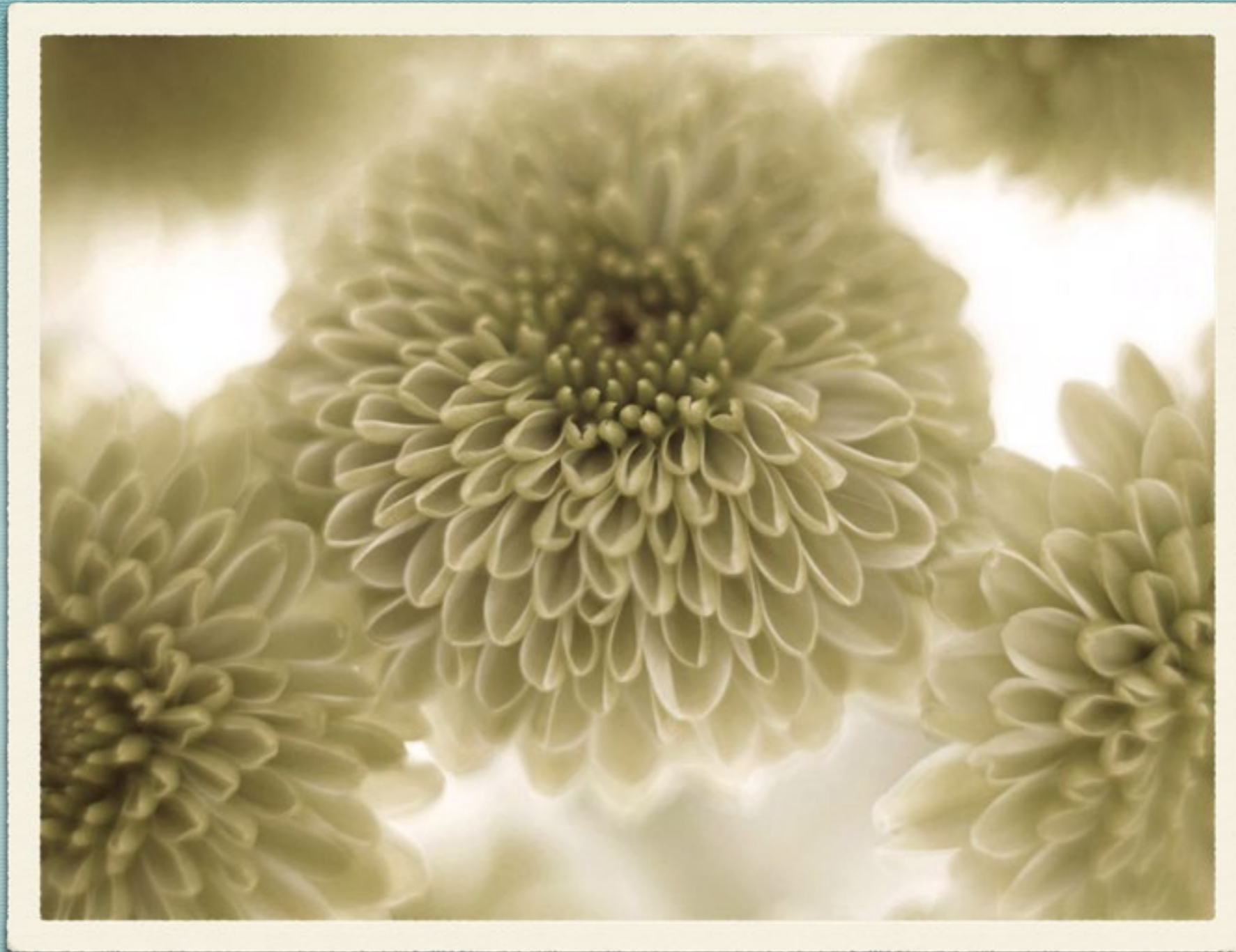


Fostering Compassion Satisfaction through Holistic Self-Care

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Mindfulness Moment

We will follow Judith Herman's Tri-Phasic model:

- 1) Safety and Stabilization, 2) Trauma Memory Processing, 3) Re-connection

Compassion Satisfaction

- * The sum of all the positive feelings one derives from helping others;
- * Effective means of reducing burnout and secondary traumatic stress;
- * Provides motivation, stamina, a sense of interest, achievement, accomplishment (Stamm, 2010).



Subjective States of Compassion Satisfaction

- * Sustained motivation;
- * Inspiration and enjoyment from emotionally demanding work;
- * Vicariously benefit from client's improved functioning, personal growth, and therapeutic gains;
- * Desire to grow professionally to continually expand scope of competence;
- * Share in the positive outcomes of empowerment, energy and exhilaration (Stamm, 2010).

