Leadership And COVID-19
The Relationship Between Compassion Fatigue and Organizational Health

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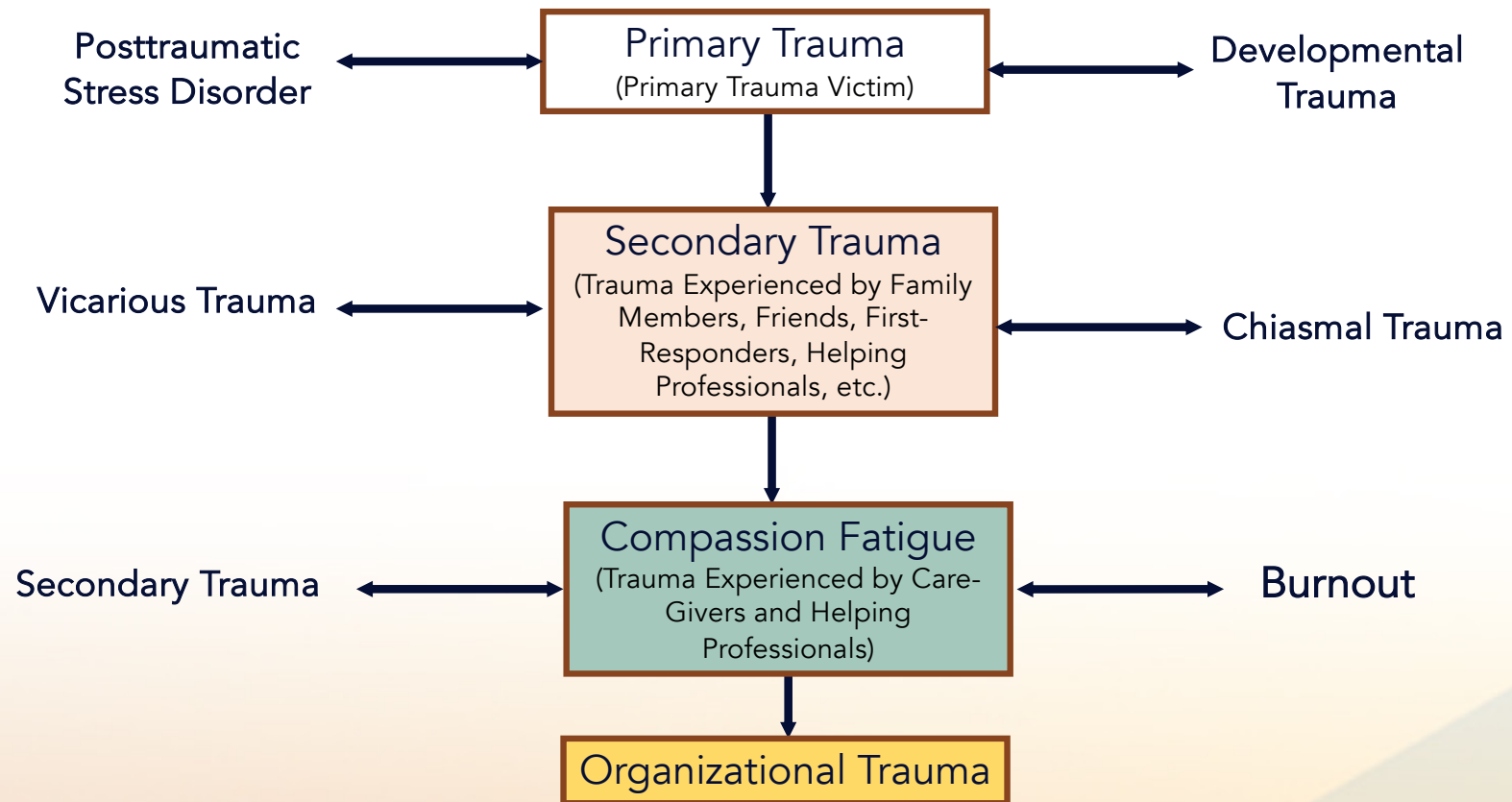
Foundry Treatment Center Steamboat Springs

Under Normal Circumstances . . .

