

# First Responder Compassion Fatigue

TRAINING

# Presenter Introduction

Course  
Introduction

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# Training Objectives

1. Define and discuss the **impact of trauma, vicarious trauma, and burnout on professional and personal wellbeing**
2. Identify **compassion fatigue and burnout** warning signs
3. Describe individualized **self-care and resiliency strategies** to mitigate the damaging impacts of trauma and associated stress responses
4. Discuss **implementing systematic change and support**; policies and procedures

# Outline of the Day

Course  
Introduction

Training Schedule		
Introduction	20 minutes	1 contact hour
Objective 1	30 minutes	
BREAK	10 minutes	BREAK
Objective 2	30 minutes	1 contact hour
Objective 3	20 minutes	
BREAK	10 minutes	BREAK
Objective 3 cont.	30 minutes	1 contact hour
Objective 4	20 minutes	
TOTAL	150 minutes (not including breaks)	3 Contact Hours



# Ice Breaker

Course  
Introduction



# Ground Rules

Course  
Introduction



# Why are you here?

- 159 law enforcement officers dies by suicide in 2018
- 22% of paramedics will develop Posttraumatic stress disorder
- High rates of Substance misuse and depression in first responders

# Building Understanding

Course  
Introduction





# Objective 1

## Objective 1

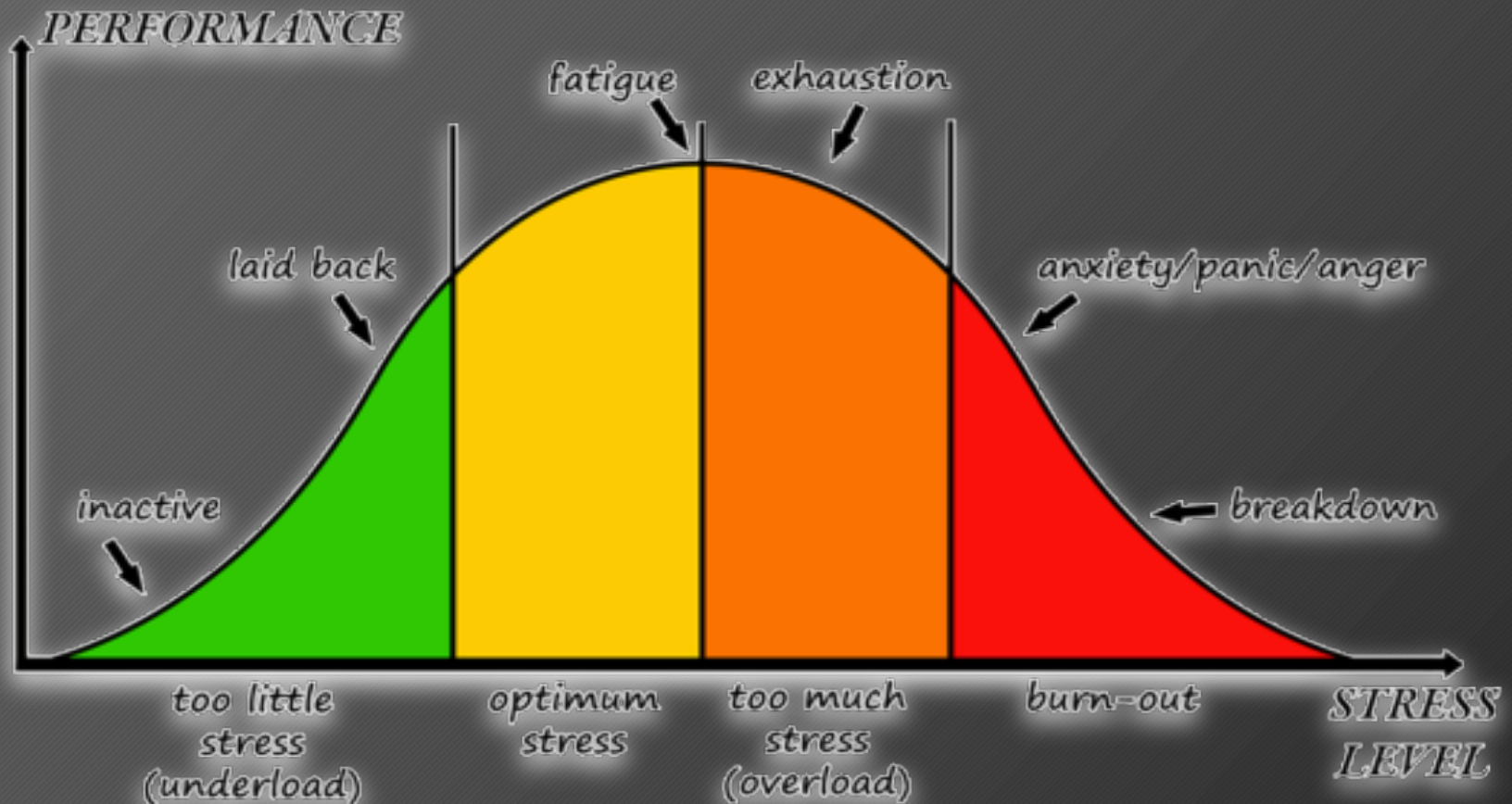
Define and discuss the impact of trauma, vicarious trauma, and burnout on professional and personal wellbeing



