

VIRTUAL LEARNING EVENT Session #3
MILITARY CAREGIVING
 Military Families Learning Network

VLE Session #3: RECHARGING!
Combating Compassion Fatigue

<https://learn.extension.org/events/2188>

U.S. DEPARTMENT OF DEFENSE | extension | USDA

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MILITARY FAMILIES LEARNING NETWORK

Research and evidence-based professional development through engaged online communities.

www.eXtension.org/militaryfamilies

Sign up for webinar email notifications at: www.eXtension.org/62831

MILITARY FAMILIES LEARNING NETWORK

Linked in

Military Families Learning Network

Group Profile

Private group. To request membership, click Join and your request will be reviewed by the group manager.

The MFLN LinkedIn Group is a forum for Military Family Service Providers to share professional experiences, discuss issues, and make connections. The MFLN focuses on family development, personal finance, military caregiving, community capacity, nutrition and wellness, transitions, and network literacy.

<https://www.linkedin.com/groups/Military-Families-Learning-Network-8409844>

We're Social!



2015 Military Caregiving VLE

“Re-imagining Your Skills as a Helping Professional: Working with Military Family Caregivers”

- Theme: Reenergizing and rejuvenating personal and professional growth with colleagues in caring disciplines.
- Three-Part Session with topics surrounding building trust and credibility, cultural competency, and compassion fatigue.



VLE Session #3 Resources



<https://learn.extension.org/events/2188>



Who's Joining Us Today?

***Type your response in chat pod.**

- Civilian
- Military Branch & Program
- Community-based
- University/Extension



COMBATING COMPASSION FATIGUE

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IMPACT OF CARING FOR THE TRAUMATIZED

<p>Indirect trauma</p> <p>Emotional contagion</p> <p>Savior Syndrome</p> <p>Cost of caring</p> <p>Secondary victimization</p>	<p>Secondary traumatic stress</p> <p>Compassion fatigue</p> <p>Vicarious traumatization</p> <p>Burnout</p>
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WHO IS VULNERABLE?

Family Members

Spouses/Partners

Children

Parents

Other family or friends

Service Providers

Social workers

Nurses/Physicians

Domestic/sexual violence

Emergency responders

SECONDARY TRAUMATIC STRESS

▶ “The *natural*, consequent behaviors and emotions resulting from knowledge about a stressful event experienced by a significant other.”

▶ “A syndrome of symptoms *nearly* identical to *PTSD* except that exposure to a traumatizing event experienced by one person becomes a traumatizing event for the second person.”

- (Figley, 1999, p.11)

COMPASSION FATIGUE

▶ Conceptually identical to Secondary Traumatic Stress.

▶ Introduced as a potentially less stigmatizing term.

▶ Sometimes used to refer to the combination of secondary traumatic stress and burnout.

VICARIOUS TRAUMATIZATION

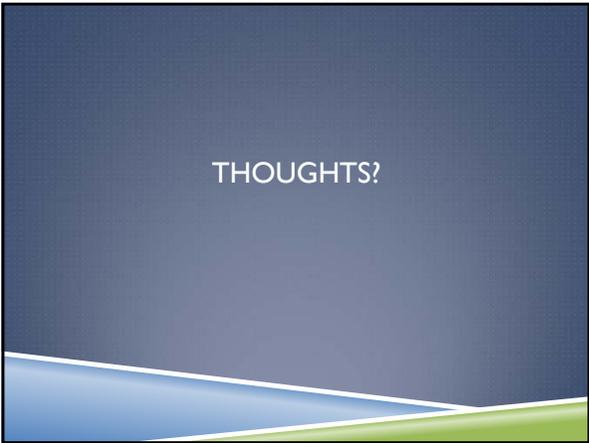
- ▶ The transformation in the inner experience of the *therapist* that comes about as a result of *empathic engagement* with traumatic material. (Pearlman & Saakvitne, 1995, p.31)
- ▶ Profound disruptions in the *therapist's* frame of reference, that is, his basic sense of identity, world view, and spirituality. Multiple aspects of the *therapist* and her life are affected, including his affect tolerance, fundamental psychological needs, deeply held beliefs about self and others, interpersonal relationships, internal imagery, and experience of his body and physical presence in the world. (Pearlman & Saakvitne, 1995, p. 280).

VICARIOUS TRAUMATIZATION

▶ Frame of Reference	▶ Psychological Needs
▶ Identity	▶ Safety
▶ Worldview	▶ Trust
▶ Spirituality	▶ Esteem
	▶ Intimacy
	▶ Control

BURNOUT

“Burnout is a prolonged response to chronic emotional and interpersonal stressors on the job, determined by the dimensions of exhaustion, cynicism, and inefficacy.” (Maslach, Schaufeli, & Leiter, 2001)





- ▶ Exposure
- ▶ Re-Experiencing/Intrusion Symptoms
- ▶ Avoidance Symptoms
- ▶ Negative Cognitions and Mood Symptoms
- ▶ Arousal Symptoms
- ▶ Distress/Impairment



- ▶ Directly experience the traumatic event;
- ▶ Witnesses the traumatic event in person;
- ▶ Learns that the traumatic event occurred to a close family member or friend;
- ▶ Experiences first hand repeated or extreme exposure to aversive details of the traumatic event.