- In a perfect and predictable world, the work that we do as addiction professionals is hard but rewarding!

- Every day we go to work with the goal of providing care and the opportunity for a new life in recovery to our clients.

- Within this process, we deal with:
  - persistent stories of trauma,
  - clients who are highly motivated to stay safe (i.e., the same),
  - stories of relapse & death
  - cope with turnover and staffing shortages,
  - frustrations with insurance companies, etc., etc.

- Under the best circumstances, Compassion Fatigue is a real issue at all levels of our organizations!

Continuum of traumatic stress *(Barnes, 2012)*

Posttraumatic Stress Disorder ←→ **Primary Trauma** (Primary Trauma Victim) ←→ Developmental Trauma

Vicarious Trauma ←→ **Secondary Trauma** (Trauma Experienced by Family Members, Friends, First-Responders, Helping Professionals, etc.) ←→ Chiasmal Trauma

Secondary Trauma ←→ **Compassion Fatigue** (Trauma Experienced by Care-Givers and Helping Professionals) ←→ Burnout

Organizational Trauma

Empathy Fatigue vs Compassion Fatigue

- Based on Merriam-Webster Dictionary:

  - Empathy: understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another of either the past or present without having the feelings, thoughts, and experience fully communicated in an objectively explicit manner.

  - Compassion: sympathetic consciousness of others' distress together with a desire to alleviate it.

  - As we will see, burnout results from a helper's feeling of disillusionment as they realize that they did not have the ability to help others heal.

Reasons to be aware of compassion fatigue

Carla Joinson (Nursing92): four reasons to be aware of compassion fatigue

1. Compassion Fatigue is emotionally devastating.
   - May experience great sadness, grief, depression, exhaustion

2. Caregivers' personalities lead them toward it.
   - You can't get compassion fatigue if you are not compassionate, caring, etc.

3. The outside sources that cause it are unavoidable.
   - Working with death, trauma, grief, anger, conflict have a cost!

4. Compassion Fatigue almost impossible to recognize without a heightened awareness of it.
   - Employees must understand what to look in themselves and their co-workers.
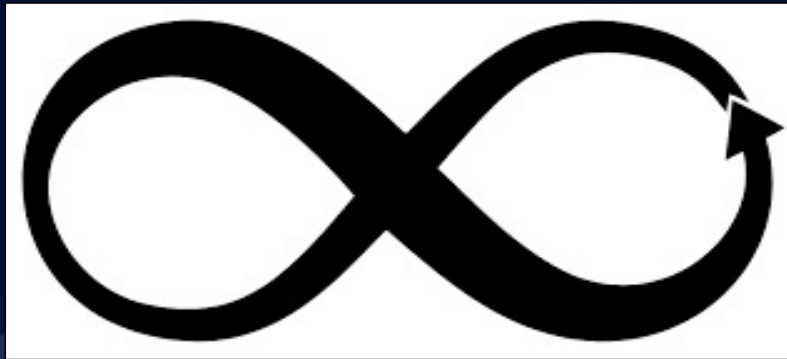   - The person with it is usually the last one to know

Intro to Burnout

Burnout (What is it?)

- What is Burnout?
  - Burnout is a state of physical, emotional, and mental exhaustion.
  - The negative effects the environmental demands of the workplace have on the worker. (Gentry, 2002)

  - "Rustout" is a much better term, because it better represents the slow, gradual process that eats away at a caregiver's spirit.   (Kottler, 2010)

- Burnout in the work Environment
  - On a *personal level* burnout is a leading cause of reduced compassion satisfaction (job satisfaction).

  - On an *organizational level*, the more employees experiencing burnout the greater the employee perceptions of a toxic workplace (more gossip, more conflict, more turnover, more entitlement, etc.).

Burnout (Three Dimensions of Burnout)
Maslach, 2003

1. <u>Disillusionment related to a sense of ineffectiveness and lack of accomplishment</u>
   - Begin to feel that we aren't doing a good enough job. Need to either do more or get out of this job.
   - The greater the imagined success and influence, the greater the potential for disillusionment.