Observable Behaviors of Compassion Satisfaction

- * Affect-sharing of both painful and positive affect with clients;
- * Actively engaging in self-care activities during personal time that result in neutralizing stress and generating positive affect on regular basis;
- * Regulated sleep/wake cycle;
- * “Approach” (as opposed to “Avoidance”) tendency with work stress in sustainable fashion (e.g., attending meetings and completing charting on time);
- * Ongoing training and integration of updated treatment and technology protocols;
- * Expressing appreciation for colleagues and work setting;
- * Continuity of memory and thought process re: work-related demands (Stamm, 2010).

Requirements to Foster Compassion Satisfaction

- * Resolve one's own primary traumatic stress through personal therapy, ongoing physiological discharge of work and personal stress;
- * Develop ongoing portable self-care that simultaneously discharges incoming activation in real-time, while also resolving historical overwhelm so that nervous system is regulated at work and in personal life;
- * Social support at work was “most significant factor associated with compassion satisfaction” (Killian, 2008, p. 40).

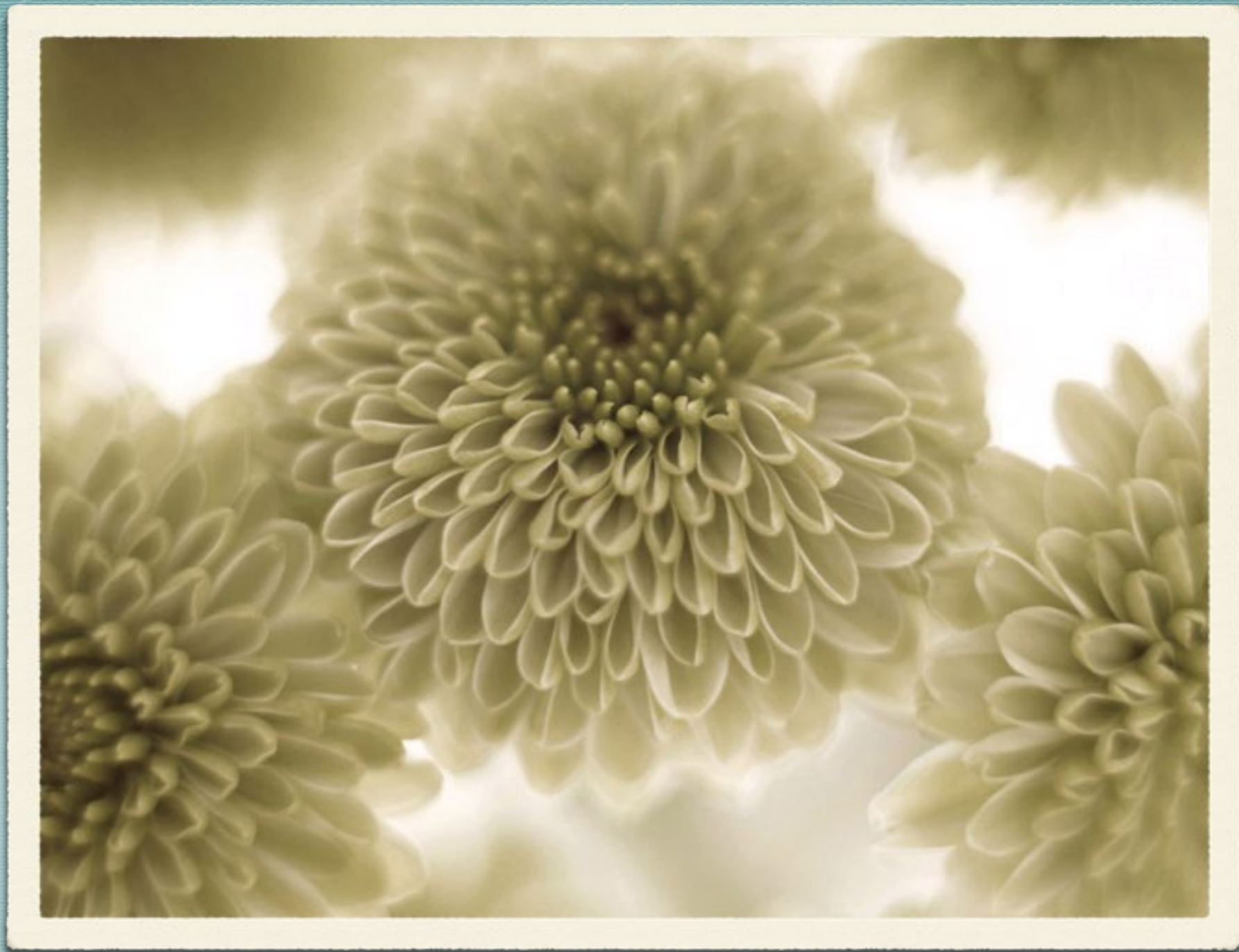


Effects of Compassion Satisfaction

- * Higher efficacy with client interventions through the following:
- * Limiting stressful imagery that distracts and overwhelms when empathizing with clients;
- * Understanding client pain rather than having to feel all of it (without intellectualizing that pain);
- * Intentionally “un-mirroring” problematic gestures, postures, moods;
- * Remembering how to look after one’s self in response to each client;
- * Detaching from clients at end of work day so not thinking of them in free time;
- * Feeling sense of choice about how client stories impact clinician;
- * Feeling Skin boundaries;
- * Increasing armor through daily muscle-strengthening (Rand & Rothschild 2006).



