NAATP

WEBINAR SERIES

Michael F. Barnes, PhD, MAC, LPC
Chief Clinical Officer
Foundry Treatment Center

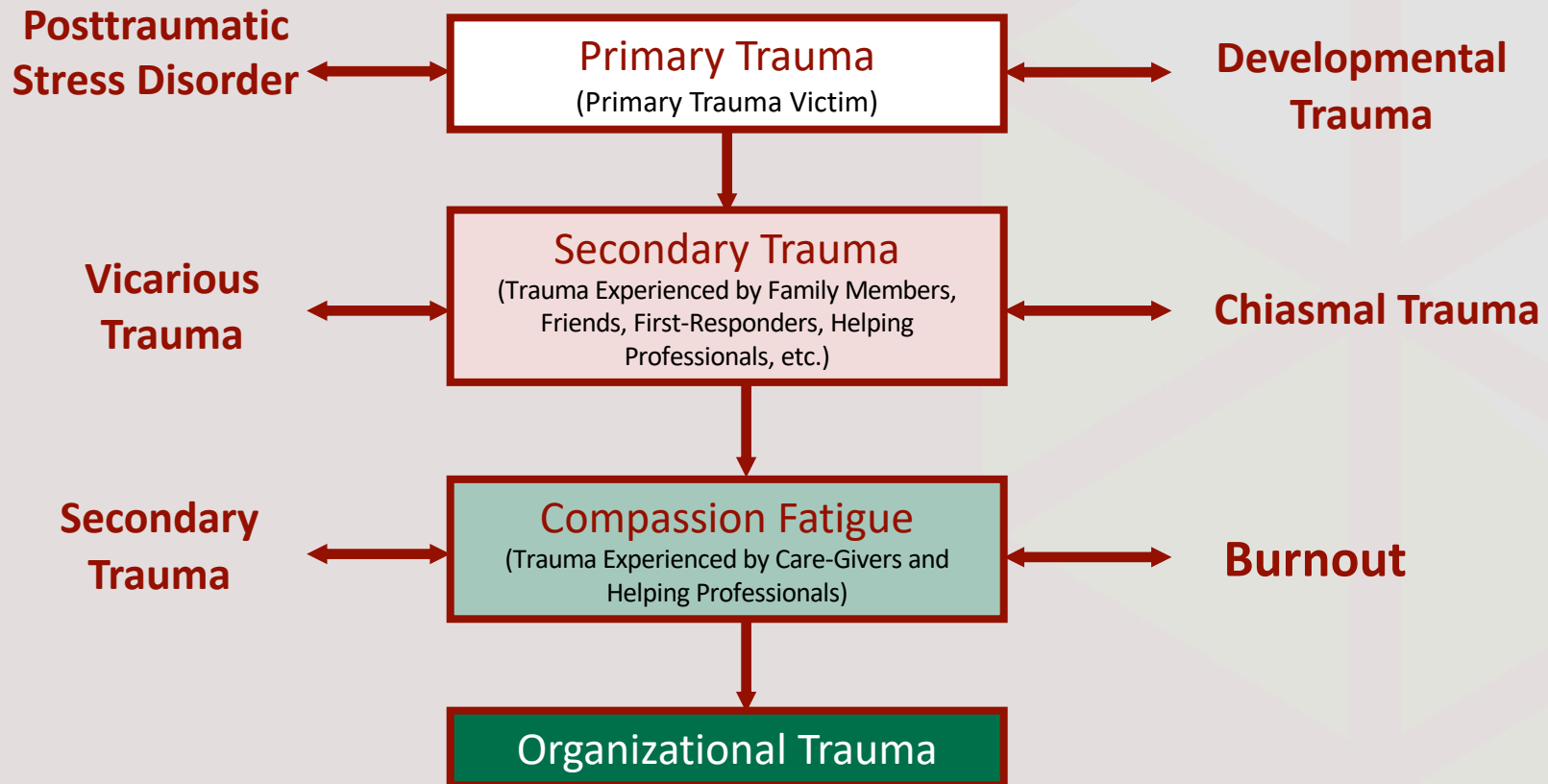Understanding and Addressing Compassion Fatigue During COVID-19

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 <u>stories of trauma</u>,
  - clients who are <u>highly motivated to stay safe</u> (i.e., the same),
  - <u>stories of relapse & death</u>
  - cope with <u>turnover and staffing shortages</u>,
  - <u>frustrations with insurance companies</u>, etc., etc.

