pandemic
  Patricia Watson, PhD
  Audio Recording (MP4)

- April 15, 2020: How Mental Health Providers Can Care for Themselves and Support Colleagues During the COVID-19 Virus Outbreak
  Patricia Watson, PhD
  Audio Recording (MP4)

Trainings:

- Psychological First Aid
  Psychological First Aid (PFA) Online Training - PTSD: National Center for PTSD (va.gov)

- Skills for Psychological Recovery
  Skills for Psychological Recovery (SPR) - PTSD: National Center for PTSD (va.gov)

- Provider Strategies for Coping with Burnout and Secondary Traumatic Stress
  Provider Strategies for Coping with Burnout and Secondary Traumatic Stress - PTSD: National Center for PTSD (va.gov)
A flood of new clients, an overwhelming need to train others, and increased demand to help both stressed coworkers and deal with tougher cases (i.e., more intimate partner violence, systemic racism, clients placing themselves at risk).

Increased "disenfranchised grief," defined as a sense of loss related to safety, goals, social connections, and activities, accompanied a sense of not having a right to grieve these losses because others "have it worse."

Teletherapy fatigue.

Guilt regarding answers that could not be given, people turned away, potentially exposing loved ones to Covid, or taking time off to recover from Covid.

Loss of normal coping strategies, such as decompressing on the drive home, stopping to speak with colleagues between clients, and socializing with friends.

Ongoing needs include continued insurance coverage of telehealth services, and support from coworkers and their organizations (e.g., granting time off, respecting boundaries around taking on more cases, and providing better pay).

Online survey conducted in mid-2020:

- 82%: pandemic negatively affected ability to serve clients and ones' own mental health, in part because of limited access to social and emotional support.
- Empathic distress and burn out, feeling overwhelmed and exhausted, and experiencing traumatic stress symptoms.
- Increases in depressed mood, anxiety, isolation, and fear.
- Teletherapy fatigue, decreased sense of clinical efficacy, dissatisfaction with work, and questioning the meaningfulness of their work.

In the UK, mental health clinicians working with healthcare workers reported both.

Questions