Q&A re: Compassion Satisfaction



Mindfulness Moment

Compassion Fatigue

- * Initially conceptualized as a form of Secondary Traumatic Stress among nurses (Joinson, 1992).
- * Considered the “cost of caring” for others in emotional pain (Figley, 1982).
- * AKA Vicarious Traumatization (McCann & Pearlman, 1990; Stamm, 1995, 1997); Secondary Victimization (Figley, 1982); Secondary Survivor (Remer & Elliott, 1988).
- * “Emotional Contagion”: an affective process in which an individual observing another experiences emotional responses parallel to that person’s actual or anticipated emotions (Miller, Stiff, & Ellis, 1988).



Risk Factors for Compassion Fatigue

- * Trauma is the body's natural response to an overwhelming situation, and is a "fact of life" (Levine, 1997).
- * Type I-single incident shock- vs. Type II-relational/developmental (Terr, 1990); unresolved Type II increases risk of PTSD.
- * Type III-more pronounced combination of Types I+II (Heide & Solomon, 1999); more complex to resolve, higher risk of complex PTSD, typified by being targeted for identifying marginalized features.
- * Differentiating intentionality and perpetrator regret between three types (Vogt, 2018, p. 287).
- * "Victims of interpersonal traumas are at statistically greater risk of additional interpersonal traumas" via re-victimization (Rees et. al., 2011).

Risk Factors for Compassion Fatigue

- * “Long after a traumatic experience is over, it may be reactivated at the slightest hint of danger and mobilize disturbed brain circuits and secrete massive amounts of stress hormones. This precipitates unpleasant emotions, intense physical sensations, and impulsive and aggressive actions” (van der Kolk, 2014, p. 2).
- * Overwhelmingly stressful situations activate sympathetic nervous system arousal (fight/flight/freeze) to help us protect self, and can get stuck “on”; humans are often socialized not to discharge this survival energy, and thus can have difficulty re-engaging the parasympathetic (rest-and-digest) nervous system to restore embodied safety and social engagement system (Dana & Porges, 2018).
- * “Survival strategies” are considered within three reaction domains: biological, psychological, and social; they occur in victims AND helpers, through identification with victims’ stories (Valent, 1995, p. 21).

Formula for Compassion Fatigue

Unresolved Primary
Traumatic Stress

+

Burn Out

= Compassion Fatigue

(Baranowsky and Gentry, 2010)



Subjective States of Compassion Fatigue

- * Emotional exhaustion; Depression; Negative self-image; Resentment;
- * Distancing from friends and family, colleagues;
- * Reduced ability to feel sympathy and empathy; Feeling numb;
- * Cynicism and embitterment;
- * Sense of predictability to client stories;
- * Dread of working with certain clients;
- * Professional hopelessness; diminished sense of enjoyment;
- * Depersonalization/Dissociation;

Subjective States of Compassion Fatigue

- * Disruption in worldview; Intrusive imagery;
- * Heightened anxiety or irrational fears; Hypervigilance;
- * Increased sense of personal vulnerability; problems with intimacy;
- * Inability to tolerate strong feelings;
- * Hypersensitivity to emotionally charged stimuli; Insensitivity to emotional material;
- * Loss of hope;
- * Difficulty separating personal and professional lives;
- * Failure to nurture and develop non-work-related aspects of life (Mathieu, 2012).

Observable Behaviors of Compassion Fatigue

- * Physical exhaustion; Insomnia or hypersomnia;
- * Anger and irritability; Lose sense of humor at home; Forgetfulness;
- * Increased susceptibility to illness; Absenteeism; Attrition
- * Somatization and hypochondria (e.g., headaches, low back pain, gastrointestinal symptoms, stress-induced nausea, eye twitches, heartburn);
- * Increased use of substances; Process addictions;
- * Exaggerated sense of responsibility; Compromised care for clients;
- * Avoidance of clients (e.g., not returning phone calls in timely fashion, delaying booking);
- * Impaired ability to make decisions;
- * Problems in personal relationships (e.g. avoiding social events, not returning phone calls) (Mathieu, 2012).