2. <u>Exhaustion</u> related to great need for services, but limited resources with which to help a client.

3. <u>Cynicism</u> resulting from unrealistic expectations and a lack of resources.
   - "Thinly disguised contempt."
   - Passive aggressive. Gallows humor!

New Information (Food For Thought):

Recent Study found that there is a substantial overlap between factors that predict employee burnout and depressive symptoms. *2/3 of variance for both attributed to personal factors* and *1/3 attributed to workplace factors.* (Rotenstein, Zhao, Mata, Guille, & Sen, 2020)

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Commonly Reported Sources of Employee Burnout (_Organizational Stressors_)

- Lack of control in work environment
  - (High job demand + lack of control = poor employee health & Morale)

- Lack of Empowerment to make decisions
  - (No inclusion in decisions that impact employees job responsibility, micromanagement, limited autonomy)

- Lack of collaboration with manager and with team
  - (Poor team communication, little to no supervision)

- Poor Communication

- Insufficient Orientation to the organization and the job

- Work Overload
  - (Unrealistic case loads, 24-hour digital obligations, pressure not to take PTO, working shorthanded)

- Management Culture is Unfair
  - (favoritism, no accountability for some, arbitrary promotions, lack of honesty/insiders get information)

- Too Much Change/Unclear Requirements
  - (Requirements constantly changing, poor roll out of changes, etc.)

- Impossible Requirements
  - (Unrealistic time frames, insufficient staff to complete task)

- Values conflict between employee core needs, job duties & values of the organization.

- Insufficient reward
  - (feel taken for granted, lack recognition of efforts/successes, Insufficient compensation)
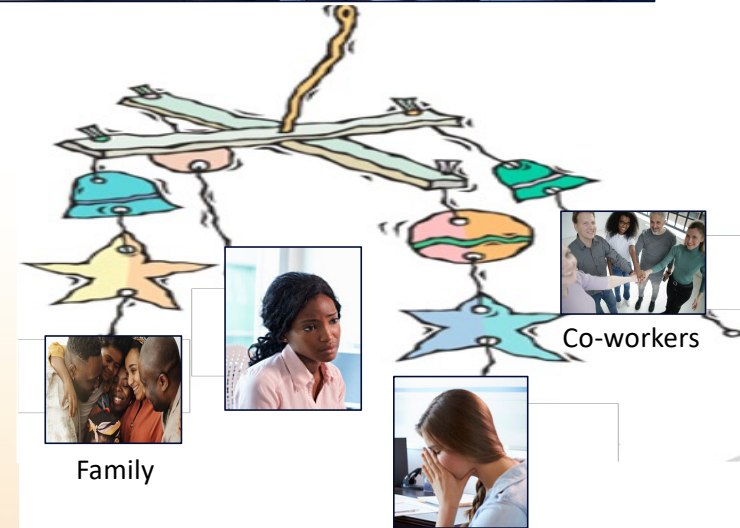
Intro to Secondary Trauma

Secondary Trauma

"When the primary trauma survivor experiences symptoms that are directly associated with some aspect of the traumatic event, the secondary trauma survivor experiences symptoms that are associated with primary trauma survivor."

(Barnes & Figley, 2005)

"While traumatization may be a primarily linear process . . . the maintenance of traumatic stress symptoms is a systemic process . . . between the primary survivor and those who interact with them on a daily basis."

(Barnes & Figley, 2005)

Co-workers

Family

Types of Secondary Trauma

- <u>Vicarious Trauma</u> – Single member of a system is affected due to regular contact with traumatized individual.

  (McCann & Pearlman, 1995)

  - Accumulation of memories of clients' traumatic material that affects and is affected by the therapist's perspective of the world.

  - *Appropriate boundaries prevent employee from processing trauma with the patient.*

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Types of Secondary Trauma

- *Chiasmal Trauma –*

- Entire system infected by trauma experienced by one system member.   (Kisher, 1984)

  - An individual observing another person experiences emotional responses parallel to the person's actual or anticipated emotion.