# What is STRESS?

Objective 1

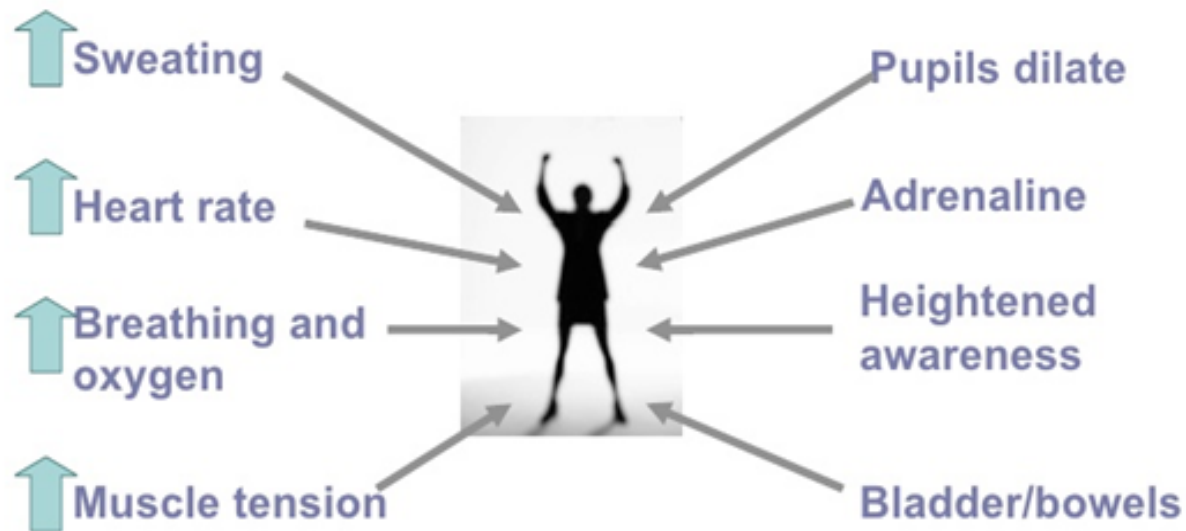
## STRESS CURVE





# The Stress Response

## Objective 1



- The brain and body's alarmed and alert response to a threatening situation
- Fight, flight, or freeze
- Integral to the life of every living organism
- Our natural defense against danger



# Primary Traumatic Stress and Events

Objective 1

Human

- Homicide
- Sexual Assault
- Assault/attack
- War

On the Job

- Fight or physical attack
- Threat of physical harm
- Accident

Natural

- Hurricane
- Earthquake
- Flood
- Fire



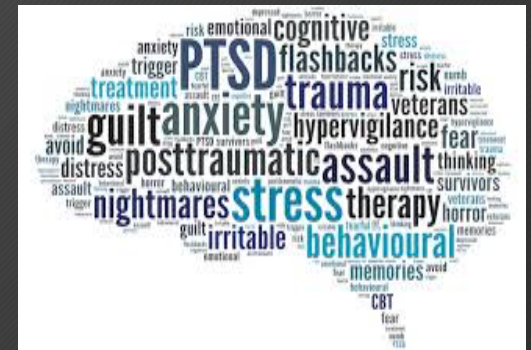
# What Makes an Event Traumatic?

## Objective 1

- It involves a threat—real or perceived—to one's physical or emotional well-being
- It is overwhelming.
- It results in intense feelings of fear and lack of control.
- It leaves one feeling helpless.
- It changes the way a person understands the world, themselves, and others.

# Objective 1

- Repeated stressful and/or traumatic events can chronically elevate the body's stress response.
- 4 percent of victims suffer about 44 percent of the offenses.



(Farrell and Pease, 1993)

# Cumulative Stress

Objective 1





# Work-Related Trauma Exposure: How Does it Affect Us?

Objective 1

Vicarious Trauma

Cumulative Stress

Compassion Fatigue

PTSD

Secondary Traumatic Stress

Critical Incident Stress

Indirect Trauma

Burnout





# Traumatic Stress vs. Vicarious Traumatization

Objective 1

## Traumatic Stress

- Extreme emotionality or absence of emotion
- Fearful, jumpy, exaggerated startle response
- Flashbacks

## Vicarious Traumatization

- Overly involved with or avoidance of victim/survivor
- Hypervigilance and fear for one's own safety (the world no longer feels safe and people can't be trusted)
- Intrusive thoughts and images, or nightmares from victims' stories

# Work-Related Trauma Exposure

Objective 1

*DIRECT*  
exposure to  
trauma

- Post Traumatic Stress Disorder (PTSD)
- Post Traumatic Stress Symptoms
- Critical Incident Stress

*INDIRECT*  
exposure to  
trauma

- Post Traumatic Stress Disorder (DSM-V, 2013)
- Post Traumatic Stress Symptoms
- Secondary Traumatic Stress Symptoms
- Vicarious Traumatization
- Compassion Fatigue

# Work-Related Trauma Exposure

Objective 1

- Ongoing Community Violence
- Not always knowing the result of a call
- Opioid Crisis
  - Volume of overdoses
  - Changing demographics for who you are serving
  - Repeated encounters with the same patients
  - Lack of patient interest in referrals to SUD treatment



# Change in World View

Objective 1

“I was taught that law enforcement work is dangerous. But I never realized it until I lost a close friend... I no longer trust anyone or any situation”

- Officer on the loss of an officer/friend killed in the line of duty

*It's the shift in how we view the world, view others, and sense danger around us...*

Objective 1





# Compassion Fatigue

## Objective 1



“A combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress.”