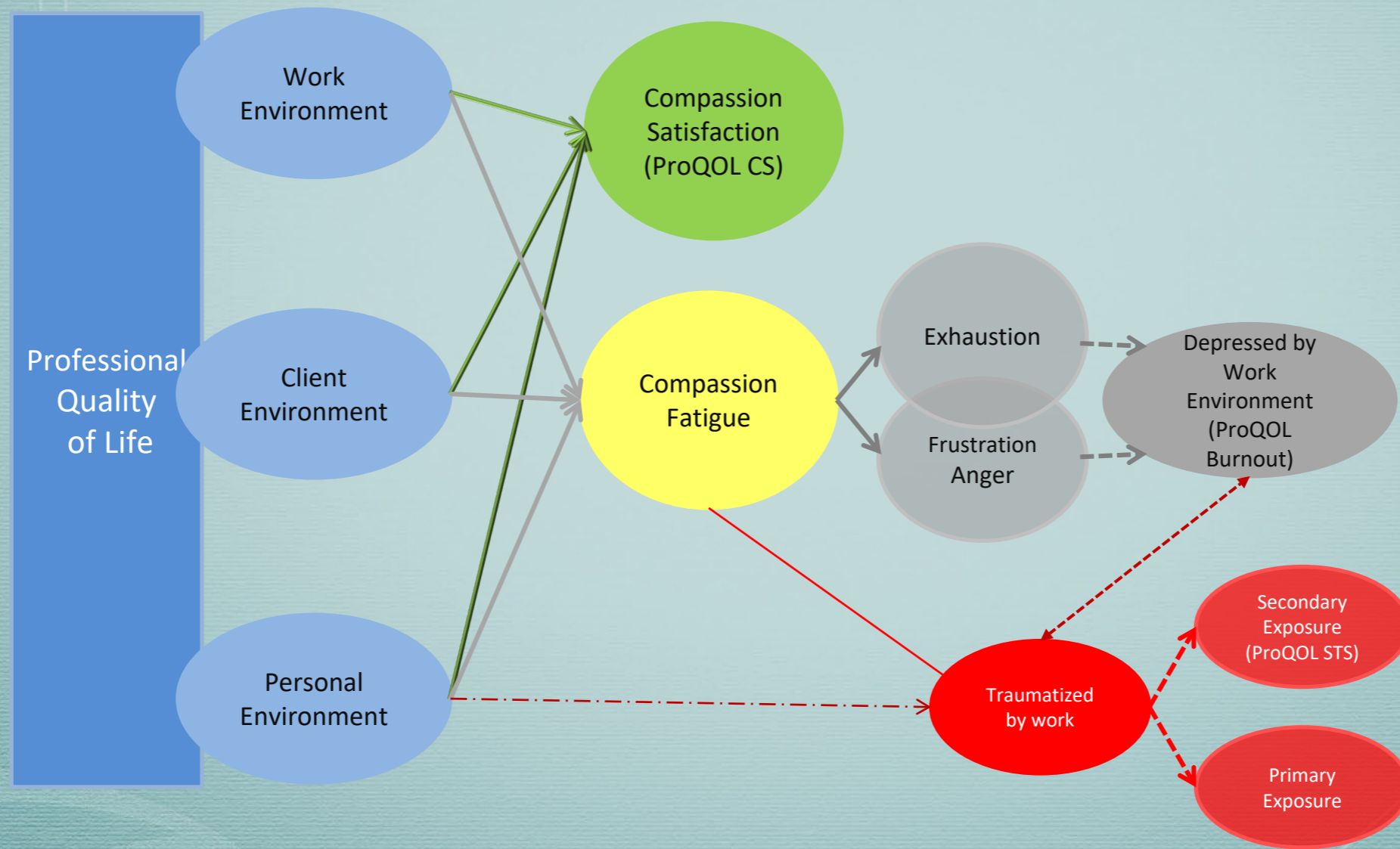


Q&A re: Compassion Fatigue



Mindfulness Moment

Complex Relationships



Recovery from Compassion Fatigue

- * Take stock of your stressors;
- * Enhance your self-care and work/life balance:
- * Develop resiliency skills;
- * Make a commitment to implement changes
(Baranowsky & Gentry, 2010; Mathieu, 2012).



Professional Quality of Life Scale: Compassion Satisfaction & Compassion Fatigue Self-Test

Take 15 min to honestly fill out
ProQOL, to increase interoception of
risk and protective factors.

Link for self-scoring after conference:
[https://proqol.org/ProQOL_Measure_Tools.ht
ml](https://proqol.org/ProQOL_Measure_Tools.html)