  - A recursive process of interacting with trauma response.
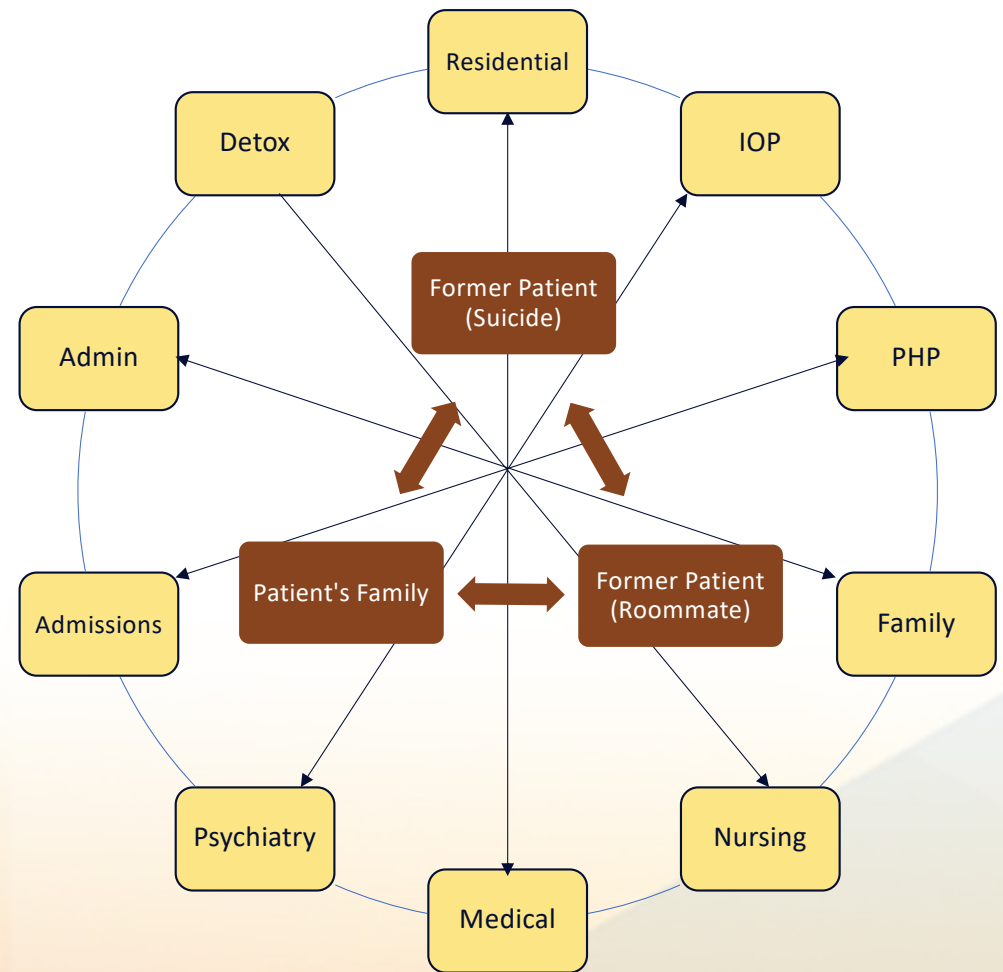
Risk Factors for Vicarious Traumatization

Personal

- Personal Trauma History
- Pre-existing psychological disorder
- Young age, new professional
- Isolation, inadequate support system
- Loss in the last 12 months

Professional

- Lack of quality supervision
- High percentage of trauma survivors in caseload
- Relatively new to the profession
- Worker/Organization mismatch
- Lack of professional support system
- Inadequate orientation and training for role

(Bonach and Heckert,, 2012; Slattery and Goodman, 2009; Bell, Kulkarni, et al, 2003; Cornille and Meyers, 1999)

Secondary Trauma in the Addiction Setting

- Bride, Hatcher,& Humble (2009). Addiction Counselors & Secondary Traumatic Stress (n=242 NAADAC Members)

- 97% reported they had traumatized clients on their case load.
- 93% reported that 25% of their clients had experienced substantial trauma in their lives.