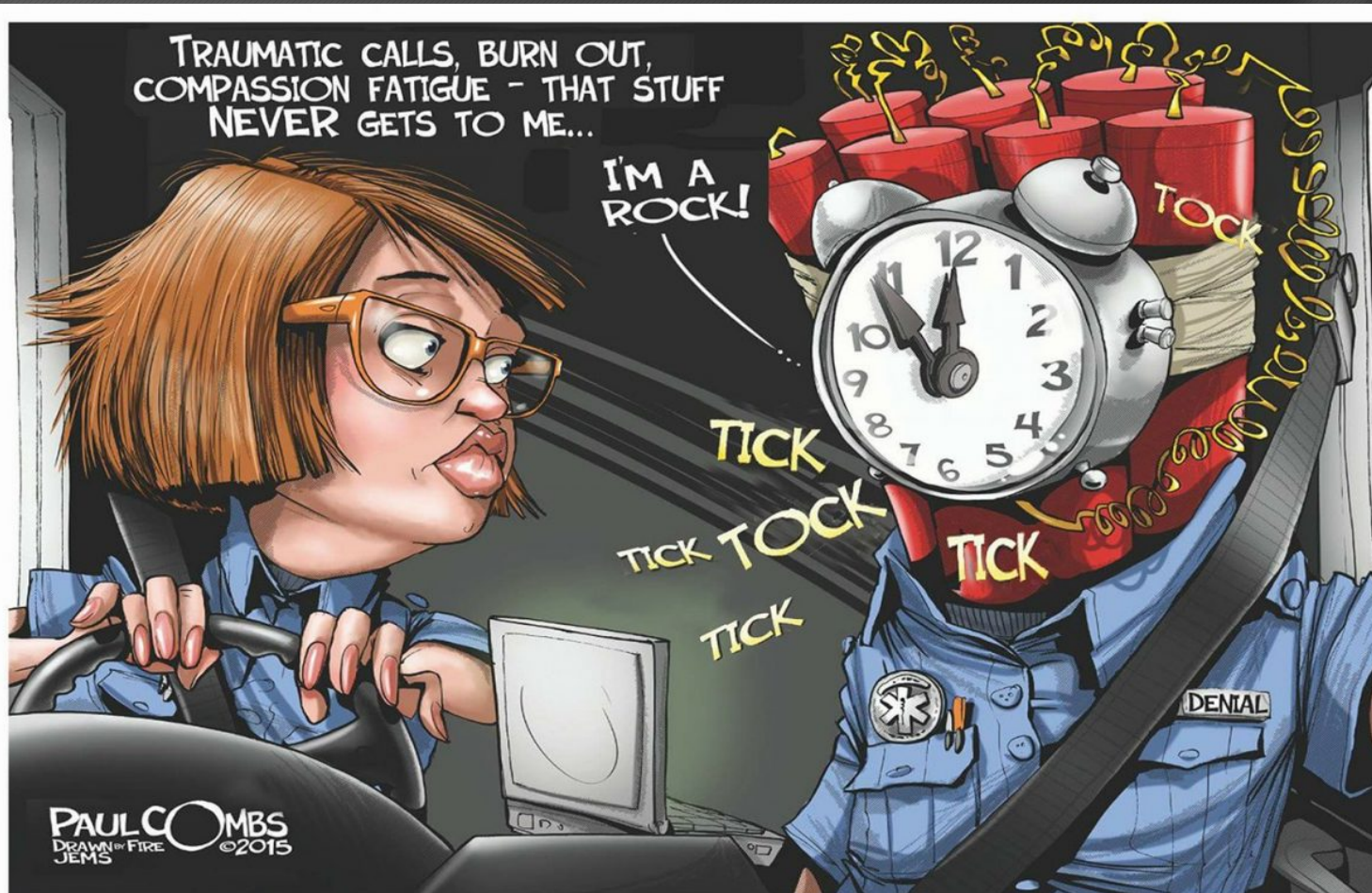
# What About Burnout?

Objective 1



# Recognizing Compassion Fatigue

Objective 1



THERE IS NO SHAME IN ADMITTING YOU'RE HUMAN.