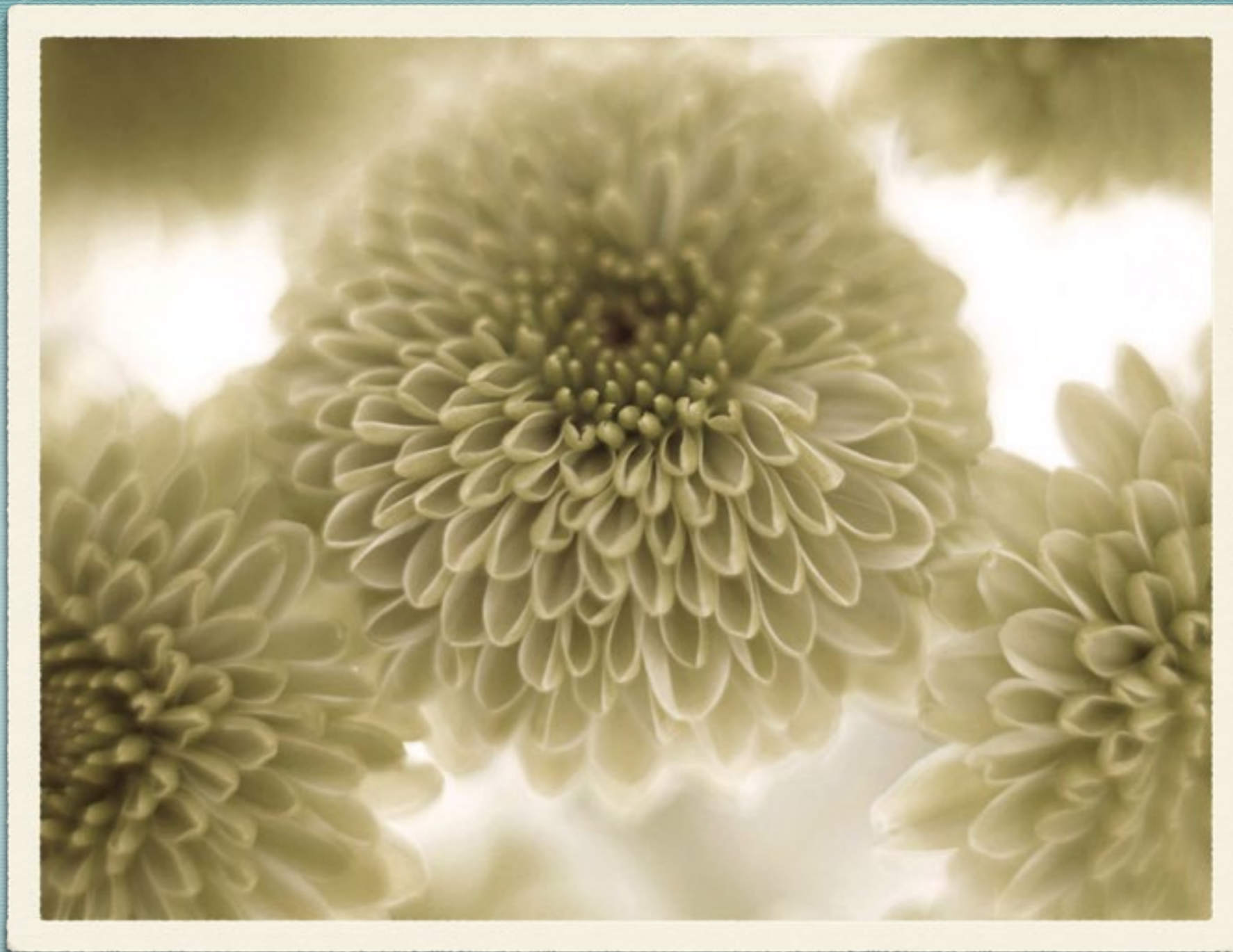
CF _____
CS _____



Link for
Traumatology Institute,
to train as
Compassion Fatigue
Therapist
who can facilitate
Accelerated Recovery
Program