- 56% met one criteria for PTSD
- 28% met 2 criteria for PTSD
- 19% met full criteria for PTSD

- 43% reported intrusive thoughts about work, when not trying to.
- 27% reported detachment from others in their life
- 30% reported emotional numbing
- 26% reported sleep disturbances
- 30% reported irritability

- All of these findings exceed levels found in the general populations.

Impact of Compassion Fatigue on Addiction Counselor Connection, Competencies, & Quality

- Huggard, Law & Newcombe (2017)

- Addiction professionals who experience CF are more likely to:
  - Avoid the traumatic material shared by clients
  - Minimize what clients report in terms of trauma experienced
  - Dissociated from clients during times of distress (i.e., when the client needs them the most!)
  - Experience reduction in emotional empathy
  - Be at higher risk for poor professional judgement, misdiagnoses, poor treatment planning
  - Medical and Clinical Errors (MFB)

Impact of Compassion Fatigue On Staff Satisfaction and Staff Retention

- Bride & Kitzle (2011). Addiction Counselors & Secondary Traumatic Stress, Job Stress, Job Satisfaction & Turnover (n=216 NAADAC Members)

- Counselors who score high on secondary trauma scale reported lower job satisfaction & occupational commitment (higher turnover).

- High job satisfaction fully mediate the impact of Secondary Trauma Stress on occupational commitment (lower turnover).

- Does not take into consideration stressors of COVID-19!

Early Warning Signs of Compassion Fatigue for Addiction Professionals (Erwin, 2017)

- _Persistent intrusion of client stories and emotions_ into one's thought processes and feelings.

- _Client stories have become triggers_ for one's past trauma memories.

- _Unexplained emotional changes_ such as low frustration tolerance, sarcasm, anger or rage.

- _Attempts to avoid certain clients_ without explaining the reason to supervisors.

- _Hyperarousal_, even when situations do not warrant vigilance.

- _Taking out work frustrations on one's partner, children, family or friends._

- _Inability to emotionally leave work_ at the office.

- _Casting blame on self or others_ in a depreciating manner.

- _Increasing of self-medication_, whether with substances, exercise, food, smoking, prescription drugs or other external sources.

- _Isolating with solitary hours_ of television or internet gaming.

- _Negative attitude toward potential efficacy of counseling_ and/or one's ability to effectively counsel.

- _No longer able to distinguish transference and countertransference_ with clients.

Organizational Trauma

- Stein 2004 - "At any level, trauma is an experience for which a person, family, or group is emotionally (not only cognitively) unprepared for an experience that overwhelms one's defensive (self-protective) structure and leaves one feeling totally vulnerable and at least temporarily helpless."

- Workplace organizations can experience trauma just as individuals and families can. (Catherall, 1995)
    - Single traumatic event such as a client death, single assault resulting in injury to an employee, death of a trusted leader. Consider impact of Columbine shooting, Oklahoma City Bombing, etc.
    - Accumulated events such as ongoing injury to employees, ongoing assaults/threats to employees, leadership changes resulting in significant changes in job satisfaction (employees feeling less safe).
    - Promotion to Manager, Director, or Chief who have unresolved Compassion Fatigue
    - Significant number of employees with Compassion Fatigue (i.e., burnout & secondary trauma)

Employee Fears & Perception of Organizational Trauma

Employee Burnout and experience of Secondary Trauma (symptoms) become widespread.

- Employees' experience of threat (fight/flight) increases, associated with increased uncertainty and fear.

- *Focus shifts to personal vulnerability, safety, and control.*
  - Consider stages of burnout, including growing disillusionment, exhaustion, and cynicism. Employees begin to focus on their own wellbeing rather than the overall needs of the organization.

- *Employees begin to question leadership motives, ability to maintain stability, ability to keep staff and clients "safe."*
- New Concerns about safety and vulnerability motivate employees to engage in *protective behaviors:*
  - *Hypervigilant, Control, Enabling, Overprotection, Defensiveness, Rumors, Break off in Cliques, Workarounds, etc.*

- Becomes major motivation for *re-organization of Rules, Roles, Routines, Rituals, and Relationships.*

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Symptoms of Organizational Trauma

Smith - Compassion Fatigue Awareness Project, 2008/2009

- See significant change/disruption to department organization, values, coping strategies

    - *Shifts in Values, Rules, Roles, Routines, Rituals & Relationships/Boundaries*

- Increased Conflict, Anger, Resentment, Emotional Distance, Emotional Intensity, shifts in decision making, conflict between clinical, service, and management, etc.