RE-EXPERIENCING SYMPTOMS

- ▶ Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
- ▶ Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
- ▶ Dissociative reactions in which the individual feels or acts as if the traumatic event(s) were recurring.
- ▶ Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
- ▶ Physiological reactivity on exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

AVOIDANCE SYMPTOMS

- ▶ Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).
- ▶ Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

NEGATIVE COGNITIONS & MOOD

- ▶ Inability to remember an important aspect of the traumatic event(s). Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world.
- ▶ Persistent distorted cognitions about the cause or consequence of the traumatic event(s) that lead the individual to blame himself/herself or others.
- ▶ Persistent negative emotional state.
- ▶ Markedly diminished interest or participation in significant activities.
- ▶ Feeling of detachment or estrangement from others.
- ▶ Persistent inability to experience positive emotions.

AROUSAL SYMPTOMS

- ▶ Irritable behavior and angry outbursts.
- ▶ Reckless or self-destructive behavior.
- ▶ Hypervigilance.
- ▶ Exaggerated startle response.
- ▶ Problems with concentration.

ASSESS YOUR LEVEL OF CF/STS

How frequently do you experience CF/STS Symptoms?

Not at all **0** ← → **5** Very Frequently

How many STS symptoms have you experienced in the past week?

None **0** ← → **5** All of them

DISTRESS AND IMPAIRMENT

- ▶ Clinically Significant Distress
- ▶ Impaired Functioning
 - ▶ Social
 - ▶ Occupational
 - ▶ Other areas

ASSESS THE IMPACT OF CF/STS

PREVALENCE OF CF/STS

- Social Workers (N = 282) (Be, 2007)
 - 55% met at least one of the core criteria for PTSD
 - 24% scored above the clinical cutoff.
 - 15% met the core criteria for PTSD.
- Social Workers (N = 529) (Bride & Lee, 2012)
 - 48% met at least one of the core criteria for PTSD
 - 15% scored above the clinical cutoff.
 - 11% met the core criteria for PTSD
- Substance Abuse Counselors (N = 225) (Bride, Hatcher, & Humble, 2009)
 - 57% met at least one of the core criteria for PTSD.
 - 26% scored above the clinical cutoff.
 - 19% met the core criteria for PTSD.

PREVALENCE OF CF/STS – CONT'D

- Substance Abuse Counselors (N = 936) (Bride & Roman, 2011)
 - 54% met at least one of the core criteria for PTSD.
 - 16% scored above the clinical cutoff.
 - 13% met the core criteria for PTSD.
- Domestic/Sexual Violence Social Workers (N = 154) (Choi, 2011)
 - 54% met at least one of the core criteria for PTSD.
 - 16% scored above the clinical cutoff.
 - 13% met the core criteria for PTSD.
- Child Welfare Workers (N = 187) (Bride, Jones, & MacMaster, 2007)
 - 92% experienced some symptoms of STS.
 - 43% scored above the clinical cutoff.
 - 34% met core criteria for PTSD.

SUMMARY OF PREVALENCE STUDIES

- ▶ Most service providers experience some symptoms of CF/STS.
- ▶ Most service providers have low levels of CF/STS.
- ▶ A significant amount of service providers have relatively high levels of CF/STS.

RISK FACTORS

- ▶ Exposure to traumatized populations
- ▶ Demographics
- ▶ Trauma History
- ▶ Burnout
- ▶ Empathy

THOUGHTS?

WHAT ARE YOUR RISK FACTORS?

PROTECTIVE FACTORS

- ▶ Empathy
- ▶ Social and Organizational Support
- ▶ Self-Care
- ▶ Compassion Satisfaction

FOUR FACTOR MODEL OF EMPATHY

- ▶ Affective Sharing - Capacity for an automatic or unconscious affective response to others, which may include sharing emotional states.
- ▶ Perspective Taking – Capacity to take the perspective of another.
- ▶ Self-Other Awareness – Capacity for temporary identification between self and other that ultimately avoids confusion between self and other.
- ▶ Emotional Regulation – Ability to change or control one's own emotional experience.

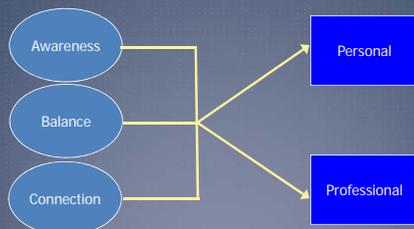
(Decety & Jackson, 2004)

SOCIAL AND ORGANIZATIONAL SUPPORT

- ▶ Attachment/Friendship (ns)
- ▶ Reliable Alliance/Relational Quality (+)
- ▶ Helpfulness (+)
- ▶ Discussion (+)
- ▶ Satisfaction (+)

THOUGHTS?