<https://psychink.com/about-us/ti-certification/>



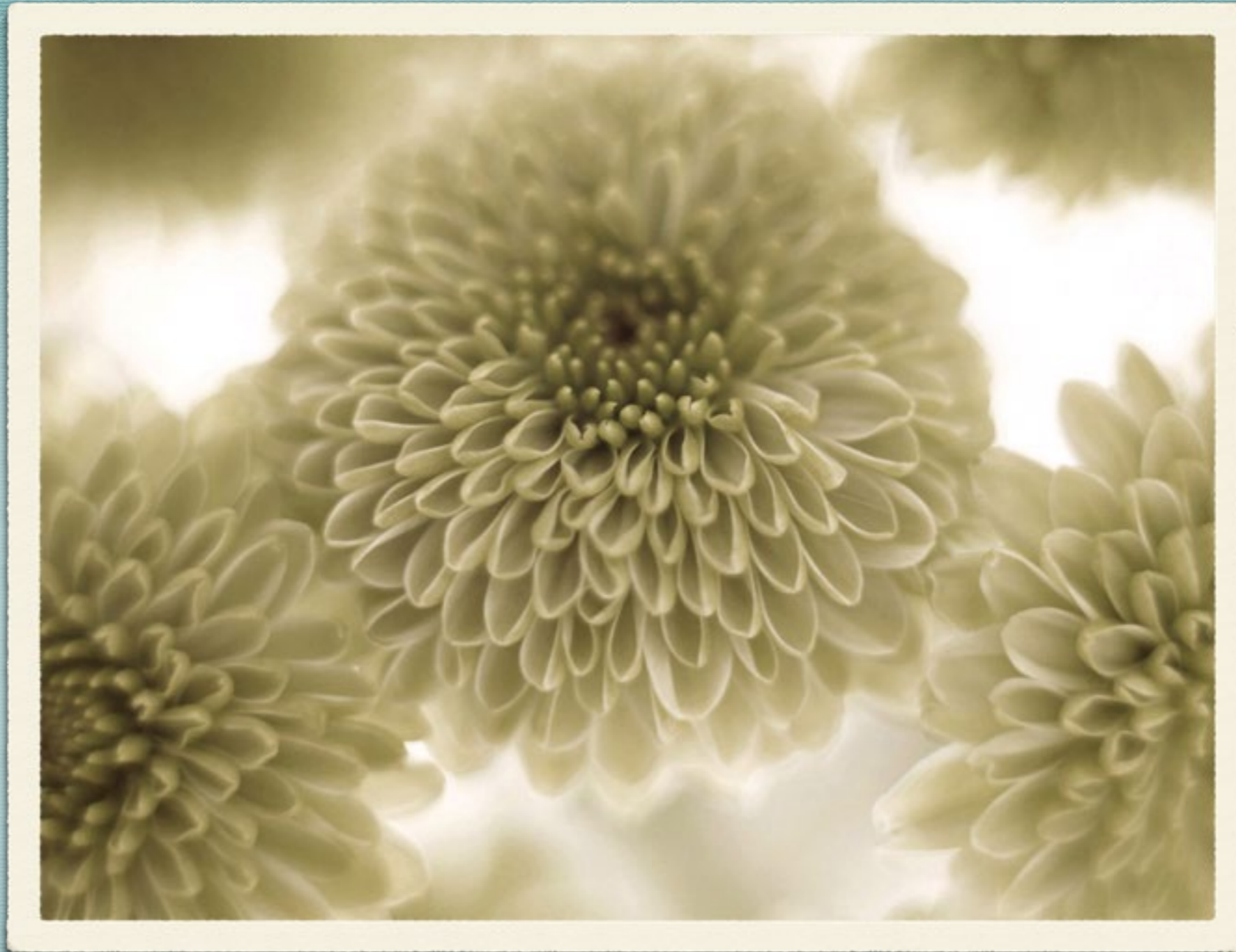


Q&A re: ProQOL

Accessing Inner Resources

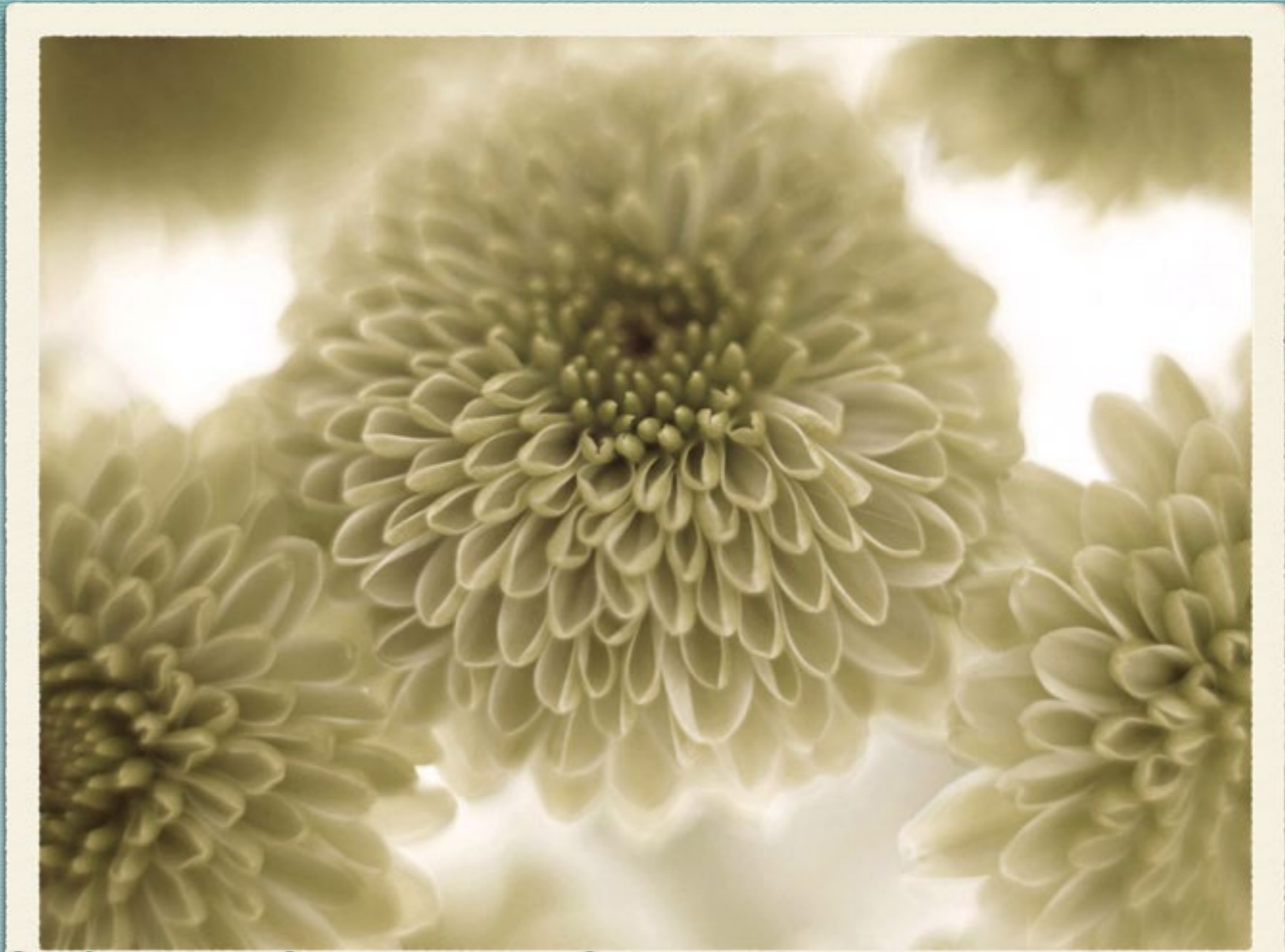
Sensory Awareness
eyes-open
guided exercise