- Under the best circumstances, Compassion Fatigue is a real issue at all levels of our organizations!
- So what happens when we throw the biggest pandemic of our lifetime into the mix?

Our New Normal!

- Before talking about Compassion Fatigue, it is important to set a foundation of what our employees are dealing with, as they navigate the changes associated with COVID-19.

- COVID-19 – The perfect storm!
  - Incredible numbers of deaths, political divisiveness, unemployment, financial ruin, CNN Syndrome, conflict of conscience (go to work and risk infecting my family vs. shelter-in-place).

- Addiction Professionals, fortunate to be essential services!

- Daily struggles and changes to workplace stable patterns, creates increased opportunity for compassion fatigue.

NAATP

Continuum of traumatic stress

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

NAATP

COVID-19: A Source of "External Trauma" for Individuals, Families, & Organizations?

Figley & Barnes (2005), External Trauma and Families.

General Differences Between Normative and Traumatic Stressors

Characteristic	Normative Stressors	Traumatic Stressors
Time to prepare	Some	Little to None
Degree of anticipation	Great	None
Previous experience	Some	None
Sources of guidance	Many	Few, if any
Experienced by others	Universally	Infrequently
Time in "crisis"	None to little	Little to much
Sense of control	Moderate to high	Little to none

NAATP

Empathy Fatigue vs Compassion Fatigue

- <u>Based on Merriam-Webster Dictionary</u>:

  - Empathy: <u>understanding, being aware of, being sensitive to, and vicariously experiencing</u> 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 <u>explicit</u> manner.

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

  - 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.

NAATP

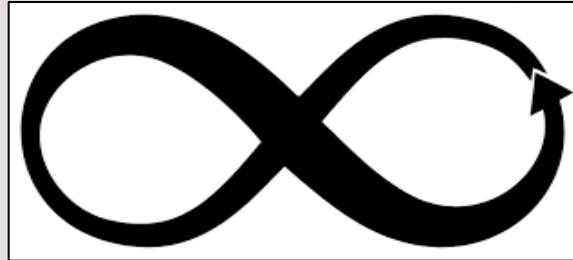# Reasons to be aware of compassion fatigue

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.

NAATP

Compassion Fatigue: Which Comes First?

Burnout

"Organizational Stressors"

- Greater employee stress, burnout or exhaustion, results in reduced ego defenses.

- Weaker ego defenses, creates likelihood that the employee will be impacted by normal daily trauma narratives.

- Trauma that would typically be acknowledged and empathically let go of!

Secondary Trauma

"Operational Stressors"

- The more traumatic the trauma narrative/story, the greater the likely the employee will experience secondary (Vicarious) trauma response.

- Experience Intrusive Thoughts, Defensive Avoidance, Dissociation, etc.

- Increased Secondary Trauma requires more energy to carry out work activities and leads to increased burnout!

NAATP

Burnout (What is it?)

- <u>What is Burnout?</u>
  - Burnout is a <u>state of physical, emotional, and mental exhaustion</u>.
  - The deleterious 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 <u>eats away at a caregiver's spirit</u>. (Kottler, 2010)

- Burnout in the work Environment
  - On a personal level burnout is a leading cause of <u>reduced compassion satisfaction</u> (job satisfaction).
  - On organizational level, the more employees experiencing burnout the greater the employee perceptions of a <u>toxic workplace (more gossip, more conflict, more turnover, more entitlement, etc.)</u>.

NAATP

Burnout (Three Dimensions of Burnout)
Maslach, 2003

- <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.

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

- <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 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)

NAATP

Commonly Reported Sources of Employee Burnout (<u>Organizational Stressors</u>)

- *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)

NAATP

Secondary Trauma

Vicarious Trauma

- Single member of a system is effected due to regular contact with traumatized individual.