# Risk Factors



Objective 1

## Personal

- History of Trauma experiences on and off the job
- Pre-existing psychological disorder
- Young age
- Social isolation, both on and off the job;
- Loss in last 12 months
- Tendency to avoid feelings, withdraw, or assign blame to others in stressful situations;
- difficulty expressing feelings;



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



# Risk Factors



Objective 1

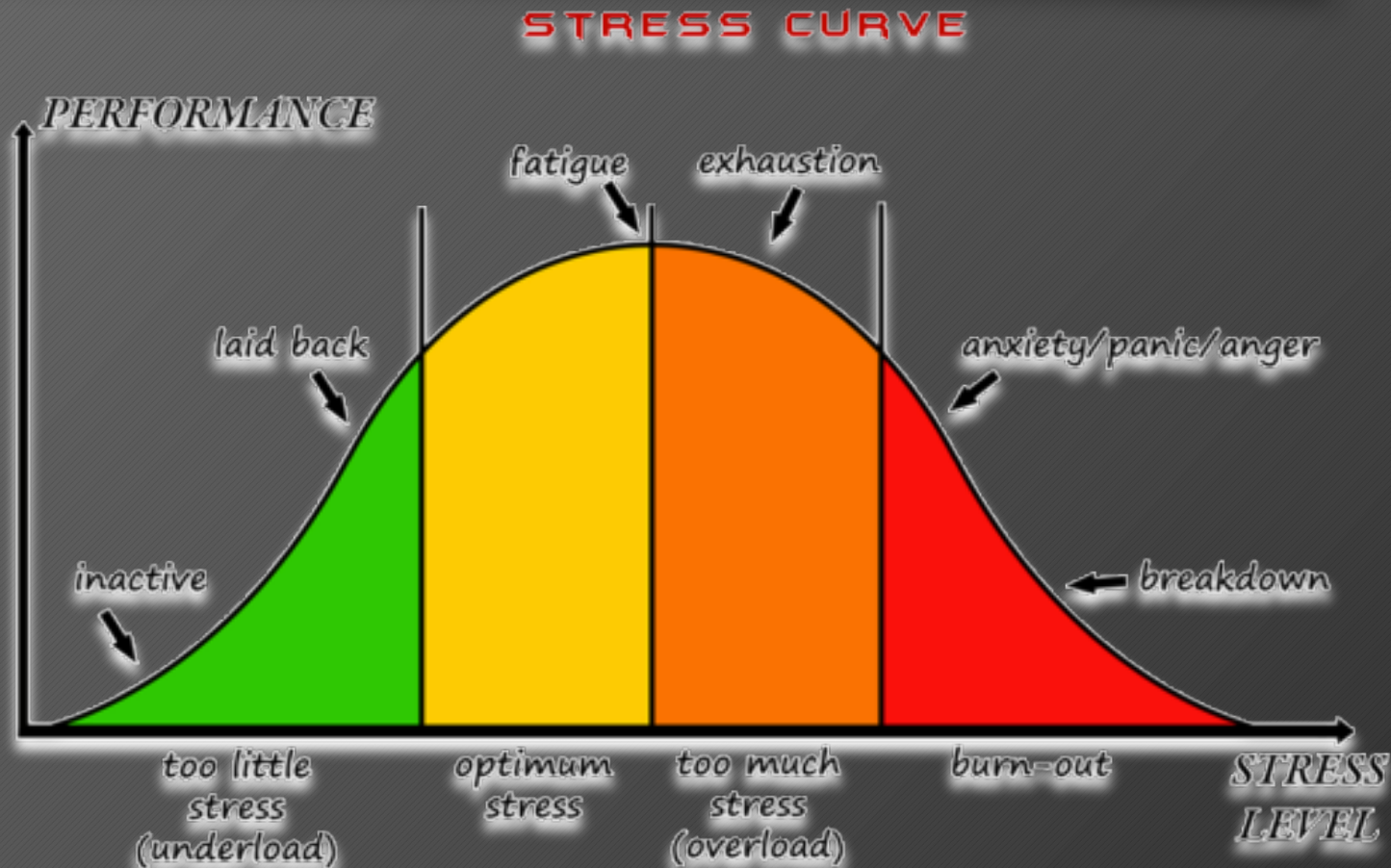
## Professional

- Lack of quality supervision
- High percentage of trauma survivors in caseload
- Being newer employees and less experienced at their jobs;
- Worker/organization mismatch
- Lack of professional support system
- Lack of preparation, orientation, training, and supervision in their jobs
- Constant and intense exposure to trauma with little or no variation in work tasks;



# How working with a traumatized population affects first responders:

Objective 1



# Prevalence of Vicarious Traumatization Among First Responders

Objective 1

- Across sectors, 40–80 percent of helping professionals experience high rates of secondary trauma.
- Among 28 global studies of PTSD, rescuers (fire fighters, ambulance personnel, police, search and rescue teams) had a prevalence rate of 10% compared with 4.4% within the general population in developed countries.
- Prevalence studies show rates of symptoms among first responders are much higher than 10%.



