

## The Compassion Fatigue Workbook

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July 2023

Understanding the Cost of Compassion

### **Compassion Fatigue-** “the cost of caring”

Refers to the profound emotional and physical exhaustion that helping professionals and caregivers can develop over the course of their career as helpers. It is a gradual erosion of all things that keep us connected to others in our caregiver role: our empathy, our hope, and of course our compassion- not only for others but also for ourselves. When we are suffering from compassion fatigue, we start seeing changes in our personal and professional lives; we can become dispirited and increasingly bitter at work; we may contribute to a toxic work environment; we are more prone to clinical errors; we may violate client boundaries and lose a respectful stance toward our clients. We become short tempered with our loved ones and feel constant guilt or resentment at the never ending demands on our personal time.

Charles Figley has called compassion fatigue a “disorder that affects those who do their work well”.

**Vicarious Trauma-** the profound shift that workers experience in their world view when they work with clients who have experienced trauma. Vicarious trauma occurs when stories we hear from our clients transfer onto us in a way where we too are traumatized by the images and details. “It is not something clients do to us; it is a human consequence of knowing, caring, and facing the reality of trauma.” This is a *cumulative* process of not just one difficult story but of MANY stories you may not even remember hearing. This can cause intrusive thoughts and images, nightmares and ultimately changing our worldview of fairness and safety in the world. Many of us simply get overwhelmed and we are not provided tools to deal with this aspect of our work.

**Burnout-** the physical and emotional exhaustion that workers experience when they have low job satisfaction and feel powerless and overwhelmed at work. Burnout does not necessarily mean that our worldview has been damaged or that we have lost the ability to feel compassion for others. Burnout makes us more vulnerable to compassion fatigue and vicarious trauma and an unsupportive work environment can create fertile ground for cynicism and overwork. However, a change of job can easily resolve burnout; this is not the case for compassion fatigue or vicarious trauma.

**Moral Distress-** when policies or routines conflict with beliefs about patient care. Essentially “moral distress occurs when we are told to do things that we fundamentally disagree with or to do which we are morally opposed”. Overtime this can lead to compassion fatigue.

**Primary Trauma-** the trauma the Helper comes into the profession having personally endured. This effects 60% of Helpers and is only problematic if the Helper has not done their own healing work around said trauma. It can make the Helper more susceptible to developing vicarious trauma if left unaddressed.

**Secondary Trauma-** is caused by secondary exposure to trauma: hearing the stories of trauma. Could lead to PTSD symptoms if gone unchecked.

## Topics for Circle:

- 1) **Where do the stories go?** What do you do at the end of the day to put difficult stories from clients away before you go home?
- 2) **Were you trained for this?**
- 3) **What are your particular vulnerabilities?**

A large percent of Helpers have experienced primary trauma which may have led them to being attracted to the field in the first place; **AND** personality types who are attracted to the helping field are more likely to be highly attuned and to feel empathy toward others, which makes them good at their job *and* also more vulnerable to developing compassion fatigue, vicarious trauma and burnout.
- 4) **How do you protect yourself while doing this very challenging work?**
- 5) **How did this chapter resonate with your own experiences of vicarious trauma and/or compassion fatigue?**