- Excessive amount of Worker's Comp claims
- High absenteeism
- Changes in co-workers' relationships (conflicts)
- Inability for teams to work well together
- Staff challenges organization rules & regulations
- Inability of staff to complete assigned tasks
- Staff displays lack of flexibility
- Constant/Reflexive changes in organizational policies
- Rampant rumors and gossip

- Shift from Solution Oriented thinking to blame and Fault Finding
- Aggressive behavior, lack of empathy tolerated between staff/clients
- Managers looking the other way, not addressing clear and present issues.
- Exceptions made, rather than assistance provided
- Unhealthy competition between staff members, teams, etc.

Assessing Compassion Fatigue in Your Organization

- Have ALL staff complete the ProQol 5th ed.

- Complete an *anonymous employee survey* similar to the one provided in this document.

- *Evaluate data and employee responses. Discuss as a leadership team.*

- Complete *Organizational Health Questionnaire*

- Develop a plan to address compassion fatigue in the organization, provide resources for employees, etc. Don't say you are going to do something and not do it!

- Role out the plan!

Data Collection to Assess Your Staff & Organization

- Professional Quality of Life Scale (PROQOL.5)
  - *Stamm, (2010) The Concise ProQOL Manual.*
  - *30 question self-assessment that measures three qualities:*

1. *Compassion Satisfaction* – the pleasure we derive from being able to do your work well. Higher scores represent a greater satisfaction related to your ability to e an effective caregiver in your job.

2. *Burnout* – A key element of CF. Associated with feeling hopelessness and difficulty in dealing with work or in doing your job effectively.

3. *Secondary Traumatic Stress* – Is about your work-related secondary exposure to extremely or traumatically stressful Events.

To Access the ProQol.5: https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/compassion-satisfaction-and-fatigue-stamm-2009.pdf

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PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)
COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.
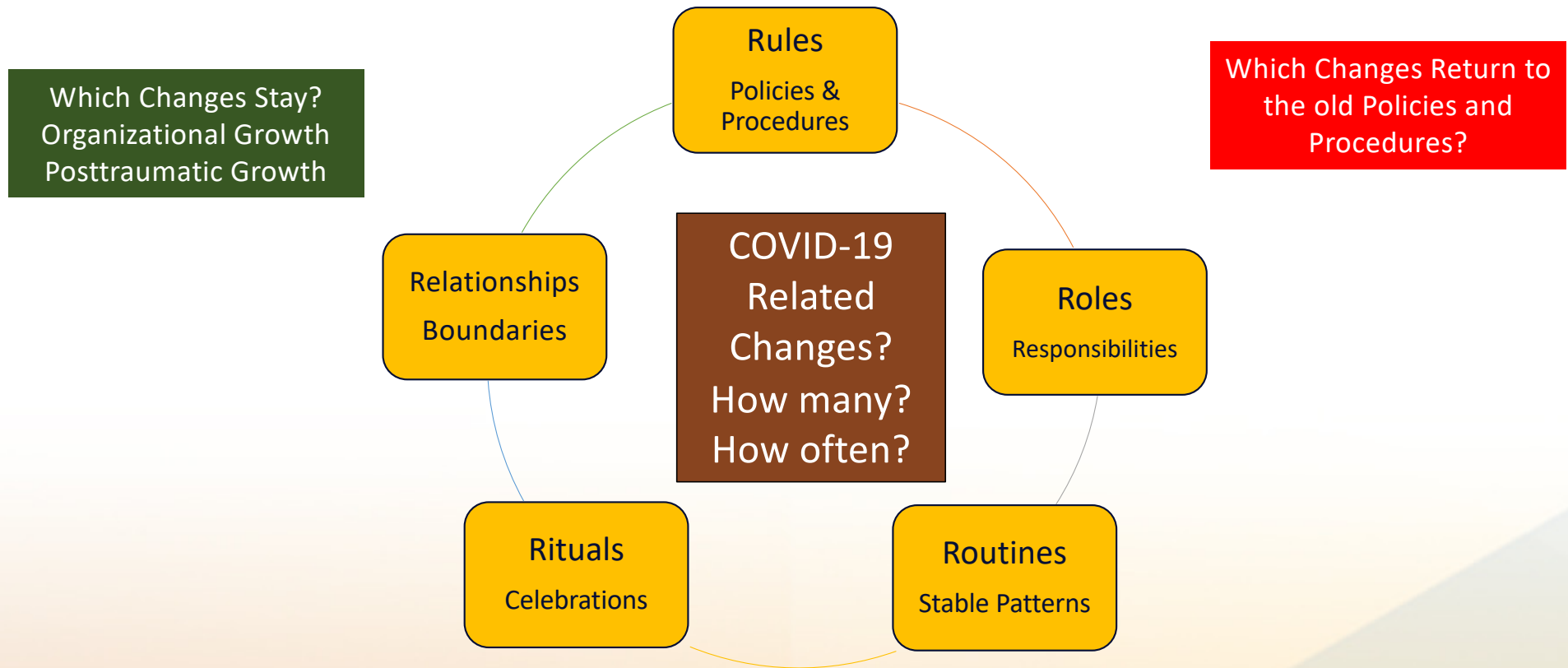
1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often