# Examples of Vicarious Traumatization: Professional

Objective 1

## Performance

- Decrease in quality/quantity of work,
- low motivation, task avoidance or obsession with detail,
- working too hard, setting perfectionist standards,
- difficulty with attention,
- forgetfulness

## Morale

- Decrease in confidence,
- decrease in interest,
- negative attitude,
- apathy,
- dissatisfaction,
- demoralization,
- feeling undervalued and unappreciated,
- disconnected,
- reduced compassion

## Relational

- Detached/withdrawn from co-workers,
- poor communication,
- conflict,
- impatience,
- intolerance of others,
- sense of being the “only one who can do the job”

## Behavioral

- Calling out,
- arriving late,
- overwork,
- exhaustion,
- irresponsibility,
- poor follow-through

(Adapted from J. Yassen in Figley, 1995)

# Video

Objective 1

## First Responders sharing their experiences



# Examples of Vicarious Traumatization: Personal

## Objective 1

### PHYSICAL

- Rapid pulse/ breathing,
- headaches,
- impaired immune system,
- fatigue,
- aches

### EMOTIONAL

- Feelings of powerlessness,
- numbness,
- anxiety,
- guilt, fear, anger, depletion,
- hypersensitivity, sadness, helplessness,
- severe emotional distress or
- physical reactions to reminders

### BEHAVIORAL

- Irritability,
- sleep and appetite changes,
- isolate from friends and family,
- self destructive behavior,
- impatience,
- nightmares,
- hypervigilance,
- moody, easily startled or frightened

### SPIRITUAL

- Loss of purpose,
- loss of meaning,
- questioning goodness versus evil,
- disillusionment,
- questioning prior religious beliefs,
- pervasive hopelessness

### COGNITIVE:

- Diminished concentration,
- cynicism,
- pessimism,
- preoccupation with clients,
- traumatic imagery,
- inattention,
- self doubt,
- racing thoughts,
- recurrent and unwanted distressing thoughts

### RELATIONAL

- Withdrawn,
- decreased interest in intimacy or sex,
- isolation from friends or family,
- minimization of others' concerns,
- projection of anger or blame,
- intolerance,
- mistrust



# Contemplating the Effects

Objective 1

## Personal Effects

Physical

Behavioral

Emotional

Spiritual

Cognitive

Relational



## Professional Effects

Performance

Morale

Relational

Behavioral





# Objective 2

Objective 2

Identify compassion fatigue and  
burnout warning signs



# What Are Some Common Negative Symptoms of Compassion fatigue?

## Objective 2

- difficulty managing emotions;
- feeling emotionally numb or shut down;
- fatigue, sleepiness, or difficulty falling asleep;
- physical problems or complaints, such as aches, pains, and decreased resistance to illness;
- being easily distracted, which can increase one's risk of accidents;
- loss of a sense of meaning in life and/or feeling hopeless about the future;
- relationship problems (e.g., withdrawing from friends and family, increased interpersonal conflicts, avoiding intimacy);
- feeling vulnerable or worrying excessively about potential dangers in the world and loved ones' safety;
- increased irritability; aggressive, explosive, or violent outbursts and behavior;
- destructive coping or addictive behaviors (e.g., over/under eating, substance abuse, gambling, taking undue risks in sports or driving);
- lack of or decreased participation in activities that used to be enjoyable;
- avoiding work and interactions with clients or constituents; and
- a combination of symptoms that comprise a diagnosis of Posttraumatic Stress Disorder (PTSD).



# Coworkers - Identifying Compassion Fatigue

Objective 2

If you believe a coworker might be experiencing negative reactions to compassion fatigue, consider —

- reaching out and talking to them individually about the impact of the work;
- helping them establish a consistent work-to-home transition that creates an important boundary and safe place outside the workplace;
- encouraging them to attend to the basics—sleep, healthy eating, hygiene, and exercise;
- supporting connections with family, friends, and coworkers;
- referring them to organizational supports such as a peer support team, employee assistance program, or chaplain; and
- encouraging them to discuss their experience with their supervisor

# Supervisors - Identifying Compassion Fatigue

## Objective 2



Discussing compassion fatigue and provide programming as part of supervision;

allowing flexible work schedules, recognizing the need for and protecting down time, while staying attuned to the possibility of withdrawal or isolation;

create time and a physical space at work for reflection through reading, writing, prayer, and meditation, among other activities; and

referring to therapeutic and professional assistance, when appropriate

# Family Members - Identifying Compassion Fatigue

## Objective 2

family and friends can serve a primary support network to engage;

share your concerns and develop supportive strategies with your loved one;

do your best not to take your loved one's reactions personally; remind yourself that what your loved one may be experiencing is related to the job, not you;

maintain daily life routines (predictability helps);

stay connected with family and friends;

discuss the demands of your loved one's job and its impact with other family members, including responding to children's questions in an age-appropriate manner;

take time to engage in social, creative, and self-care activities such as reading, writing, prayer, and meditation;

seek therapeutic or professional assistance, when needed.

## Objective 3

## Objective 3

Describe individualized self-care and resiliency strategies to mitigate the damaging impacts of trauma and associated stress responses



# What is Self-Care and Resiliency?

Objective 3

- Vicarious Resiliency
  - Impact of Vicarious Resiliency
- Compassion satisfaction
- Transformation
- Responding to people during trauma (trauma-informed responding)

# What is Self-Care?



## Objective 3

*Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness.*

*It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure, etc.), environmental factors (living conditions, social habits, etc.) socio-economic factors (income level, cultural beliefs, etc.), and self-medication.'*

(World Health Organization, 1998)



# Personal Self-Care Strategies

## Objective 3

Planning meals and making healthy eating choices. Stop eating high-calorie fast food.