  (McCann & Pearlman, 1995)

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

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

Chiasmal or Secondary 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.

NAATP

Compassion Fatigue in Addiction Setting

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

- 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

- 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).
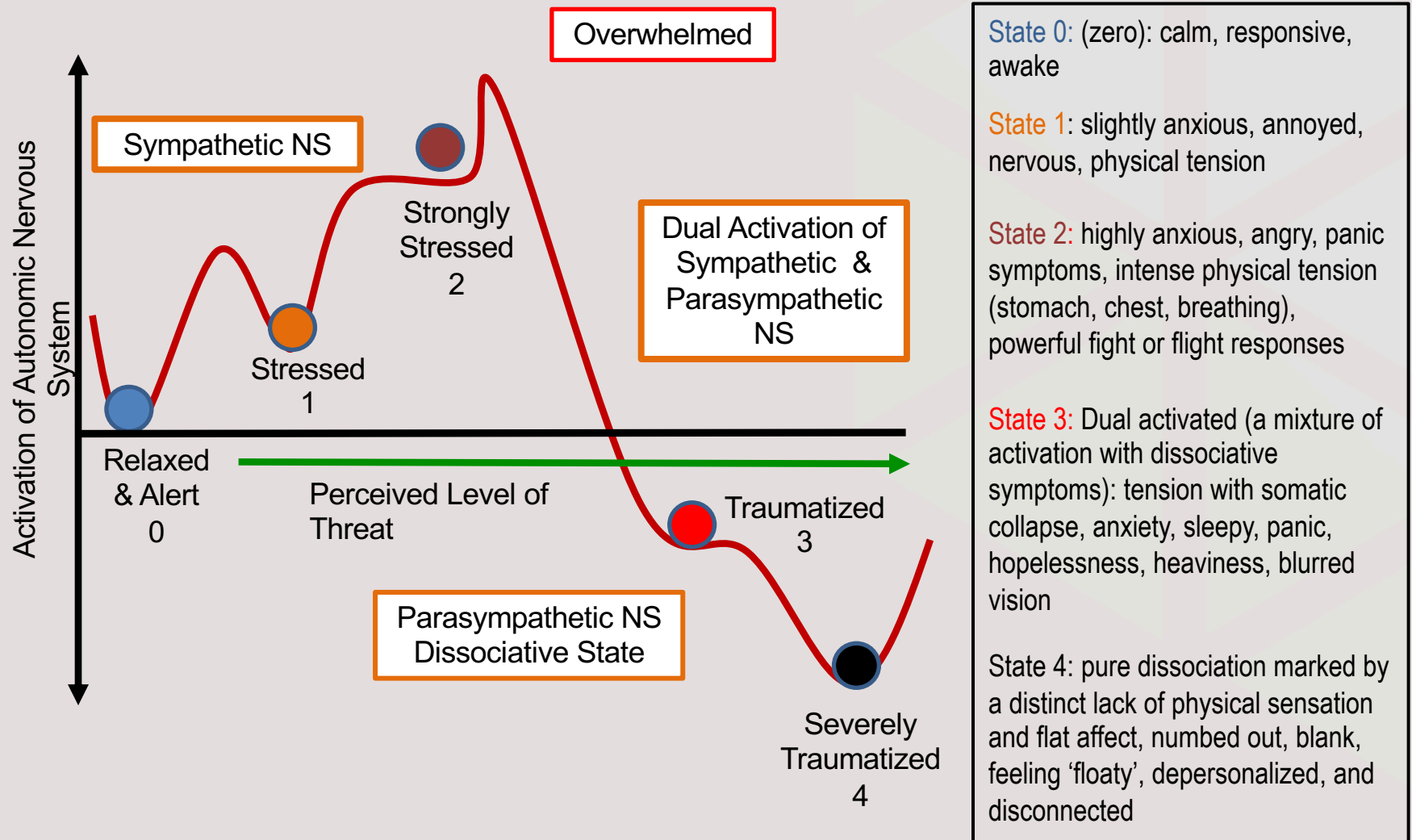
NAATP

Employee Response to Compassion Fatigue

- **Re-experiencing traumatic events**
  - Recollections of the events, sudden intrusive thoughts
  - Dreams and or nightmares