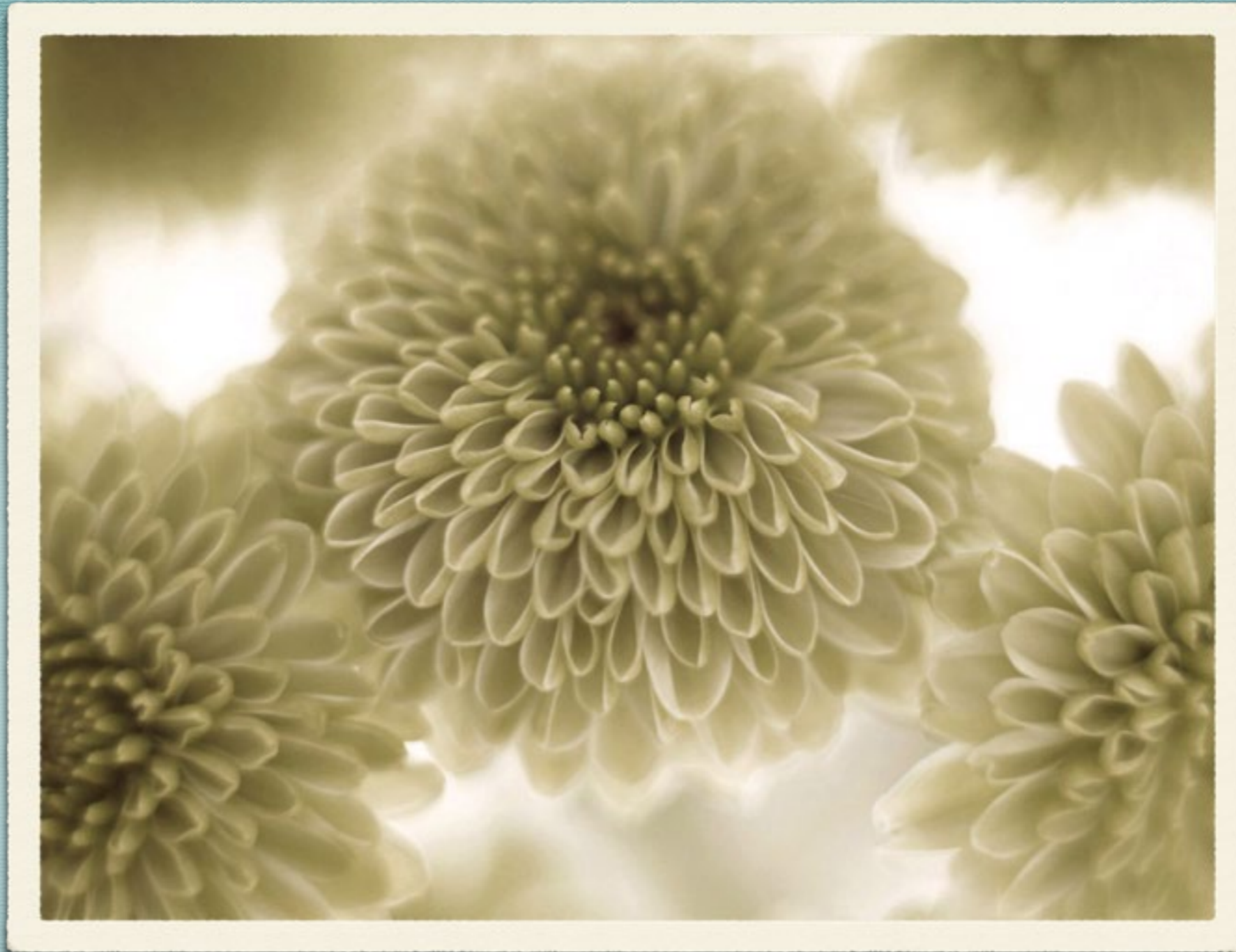


Dyad Sharing

This helps anchor embodied resources for increasing resilience through Narrative Therapy/Neurolinguistic Programming approach