THE ABCS OF SELF CARE



AWARENESS

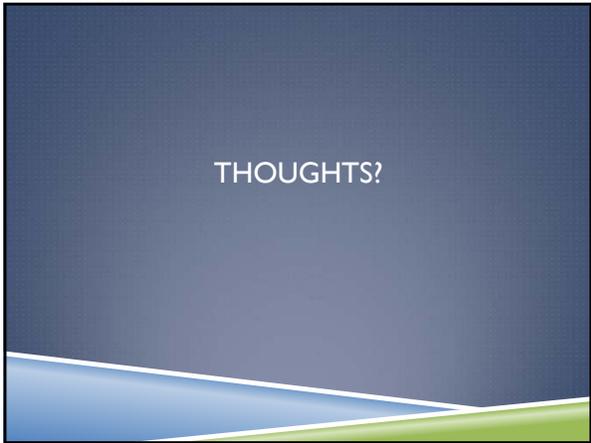
- ▶ Recognize and identify CF/STS symptoms.
- ▶ Monitor changes in symptoms over time.
- ▶ Recognize and monitor changes in functioning.
- ▶ Recognize and identify CF/STS symptoms.
- ▶ Supervision and consultation addressing CF/STS.
- ▶ Seek help with your own traumas.
- ▶ Know your triggers.

BALANCE

- ▶ Make personal life a priority.
- ▶ Protect your time.
- ▶ Attend to your physical and mental health.
- ▶ Healthy escapes.
- ▶ Balance caseload, time, tasks.
- ▶ Take time for relaxation and reflection.
- ▶ Set and maintain appropriate boundaries.
 - ▶ Understand your roles, responsibilities, and limitations.
 - ▶ Be explicit with those you work with about boundaries.

CONNECTION

- ▶ Make relationships with family and friends a priority.
- ▶ Honor your connection to your community.
- ▶ Revitalize your sense of life's purpose and meaning.
- ▶ Develop a professional connection.
- ▶ Develop and utilize a professional support network.
- ▶ Remember why you do what you do.
- ▶ Refocus on the rewards of your work.



THOUGHTS?



ASSESS YOUR SELF CARE?

- ▶ What do you do for self care?
- ▶ How often do you engage in self care?
- ▶ What can/will you do in the future to increase your self care?



COMPASSION SATISFACTION & RESILIENCE

- ▶ Observing and experiencing client recovery and growth
- ▶ Increased empathy, insight, and tolerance
- ▶ Appreciation of life
- ▶ Personal growth
- ▶ Appreciation of relationships
- ▶ Improved spousal relations
- ▶ Improved parenting skills

REWARDS OF YOUR WORK

- ▶ What are the rewards of your work?
 - ▶ How have you grown and changed in positive ways?
 - ▶ What have you learned?
 - ▶ What has moved you?
 - ▶ How have you made a difference to others?
 - ▶ What successes have you and your clients shared?
 - ▶ What has made you laugh?

KEY TAKE AWAYS

- ▶ Compassion Fatigue is a **NORMAL** and **EXPECTED** experience.
- ▶ The negative impact of Compassion Fatigue can be minimized or prevented.
- ▶ Self Care and Social Support are important ways to minimize the effect of Compassion Fatigue
- ▶ To care for others, you must first care for **YOURSELF**.

Reflect! Keep Calm & Carry On

(Mindfulness Audiocast Exercise)

Discover and observe your reactions to life's stressors and choose how to respond. Learn to balance work and life with this three-part mindfulness audiocast series.

Audiocast #3: Giving Yourself Compassion



Link to Download: <http://blogs.extension.org/militaryfamilies/military-caregiving/audiocasts-and-podcasts/>



MILITARY CAREGIVING
Military Families Learning Network

Evaluation & Continuing Education Credits/Certificates

The MFLNMC Concentration Area offers 1.5 credit hour(s) from the National Association of Social Workers (NASW) / certificates of completion for today's webinar.

To receive CE credits or certificate of completion, please complete the evaluation and post-test found at:
https://vte.co1.qualtrics.com/SE/?SID=SV_6W0szg2fLlhGMt

*Must pass post-test with an 80% or higher to receive CE credit.



Upcoming Event

Financial Planning for Military Caregivers

Time: 11:00 a.m. – 12:00 p.m. EDT

Date: Wednesday, December 9, 2015

Location: <https://learn.extension.org/events/2316>

For more information on MFLN Military Caregiving go to:
<https://blogs.extension.org/militaryfamilies/military-caregiving/>





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Find all upcoming & recorded VLEs
& webinars covering:

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- Family Transitions
- Network Literacy
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