- **Avoidance or numbing of reminders**
  - Depression
  - Dissociation/Depersonalization
  - Efforts to avoid/disconnected from thoughts and feelings
  - Efforts to avoid people who are associated with the stress.
  - Diminished interest in activities
  - Detached estrangement from others (difficulty with intimacy)

- **Persistent arousal**
  - Anxiety
  - Hypervigilance
  - Irritability or outbursts of anger
  - Difficulty concentrating
  - Startle response

All three are part of PTSD

Criteria from DSM V

NAATP

Trauma & the Autonomic Nervous System
(Wolterstorff, 2009)

Overwhelmed

Sympathetic NS

Strongly
Stressed
2

Dual Activation of
Sympathetic &
Parasympathetic
NS

Stressed
1

Relaxed
& Alert
0

Perceived Level of
Threat

Traumatized
3

Parasympathetic NS
Dissociative State

Severely
Traumatized
4

Activation of Autonomic Nervous System

State 0: (zero): calm, responsive, awake

State 1: slightly anxious, annoyed, nervous, physical tension

State 2: highly anxious, angry, panic symptoms, intense physical tension (stomach, chest, breathing), powerful fight or flight responses

State 3: Dual activated (a mixture of activation with dissociative symptoms): tension with somatic collapse, anxiety, sleepy, panic, hopelessness, heaviness, blurred vision

State 4: pure dissociation marked by a distinct lack of physical sensation and flat affect, numbed out, blank, feeling 'floaty', depersonalized, and disconnected

NAATP

Employee Response to Compassion Fatigue

(From Lombardo & Eyre, 2011: Compassion Fatigue: A Nurse's Primer)

Physical symptoms

- Headaches
- Digestive problems: diarrhea, constipation, upset stomach
- Muscle tension
- Sleep disturbances: inability to sleep, insomnia, too much sleep
- Fatigue
- Cardiac symptoms: chest pain/pressure, palpitations, tachycardia

Emotional symptoms

- Mood swings
- Restlessness
- Irritability
- Oversensitivity
- Anxiety
- Excessive use of substances: nicotine, alcohol, illicit drugs
- Depression
- Anger and Resentment
- Loss of Objectivity
- Memory issues
- Poor concentration, focus, and judgment.
- Hopelessness, Helplessness
- Loss of purpose

Work-related symptoms

- Tardiness
- Absenteeism (on the job absenteeism too)
- Reduced ability to feel empathy towards patients or their families
- Lack of joyfulness
- Exaggerated sense of responsibility [becoming addicted to the need to be needed, getting hooked on involvement in others lives, (Mathieu, 2012)
- Impaired ability to make decision/Questionable ethics (eg., med errors, etc)

NAATP

Examples of Healthy Self-Care Activities

From Saakvitne and Pealrman (1996) Transforming the Pain: A workbook on Vicarious Traumatization

During times of high stress, we typically focus on other issues and abandon self-care activities. There are too many other competing priorities!

Physical Self-Care:

- Eat Healthily
- Exercise
- Get a massage
- Get medical care when sick
- Take time to be sexual
- Get enough sleep
- Take a vacation

Psychological Self-Care:

- Take time to reflect
- Write in a journal
- Get personal therapy
- Decrease life stress
- Be curious, Try new things

Spiritual Self-Care:

