

CLASS TAKEAWAYS

- Compassion Fatigue and burnout are not always easily noticed and it's common that the symptoms build up slowly and affect the worker before they begin to enact effective self-care practices.
- The build up of compassion fatigue and burnout can be masked by being too busy with work and workers forget their self-care practices, like taking lunches and breaks, until it's too late.
- Compassion Fatigue and burnout are the long-term effects of the repeated and unremitting activation of the Sympathetic Nervous System which is part of the fight or flight response.
- It is countered by activities that engage the Parasympathetic Nervous System, which helps us engage in rest and relaxation and returns us to balance (homeostasis).
- Compassion Fatigue comes from repeated exposures to Secondary Traumatic Stress, which take many forms including:
 - Hearing about or seeing the traumatic experiences of someone else
 - Connecting empathically with them in order to understand and help
 - Indirect exposure workers to similar situations after the fact
- The effects of the exposure are compounded by a lack of preparation and training.
- Awareness of one's warning signs is the key first step to enacting an effective self-care strategy.
- Moral Injury is a source of Secondary Traumatic Stress that comes from: perpetrating, witnessing, failing to prevent, or learning about situations on the job that feel unavoidable and conflict with a person's deepest moral values.
- Trauma Mastery is another source of Secondary Traumatic Stress that can show up as a pattern of repeated circumstances that an individual may unconsciously seek out in an attempt to "*do better this time*" or master the circumstances that were not in the person's ability to change in the initial traumatic circumstance.
- Neurobiologists have categorized the brain's processing into two categories – "Top Down" and "Bottom Up". Both approaches to human biology need to be addressed for a complete approach to self-care.
 - The "Top Down" is cognitive and focuses on data and thought patterns that we use to navigate our lives.
 - The "Bottom Up" approach is the physical component, the instincts and habits hardwired into our body and nervous system.

CLASS TAKEAWAYS cont.

- Self-care is often only referred to by the “bottom up” approach or physical component (get exercise and sleep, eat right, do yoga, or take a bubble bath – which are usually assumed to be things one does outside of work. This misses the holistic and effective self-care needs of the “Top Down” approach.
- Workers are encouraged to seek out intentional self-care moments during the workday and advocate for more opportunities to manage self-care on the clock. Since exposure to secondary traumatic stress happens while on the clock, self-care practices to manage the exposures should be enacted at the same time.
- An important counterbalance to Compassion Fatigue is Compassion Satisfaction – the satisfaction workers get from doing their chosen profession. One source of this is why they entered the Human Services field in the first place.
- Workers are encouraged to build on what is already working adding strategies to healthy routines already in place.

RESOURCES

The Gifts of Imperfection by Brené Brown

Trauma Stewardship: An Everyday Guide To Caring For Self While Caring For Others by Laura van Dernoot-Lipsky and Connie Burke

Moral Distress and Injury in Human Services: Cases, Causes, and Strategies for prevention by Frederic G. Reamer PhD.

[IWK Level of Exposure by Francoise Mathieu](#)

Soothe Your Body-Mind-Spirit: Guide For Dealing With Crappy Emotions by Heidi Kopacek

Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized by Charles R Figley PhD.

[The Edge of Compassion: TEDxQueensU by Francoise Mathieu](#)

FOLLOW UP TRAINING INSTITUTE COURSES

Person-Centered Practices

Trauma-Informed Practices

De-escalation

Person-Centered Supervision

Culturally Responsive Practice

Vicarious Trauma and Resilience

Trauma-Informed Supervision

Motivational Interviewing

INDIVIDUAL REFLECTION

- What are my physical symptoms of Compassion Fatigue and Burnout? What are my cognitive symptoms? How many days in the last two weeks have I been in the “green zone”?
- How much of my Compassion Fatigue and Burnout level is from client work, as opposed to organizational work (charting, forms, emails, etc.)?
- Am I aware of and focused on my personal “why?” for doing this difficult work in the Human Services field? What affirmations can I create to remind my self of my own personal mission on a daily basis?
- What underlying messages are there in my program that contribute to being too busy for self-care and just trying to “tough it out” instead of advocating for self-care time?
- What self-care strategies am I already using to manage the symptoms of Compassion Fatigue and Burnout? What strategies do I want to build on to improve my capacity for Compassion Satisfaction?

TEAM DISCUSSION

- What are the common exposures in your program or facility that contribute to compassion fatigue for your team and other teams in the organization?
- What resources are currently available to staff in the organization to utilize for self-care “on the clock”?
- Is there a process in place for staff to advocate for changes to processes to reduce exposures to Secondary Traumatic Stress and Moral Injury?
- Is there time set aside in team meeting or staff 1 on 1’s for workers to address resolutions to organizational “amplifiers” of Compassion Fatigue and Burnout in the team?
- Does your program and organizational mission and vision support and empower the workers’ personal “why” for being in their jobs?