1. I am happy.
2. I am preoccupied with more than one person I *[help]*.
3. I get satisfaction from being able to *[help]* people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I *[help]*.
7. I find it difficult to separate my personal life from my life as a *[helper]*.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
9. I think that I might have been affected by the traumatic stress of those I *[help]*.
10. I feel trapped by my job as a *[helper]*.
11. Because of my *[helping]*, I have felt "on edge" about various things.
12. I like my work as a *[helper]*.
13. I feel depressed because of the traumatic experiences of the people I *[help]*.
14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *[helper]*.
20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
21. I feel overwhelmed because my case *[work]* load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
24. I am proud of what I can do to *[help]*.
25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a *[helper]*.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

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Sources of Compassion Fatigue (Secondary Trauma & Burnout at Foundry Steamboat) – Anonymous Employee Questionnaire.

1. Have you ever experienced a time at Foundry when you felt traumatized by your interactions with a client, from listening to their trauma story or from your interactions with traumatized clients in general? Examples might include thinking about their story when you are at home or in the community, not being able to get the images out of your mind, etc.

2. Are there certain kinds of trauma stories/events that you find most difficult to deal with or that you find yourself reacting to more than others (i.e., childhood trauma, sexual trauma, etc.)?

3. Are there certain aspects of your work at Foundry that you find leads to increased experience of burnout? These can be situations with clients, administrative issues, peer relationships, etc.?

4. What self-care activities do you engage in on a regular basis that you believe helps you in resolving/releasing work stress, the impact of traumatic interactions, etc.?

5. What changes would you envision at Foundry to address the issue of compassion fatigue and burnout?

Organizational Stable Patterns (The 5 R's)

Which Changes Stay?
Organizational Growth
Posttraumatic Growth

Which Changes Return to the old Policies and Procedures?

Rules
Policies & Procedures

Relationships
Boundaries

COVID-19 Related Changes?
How many?
How often?

Roles
Responsibilities

Rituals
Celebrations

Routines
Stable Patterns

Leadership Activities that combat Compassion Fatigue & organizational Trauma

- Acknowledge that Compassion Fatigue is Real! Provide opportunities to discuss stressors, identify solutions, and to support one another!
  - Send letter to employees from CEO. *Compassion Fatigue is normal.*
  - *Educate staff* on Compassion Fatigue
  - Offer *in-person/virtual support group sessions*
  - *Offer an EAP* where employees can confidentially receive assistance.