- Find a spiritual connection or community
- Be open to inspiration
- Be open to not knowing
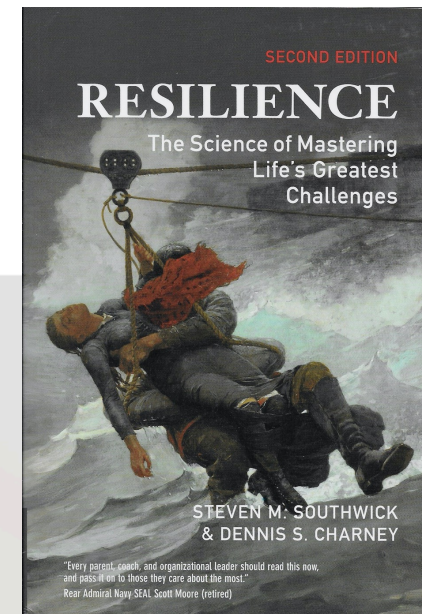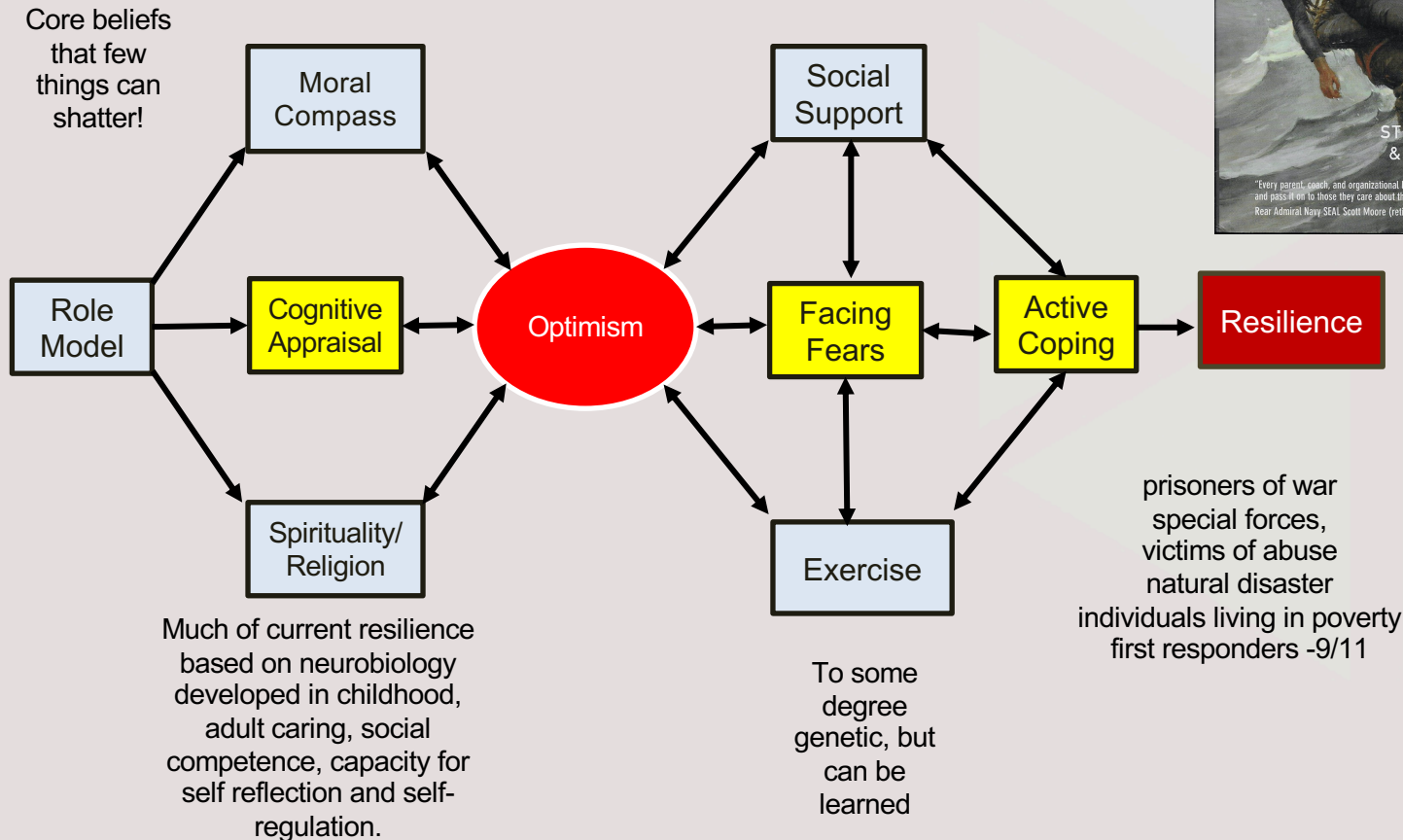- Meditate
- Pray

Relationship Care:

- Spend time with family members
- Stay in contact with other important people in your life (friends, co-workers).
- Seek out comforting activities with the important people in your life
- Allow the important people in your life to really get to know you.