Scheduling vacations and personal downtime.

Seeing your doctor regularly for checkups.

Sharing the workload and reducing the amount of overtime.

Living within your financial means so that “moonlighting” with a second job is not necessary.

Creating a realistic exercise program and forming healthy habits to get regular exercise.

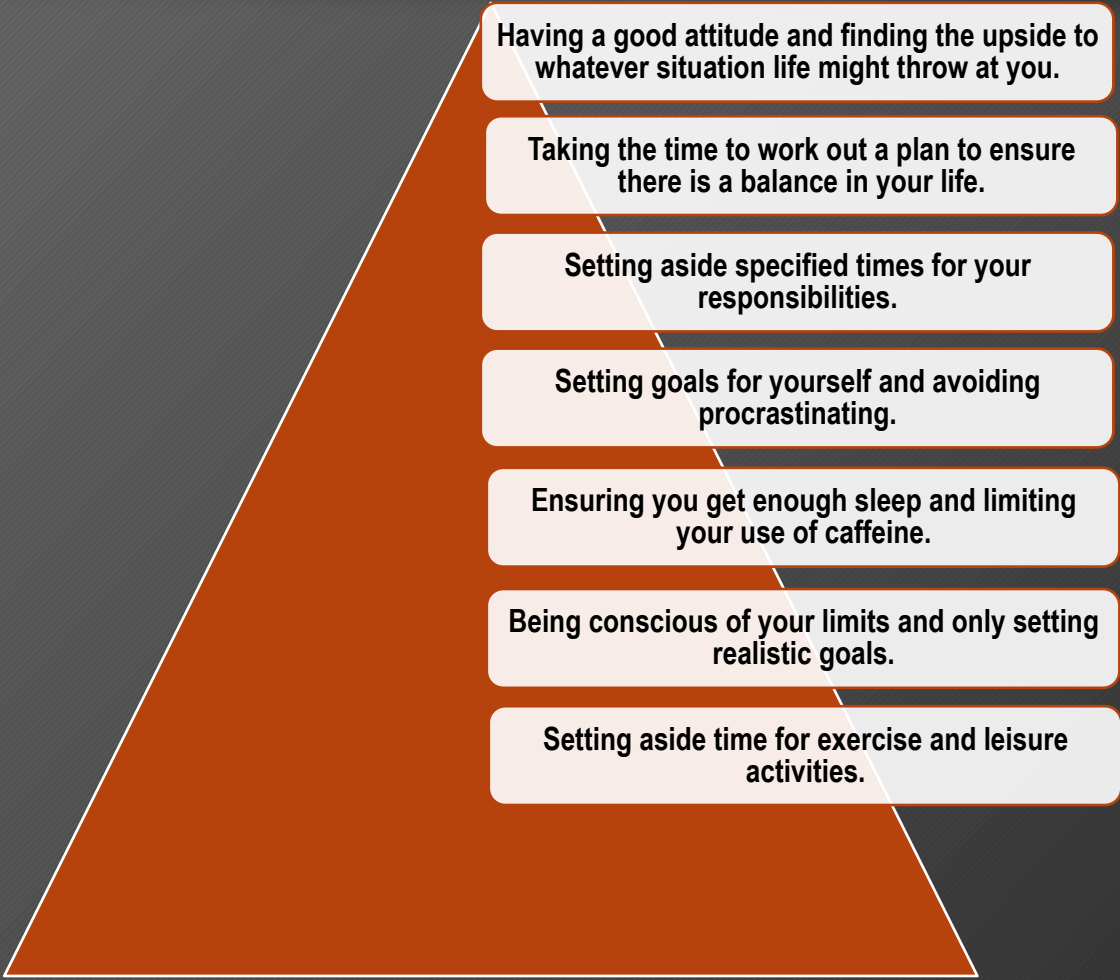
Creating a “Patrol Buddy” program and make time to check on each other.

Keeping your civilian friends to help you get away from the job. If you socialize with police friends, make a point not to talk about work on your downtime together.



# How to Manage Your Stress

## Objective 3



**Having a good attitude and finding the upside to whatever situation life might throw at you.**

**Taking the time to work out a plan to ensure there is a balance in your life.**

**Setting aside specified times for your responsibilities.**

**Setting goals for yourself and avoiding procrastinating.**

**Ensuring you get enough sleep and limiting your use of caffeine.**

**Being conscious of your limits and only setting realistic goals.**

**Setting aside time for exercise and leisure activities.**

# What is Resilience?

Objective 3

Resilience is the process of **adapting** well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress, such as family and relationship problems, serious health problems, or workplace and financial stressors.

It means “bouncing back” from difficult experiences.

It is the ability to adapt and **THRIVE**.