Q&A, Group Sharing re: Inner Resources



Guided Meditation re: External Resources

The People, Places, and Practices that Protect your
Compassion Satisfaction

Journal External Resources

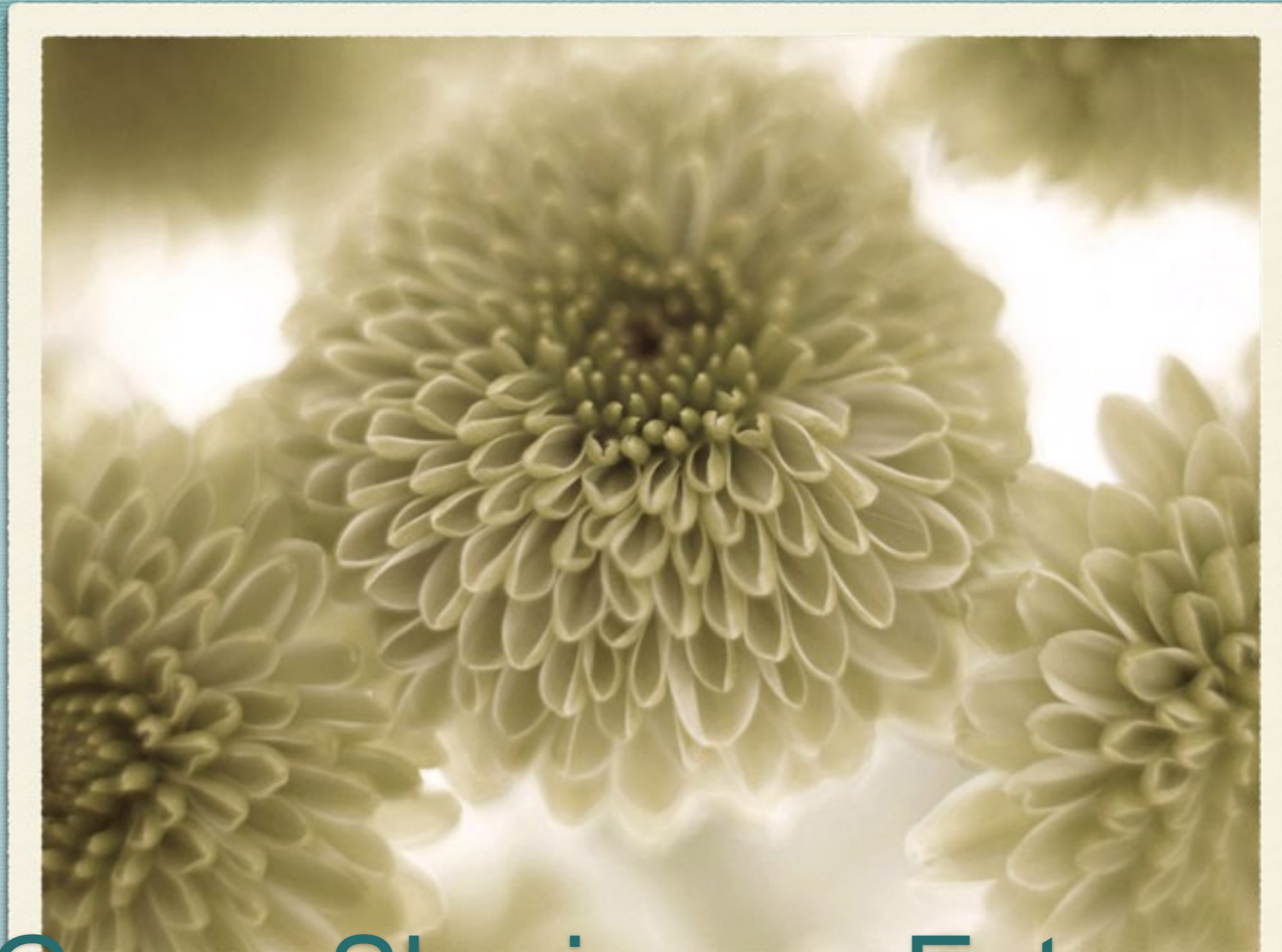
* People:

* Places:

* Practices:

[David Berceli's Trauma Releasing Exercises](#)





Group Sharing re: External Resources

This can help anchor personal realizations and increase awareness for other participants of potential options they hadn't considered.

CE Evaluations

Thank you for your kind attention to yourself.

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