Miscellaneous:

- Receive Supervision/Consultation
- Mindfulness Meditation
- Resourcing
- Gardening
- Music
- Hobbies/Crafts
- Asking for help
- Focus on Solutions
- Watch feel-good movies
- Attend Professional Development Activities
- Laughing with co-workers

NAATP

Resilience

Dennis Charney, M.D., ISTSS Keynote Presentation, 2013
Professor Psychiatry and Neuroscience at Mount Sinai Hospital

Core beliefs that few things can shatter!

Much of current resilience based on neurobiology developed in childhood, adult caring, social competence, capacity for self reflection and self-regulation.

To some degree genetic, but can be learned

prisoners of war special forces, victims of abuse natural disaster individuals living in poverty first responders -9/11

Role Model → **Moral Compass** → **Cognitive Appraisal** → **Spirituality/ Religion** → **Optimism** → **Social Support** → **Facing Fears** → **Exercise** → **Active Coping** → **Resilience**
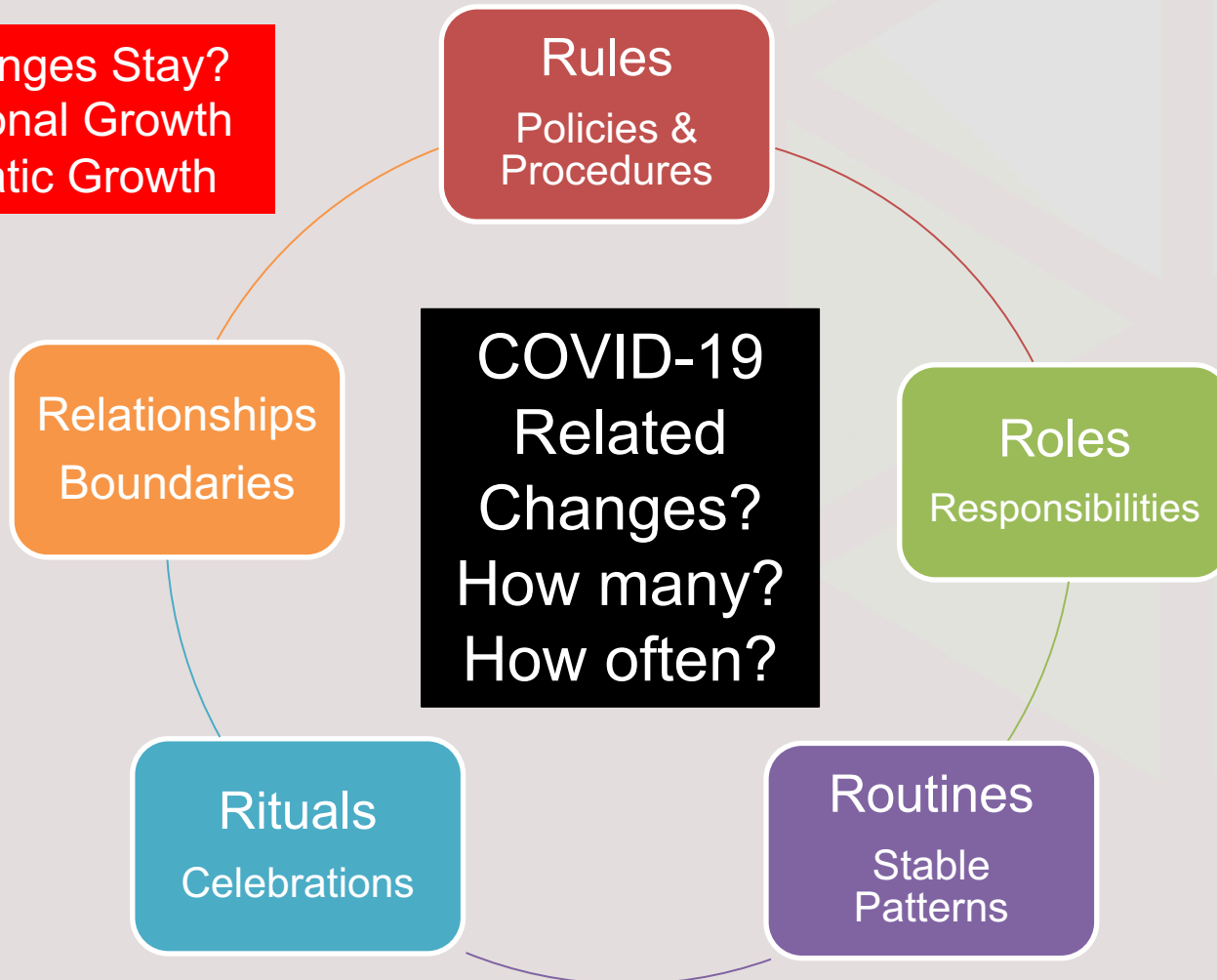
Organizational Trauma