- Be open to assessing the level of burnout, secondary trauma, & Compassion Fatigue of your employees!
  - *Look at ALL employees.* Not just the ones that you assume may be impacted most!
  - Step back and consider all the symptoms that we have discussed and how they might impact *each team member, team morale, team productivity?*
  - Set the expectation

Leadership Activities that combat Compassion Fatigue & organizational Trauma

- <u>Be open to assessing leadership team members' level of burnout, secondary trauma, & Compassion Fatigue</u>
  - *How does your own experience of these issues impact your support for employees who are having a similar experience?*
  - How does your own experience of these issues impact the organizational Health of your team?
    - How do you influence your teams' Values, Rules, Roles, Routines, Relationships, and Rituals

- <u>Be a good Role Model for Self-Care and Time-Management</u>
  - Work a reasonable number of hours
  - Exercise and stay healthy
  - Set expectations for a healthy work/life balance
  - What are your expectations for off hours response to emails, phone calls, etc.?

Assess The Organizational Health of Your Team *(Barnes, 2018)*

Roles
- Is there a clear delineation in terms of who does what, work responsibilities, information sharing, decision making, etc.
- Are employees aware of and adhere to their role and responsibility?
- Do you ask team members to work outside of their responsibility?

Relationships
- Have relationships changed between you and your team members?
- Are there team members who feel like insiders and others who don't feel included (outsiders)?
- Has there been more conflict between team members or between management & the team?
- Have there been shifts in team collaboration, teamwork, etc.

Values
- What are your agency values?
- What are your team values?
- What kind of culture do they create?
- Have they changed in recent weeks/months?
- Is there an event that this change is correlated with?

Rules
- What are the rules associated with communication?
- How do you address secrets?
- How do you address employee complaints?
- How do you address rumors?
- Do you share more or less with employees/certain employees?
- How do you deal with deviation from rules, guidelines, policies/procedures?
- Have these changed in recent weeks/months?

Routines
- Is there a structure to what is expected on your team, formal and informal rules?
- Is everyone clear on the Policies & Procedures for their daily work?
- Are you aware of work-arounds and information agreements to work outside of policies?
- Do people adhere to policies regarding sick time, calling off?
- Do you routinely maintain informal contact with your team?

Rituals
- Do you have unique ways to recognize your employees for a job well done?
- Do you have unique ways to support an employee who is having a difficult time? CF?
- Do you celebrate birthdays, births,etc.

Organizational Health Assessment

	Past/Current	Desired/Target	Action Items
Values			
Rules			
Roles			
Routines			
Rituals			
Relationships/ Boundaries			

Supervision and Compassion Fatigue

- *Supervision is a Form of Self-Care*
  - Meets three primary employee needs! (Inskipp & Practor, 1995)

  1. Normative Needs: Address managerial and ethical issues
     - Codes of ethics say that it is unethical to practice while impaired!

  2. Formative Needs: assist with education, learning, and Professional Development

  3. Restorative Needs: acknowledge the emotional impact of the work and help the caregiver regain their sense of psychosocial, physical, social and spiritual well-being.
     - Trauma Integrated Supervision is Critical

  - Consider the importance of vicarious trauma and the potential impact of compassion fatigue on the Supervisor!

Leadership Activities that Combat Compassion Fatigue & Organizational Trauma

- Management by Walking Around ((Zooming Around!)
  - Especially now, *Invisibility of leaders on-site or via virtual meetings is a morale killer.*
  - If using virtual, be aware of the increased energy that it takes in virtual meetings (Zoom Fatigue). Don't always require that the video is on.
  - If you ask and don't do anything about it, you lose credibility and become a target of discussion regarding employee burnout
  - *Demonstrate caring for the personal wellbeing of the employee*

- Be clear about which decisions are open to collaboration and which are not!
  - *Communicate Honestly and Discuss Problems Realistically* - structure = safety in social systems
  - *A lack of opportunities to collaborate* on decisions/problem solving disempowers employees - *Employees feel under valued*
  - *To many opportunities to collaborate* on decisions/problem solving *overwhelms employees* - Too many meetings, too many emails, too many priorities

Questions

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OF
ADDICTION TREATMENT PROVIDERS

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VOICE.

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