(American Psychological Association)



# Vicarious Resilience

Objective 3

Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

(Hernandez, Gangsei, and Engstrom, 2007)



# Impact of Vicarious Resilience

Objective 3

- Greater perspective and appreciation of own problems
- More optimistic, motivated, efficacious, and reenergized
- Increased sense of hope, understanding, and belief in the possibility of recovery from trauma and other serious challenges
- Profound sense of commitment to, and finding meaning from the work

(Hernandez, et al, 2007; Engstrom, et al, 2008)

# Acknowledging the Positive

Objective 3

Compassion Satisfaction  
Vicarious Transformation



# Self-Care Isn't Everything...



Vicarious trauma is an occupational challenge for those working with trauma survivors

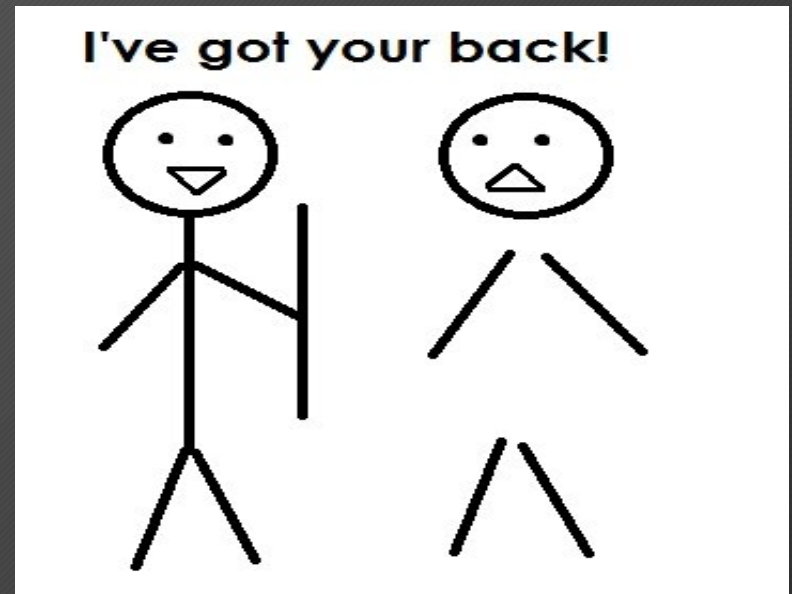
Organizations have an ethical mandate of a “**duty to train,**” wherein workers are taught about the potential negative effects of the work and how to cope.



# Peer Support

## Objective 3

- Teach effective communication skills
- Encourage trusting, mutual relationships
- Model conflict resolution
- Emphasize collaboration and teamwork





# Objective 4

## Objective 4

Discuss implementing systematic change and support; policies and procedures

How to prepare your organization to respond to Compassion Fatigue

# Vicarious Trauma-Informed Organization

Objective 4

Vicarious trauma (VT), the exposure to the trauma experiences of others, is an occupational challenge for the fields of victim services, emergency medical services, fire services, law enforcement, and others. Working with victims of violence and trauma has been shown to change the worldview of responders and can also put individuals and organizations at risk for a range of negative consequences.

*A vicarious trauma-informed organization* recognizes these challenges and assumes the responsibility for proactively addressing the impact of vicarious trauma through policies, procedures, practices, and programs.

# Key Aspects of a Healthy Organization

Objective 4

- **Leadership and Mission**
  - Effective leadership, clarity, and alignment with mission
- **Management and Supervision**
  - Clear, respectful, quality, inclusive of VT
- **Employee Empowerment and Work Environment**
  - Promotes peer support, team effectiveness
- **Training and Professional Development**
  - Adequate, ongoing, inclusive of VT
- **Staff Health and Wellness**
  - Devotes priority and resources to sustaining practices



# Organizational

## Objective 4

Creating a healthy work environment/  
organizational culture

Providing supportive leadership

Providing quality supervision

Debriefing staff

Hosting staff/team meetings, retreats, formal and informal opportunities to socialize

Encouraging formal and informal peer  
support Acknowledging stress, STS, and  
VT as real issues

Providing training and education, including  
orientation to the organization and role

Encouraging staff health and wellness  
(e.g., practices, programs, policies)



# What Happens When Organizations Don't Address Vicarious Trauma?

Objective 4

## Lost Productivity

- Decreased morale, cohesion, communication, collaboration, quality of services

## Poor Organizational Health

- Erosion of concentration, focus, decision making, motivation, performance

## Staff Turnover

- Time and resources needed to hire and train new staff drains remaining staff



# Vicarious Trauma Vulnerability

Objective 4

“First responders bear witness to damaging and cruel treatment experienced by others, shattering any assumptions of invulnerability.”

(Janoff-Bulman, 1992)

# Moving towards a Trauma-Informed Organization

Objective 4

## Step 1

Lay the  
foundation  
for  
success

- Obtain the commitment and support of your organization's leadership to embark upon this process and have them designate an individual or team to coordinate and guide the effort.