Organizational Trauma

- Stein 2004 - "At any level, trauma is an experience for which a person - family – group is emotionally (not only cognitively) unprepared, 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.
  - 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).
  - Significant number of employees with Compassion Fatigue (i.e., burnout & secondary trauma)

NAATP

Organizational Stable Patterns (The 5 R's)

Which Changes Stay?
Organizational Growth
Posttraumatic Growth

Rules
Policies & Procedures

Roles
Responsibilities

Relationships
Boundaries

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

Routines
Stable Patterns

Rituals
Celebrations

NAATP

Assess The Organizational Health of Your Team

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?

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.

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?
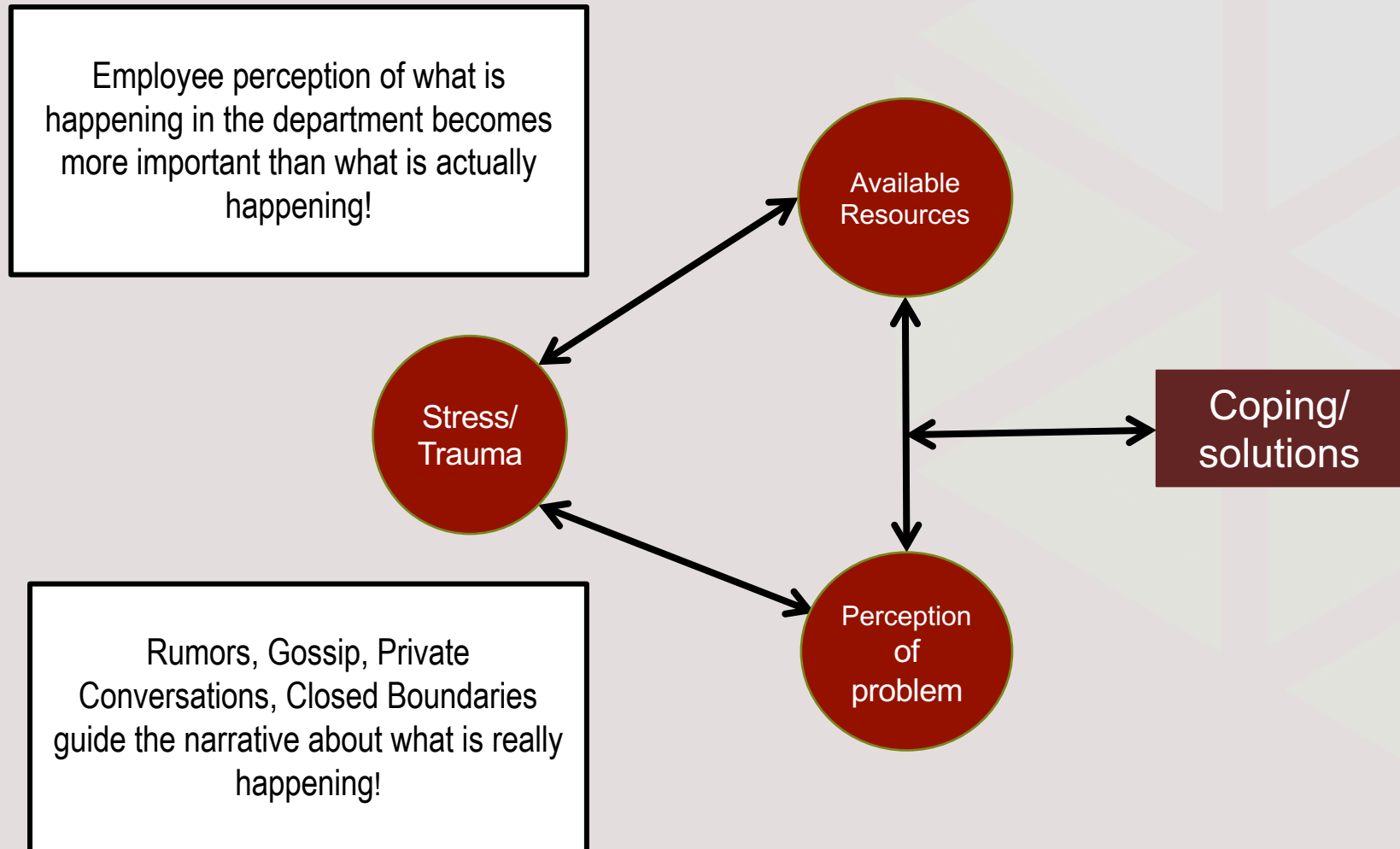- Do you celebrate birthdays, births, etc.

