



Cry Me a River

Compassion Fatigue
and the
Child Abuse Professional
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CHAMP Program Educational Webcast Cry Me a River




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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

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

Objectives

What is Compassion Fatigue?

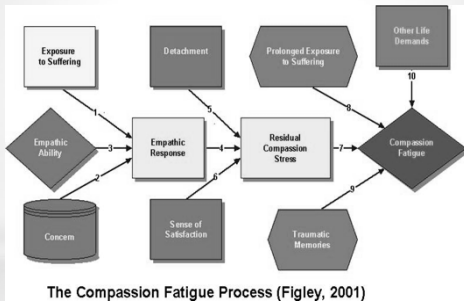
- * **Compassion fatigue:** The stress resulting from helping or wanting to help a traumatized person
- * Related to "indirect trauma"
- * **Burnout:** The inability to cope with job stress including emotional exhaustion, depersonalization and reduced personal and professional accomplishment

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?

Conrad D. Kellar-Guenther Y. Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. Child Abuse and Neglect. 2006; 30: 1071-1080.



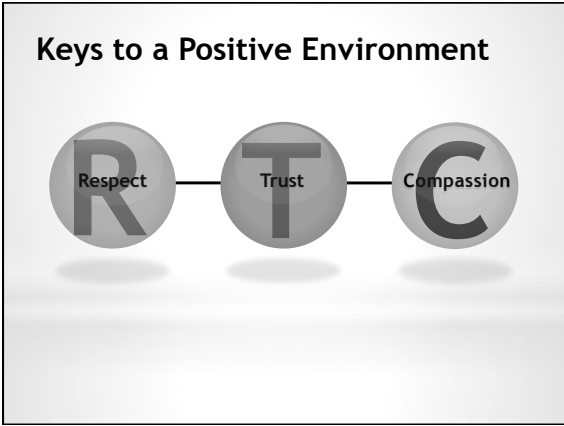
The Compassion Fatigue Process (Figley, 2001)

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

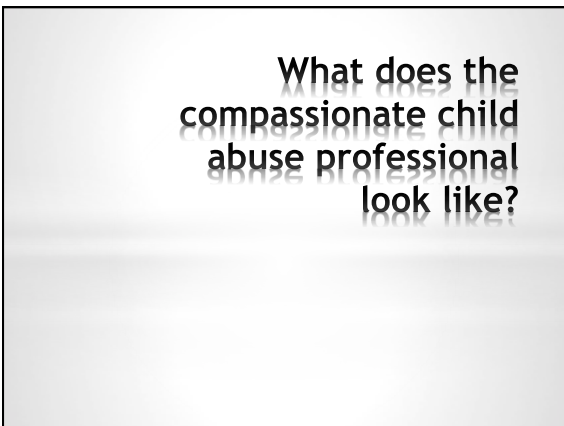
What makes a positive work environment?

<http://www.hongkiat.com/blog/positive-working-environment/>

<http://www.forbes.com/sites/jacquelynsmith/2013/10/04/how-to-create-an-authentic-and-transparent-work-environment/>







How do child abuse professionals show compassion?

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

Salston MD, Figley CR. Secondary traumatic stress effects of working with survivors of criminal victimization. J of Traumatic Stress. 2003; 16(2): 167-174.

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

Maytum JC, Bielski Heiman M, Garwick AW. Compassion fatigue and burnout in nurses who work with children with chronic conditions and their families. J Pediatr Health Care. 2004; 18: 171-179.

- * Burnout
- * Compassion fatigue
- * Vicarious trauma
- * Countertransference

Secondary Traumatic Stress

- *Irritability
- *Inability to concentrate
- *Anger
- *Intrusive or recurring disturbing thoughts
- *Sleep disturbances
- *Physical exhaustion
- *Hypertension
- *Headaches

Secondary Traumatic Stress Symptoms

Hinderer K, VonRueden KT, Friedmann E, et al. Burnout, compassion fatigue, compassion satisfaction and secondary traumatic stress in trauma nurses. Journal of Trauma Nurses. 2014; 160-168.

Maytum JC, Bielski Helman M, Garwick AW. Compassion fatigue and burnout in nurses who work with children with chronic conditions and their families. J Pediatr Health Care. 2004; 18: 171-179.

- *Emotional exhaustion
- *Patient depersonalization
- *Diminished sense of accomplishment

Burnout—a process

Hinderer K, VonRueden KT, Friedmann E, et al. Burnout, compassion fatigue, compassion satisfaction and secondary traumatic stress in trauma nurses. Journal of Trauma Nurses. 2014; 160-168.

- *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

COMPASSION

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)

Countertransference

COMPASSION

- * 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

Emotionally charged case

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

Compassion Fatigue Scales

Vincent J. Palusci, MD, MS

*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."



EPAs

*"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, Perlman & Staff, TSI/CAAP, 2006

*"Compassion Satisfaction/Fatigue Self-Test for Helpers" adapted from Figley CR, 2005

Several Ways to Measure

- * Level of secondary traumatic stress
- * Level of compassion satisfaction
- * Level of resiliency
- * "Risk" of compassion fatigue
- * "Risk" of burnout

What is Measured

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.

In Summary
Ann S. Botash, MD

- *Pleasure from helping
- *Satisfaction from making a contribution
- *Sense of personal accomplishment
- *Positive collegial relationships

Compassion Satisfaction

What do the CHAMP Mentor's do?
What you can do...

**Coping Skills for
Compassion Fatigue**

- *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

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/>