# Moving towards a Trauma-Informed Organization

Objective 4

## Step 2

Assess current organizational capacity for addressing compassion fatigue

- Create a Realistic Timeline
- Conduct an Internal Assessment
- Determine Current Capacity as a Trauma-informed Organization
- Prepare a Report To Share Assessment
- Findings and increase organizational buy-in

# Moving towards a Trauma-Informed Organization

Objective 4

## Step 3

Determine  
priorities and  
develop an  
action plan

- Identify Areas of Strengths and Gaps
- Review the VT–ORG Assessment Findings
- Review the VT–ORG Assessment Findings
- Share the Action Plan With Staff
- Evaluate Organizational Response

# Moving towards a Trauma-Informed Organization

Objective 4

## Step 4

Access  
resources to  
implement  
your action  
plan.





# Acknowledgments

Acknowledgments



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# References

- Bell, Holly, Shanti Kulkarni, and Lisa Dalton. 2003. "Organizational Prevention of Vicarious Trauma." *Families in Society: The Journal of Contemporary Social Services* 84(4): 463–470. doi:10.1606/1044-3894.131.
- Berger, William, Evandro Coutinho, Ivan Figueira, Carla Marques-Portella, Mariana Pires Luz, Thomas C. Neylan, Charles R. Marmar, and Mauro Vitor Mendlowicz. 2011. "Rescuers at Risk: A Systematic Review and Meta-Regression Analysis of the Worldwide Current Prevalence and Correlates of PTSD in Rescue Workers." *Social Psychiatry and Psychiatric Epidemiology* 47(6): 1001–1011. doi:10.1007/s00127-011-0408-2.
- Bonach, Kathryn, and Alex Heckert. 2012. "Predictors of Secondary Traumatic Stress Among Children's Advocacy Center Forensic Interviewers." *Journal of Child Sexual Abuse* 21(3): 295–314. doi:10.1080/10538712.2012.647263.
- Bride, Brian E., Melissa Radey, and Charles R. Figley. 2007. "Measuring Compassion Fatigue." *Clinical Social Work Journal* 35(3): 155–163. doi:10.1007/s10615-007-0091-7.
- Conrad, David, and Yvonne Kellar-Guenther. 2006. "Compassion Fatigue, Burnout, and Compassion Satisfaction Among Colorado Child Protection Workers." *Child Abuse & Neglect* 30(10): 1071–1080. doi:10.1016/j.chiabu.2006.03.009.
- Cornille, Thomas A., and Tracy Woodard Meyers. 1999. "Secondary Traumatic Stress Among Child Protective Service Workers: Prevalence, Severity and Predictive Factors." *Traumatology* 5(1): 15–31. doi:10.1177/153476569900500105.
- Engstrom, David, Pilar Hernandez, and David Gangsei. 2008. "Vicarious Resilience: A Qualitative Investigation Into Its Description." *Traumatology* 14(3): 13–21. doi:10.1177/1534765608319323.
- Farrell, Graham, and Ken Pease. 1993. *Once Bitten, Twice Bitten: Repeat Victimisation and Its Implications for Crime Prevention*. London: Home Office Police Research Group.
- Figley, Charles R. 1995. *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized*. 1st edition. New York: Routledge.

# References (cont.)

- Hernández, Pilar, David Gangsei, and David Engstrom. 2007. "Vicarious Resilience: A New Concept in Work With Those Who Survive Trauma." *Family Process* 46(2): 229–241. doi:10.1111/j.1545-5300.2007.00206.x.
- Hudnall, Beth. 2002. "Measuring Compassion Satisfaction as Well as Fatigue: Developmental History of the Compassion Satisfaction and Fatigue Test." In *Treating Compassion Fatigue*, 107–19. Psychosocial Stress Series, No. 24. New York, NY, US: Brunner-Routledge.
- Janoff-Bulman, Ronnie. 1992. *Shattered Assumptions: Towards a New Psychology of Trauma*. New York: Free Press.
- Kessler, Ronald C., Johan Ormel, Maria Petukhova, Katie A. McLaughlin, Jennifer Greif Green, Leo J. Russo, Dan J. Stein, et al. 2011. "Development of Lifetime Comorbidity in the World Health Organization World Mental Health Surveys." *Archives of General Psychiatry* 68(1): 90–100. doi:10.1001/archgenpsychiatry.2010.180.
- Mathieu, Françoise. 2012. "Compassion Fatigue." In *Encyclopedia of Trauma: An Interdisciplinary Guide*, edited by Charles R. Figley, 1st edition, 904. Thousand Oaks, CA: SAGE Publications, Inc.
- Munroe, James F., Jonathan Shay, Lisa Fisher, Christine Makary, Kathryn Rapperport, and Rose Zimering. 1995. "Preventing Compassion Fatigue: A Team Treatment Model." In *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, edited by Charles R Figley, 209–231. New York: Brunner-Routledge.
- Remen, Rachel Naomi. 2006. *Kitchen Table Wisdom: Stories That Heal, 10th Anniversary Edition*. New York: Riverhead Books.
- Saakvitne, Karen W. 1999. *Risking Connection: A Training Curriculum for Working With Survivors of Childhood Abuse*. Lutherville, MD: Sidran Press.
- Yassen, Janet. 1995. "Preventing Secondary Traumatic Stress Disorder." In *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized*, edited by Charles R. Figley, 1 edition, 178–208. New York: Routledge.