NAATP

Organizational Health Assessment

	Past/Current	Desired	Action Steps/Assignments
Values			
Rules			
Roles			
Rituals			
Routines			
Relationships/ Boundaries			

NAATP

Organizational Health Assessment

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

NAATP

The Importance of Employee Perceptions

Employee perception of what is happening in the department becomes more important than what is actually happening!

Rumors, Gossip, Private Conversations, Closed Boundaries guide the narrative about what is really happening!

Available Resources

Stress/ Trauma

Coping/ solutions

Perception of problem

NAATP

Employee Fears & Perception of Organizational Trauma During COVID-19

- The longer employees remain in fight/flight associated with fear of illness, the more likely their perceptions will change to focus more on 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 their supervisors' abilities, motives, ability keep the 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.

NAATP

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 changes in organizational policies

- 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
- Rampent rumors & gossip
- Unhealthy competition between staff members.

NAATP

Manager Activities that combat Compassion Fatigue & organizational Trauma

- **Provide employees a venue 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 virtual support group sessions
  - Offer an EAP where employees can confidentially receive assistance.

- **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

NAATP

Manager Activities that combat Compassion Fatigue & organizational Trauma

- **Be open to assessing your own level of burnout, secondary trauma, & Compassion Fatigue**
  - 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

- **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 of the symptoms that we have discussed and how they might impact each team member, team morale, team productivity?
  - Set the expectation.
  - If there is a culture on your team where admitting one's struggles is minimized or ignored, that message is either coming from you or from someone above you and you are signing off on it.

Manager Activities that combat Compassion Fatigue & organizational Trauma

- 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
  - many opportunities to collaborate on decisions/problem solving overwhelms employees - Too many meetings, too many emails, too many priorities

- Be a good Role Model for Self-Care
  - 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.?

NAATP

Supervision and Compassion Fatigue

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

1. <u>Normative needs</u>: Address managerial and ethical issues.
   - Codes of ethics say that it is unethical to practice while impaired!

2. <u>Formative needs</u> for education learning and development.

3. <u>Restorative needs: acknowledge the emotional impact of the work and help the caregiver regain their sense of psychological, physical, social, and spiritual well-being.</u>

- *<u>Consider the importance of vicarious trauma and the potential impact of compassion fatigue on the supervisor.</u>*

- What are the potential risks for the supervisor in listening to the "stories" of employees?

NAATP

NATIONAL ASSOCIATION
OF
ADDICTION TREATMENT PROVIDERS

**Michael F. Barnes, Ph.D., MAC, LPC
Chief Clinical Officer**

Foundry Steamboat Springs
1915 Alpine Plaza (C3)
Steamboat Springs, CO

303-885-1846
mike.barnes@foundrysteamboat.com
www.forgingnewlives.com
www.drmikebarnes.com

Thank you!