

**Juvenile Justice Vision 20/20 June 2016 Training Event  
Combating Compassion Fatigue, Burnout and Secondary Traumatic Stress in Juvenile Justice Staff**

**June 9, 2016**

**Presented by: Ann Heerde, LMSW**

Ann Heerde, Program Supervisor for Family Services at Community Mental Health of Ottawa County, spoke about compassion fatigue, burnout, and secondary trauma stress (STS) in juvenile justice staff. She provided an overview of these topics, explored strategies to address STS, and enabled participants to begin a personalized plan. She also included several personal reflection breakouts, where participants could discuss their experiences and thoughts with their nearby peers and colleagues.

The session began with the seminar objectives which included defining secondary traumatic stress (STS), signs and symptoms of STS, strategies to mitigate the negative impact of STS, strategies that supervisors can use to support staff from developing STS, and developing a personalized plan for self-care. Ann warned the participants of the personal nature of the topic and offered that participants may opt out or leave at any time, if needed.

Ann introduced the term “Compassion Fatigue” and defined it as a potential consequence of working with individuals which could result in “a loss of ability to empathize with clients” (Knight, 2013, p. 228). It could also result in fear and anxiety due to the disconnected feelings created by such fatigue. It was pointed out that clients do not have to be traumatized for a worker to experience Compassion Fatigue. Often, STS is associated with Compassion Fatigue, but they are not the same thing. At this point, Ann talked about the importance of doing self-care to reduce the likelihood of Compassion Fatigue. She went more in-depth into self-care later in the seminar.

On a positive note, the term “Compassion Satisfaction” was introduced. This is the opposite of Compassion Fatigue. It was defined as a “sense of reward, efficacy, and competence one feels in one’s role as a helping professional” (Killian, 2012, p. 33). Ann described how a worker’s combined experiences could give Compassion Fatigue or Compassion Satisfaction, and sometimes neither.

After discussing Compassion Fatigue and Satisfaction, Ann began to discuss Burnout. She explained the three dimensions of burnout: diminished personal accomplishment, emotional exhaustion, and depersonalization (feeling detached from oneself or the situation) or cynicism. When a worker experiences burnout, it may be the result of chronic exposure to stress in the workplace. It has the likelihood to impact a person’s perception of self and others as well as the work environment. This leads to poor job satisfaction, lower work performance, lack of commitment to employer, and the lack of overall well-being. The burnout process is usually gradual and can occur without trauma exposure. It is common inside and outside of “helping” professions. There are external influences to burnout also, such as family conflicts and personal stress.

Next, Ann explained Secondary Traumatic Stress (STS). She described it as emotional distress and disruption of functioning caused by associating with someone who has been traumatized, or “the stress from helping or wanting to help a stressed person, especially a child.” STS can manifest from

at least one indirect exposure to traumatic material (verbally, drawings/paintings, sharing life with someone that has been traumatized). Many people in the “helping” profession can be affected by STS, such as nurses, social workers, doctors, teachers, etc. Others at risk are caring family members or friends. Unlike burnout, STS can occur suddenly and without warning.

According to the National Child Traumatic Stress Network in 2011, 6% - 26% of therapists working with traumatized individuals are at high risk of developing STS. This study also suggests that up to 50% of child welfare professionals are at high risk of developing STS. Another study, called the Bride Study, looked at 249 social workers in 2007. This study concluded that 70.2% of the social workers experienced at least one symptom of STS in the previous week and 15.2% met criteria for PTSD.

There are several negative impacts of STS which can be cognitive, social, emotional, and physical. The below figure lists these impacts:

Cognitive effects	Social impact	Emotional impact	Physical impact
<ul style="list-style-type: none"> <li>• Negative bias, pessimism</li> <li>• All-or-nothing thinking</li> <li>• Loss of perspective and critical thinking skills</li> <li>• Threat focus – see clients, peers, supervisor as enemy</li> <li>• Decreased self-monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Reduction in collaboration</li> <li>• Withdrawal and loss of social support</li> <li>• Factionalism</li> </ul>	<ul style="list-style-type: none"> <li>• Helplessness</li> <li>• Hopelessness</li> <li>• Feeling overwhelmed</li> </ul>	<ul style="list-style-type: none"> <li>• Headaches</li> <li>• Tense muscles</li> <li>• Stomachaches</li> <li>• Fatigue/sleep difficulties</li> </ul>

Some impacts of STS can result in PTSD symptoms: intrusive thoughts, distressing dreams, dissociative reactions (flashbacks), avoidance, distorted thinking, and hypervigilance. Other impacts can affect the workplace. Common workplace implications are higher rates of absenteeism, greater health care expenses, hampered client relationships, and blurred worker-client relationship boundaries.

After the STS discussion, Ann led a self-assessment exercise where participants could privately assess their compassion satisfaction, burnout, and STS using the Professional Quality of Life Scale (ProQOL). Due to time constraints, much of this process was explained and resources were given to attendees to complete on their own time. Ann expressed the importance of acknowledging the stress of being in the “helping” profession, feeling comfortable expressing those feelings to others, validating one another, understanding that STS arises from caring and compassion, and recognizing how widely STS is experienced by others.

Near the end of the seminar, Ann talked about strategies to reduce impact of STS. These strategies consist of self-awareness, a balanced personal and professional life, asking for help, and self-care (physical, mental, emotional, and spiritual). Ann provided a Self-Care Assessment Worksheet and a Personal Plan to help identify realistic goals to accomplish in a two week timeframe. She encouraged a lot of self-reflection, speaking with trusted individuals, and taking the ProQOL periodically. She also asked that everyone present respect others if they are made aware of STS, burnout, or compassion fatigue issues in their workplace, referring to this as the Circle of Safety.

Ann briefly spoke about the important role of supervisors and administrators on these issues. She encouraged supervisors to understand STS, provide regular supervision, inquire about staff members' feelings about their work, be cognizant of employees' feelings, and discuss the employees' cases. She reminded supervisors not to morph these strategies into therapy sessions.

In the big picture, Ann's experience has led her to find that administration needs to accomplish several things: trauma informed administration, policies and practices that are realistic, mentoring programs for new staff, supporting supervisors providing supervision, educating and training about STS for all staff, assigning cases "fairly" and "evenly", and initiating or improving Employee Assistance Programs.