

# Compassion Fatigue Prevention & Resiliency

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Master Traumatologist

**CMI Education Institute**

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**J. Eric Gentry, PhD., LMHC, is an internationally-recognized educator in the study and treatment of compassion fatigue. He completed his Ph.D. at Florida State University, where he studied with Professor Charles Figley, the author of *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. Under Dr. Figley's direction, Gentry developed the Accelerated Recovery Program (ARP) for Compassion Fatigue with Anna Baranowsky, Ph.D., and Kathleen Dunning. The ARP has demonstrated powerful effectiveness for treating the symptoms of Compassion Fatigue.**

**In 1998, Gentry and Baranowsky introduced Certified Compassion Fatigue Specialist Training and have trained thousands of professionals towards this designation since that time. Gentry has worked with hundreds of professional caregivers from Oklahoma City, New York City, and the state of Florida following their work with disaster survivors. He has published many research articles, book chapters and periodicals on the topic of compassion fatigue treatment and resiliency.**

**Eric Gentry draws equally from his scientific study and from his rich history of 24 years as a professional therapist to provide this program. His commitment to his mission to serve caregivers is evident throughout this program. You will be challenged, inspired and uplifted by Eric Gentry and this unique training experience. Eric Gentry is co-founder and serves on the board of directors for IATP (International Association of Trauma Professionals).**

This Presenter has informed CMI Education Institute that he has received royalties from Hogrefe & Huber Publishing. The Activity Planner and J. Eric Gentry have indicated that the content being presented at today's educational activity is without bias of any commercial product or drug.

**Compassion Fatigue Prevention and Resiliency:  
Webinar**



"That which is to give light  
must endure burning."



**Prevention & Resiliency**

**J. Eric Gentry, PhD, LMHC, CAC  
Master Traumatologist**

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**Compassion Fatigue: A Crucible of  
Transformation**

Exercise:

***Silent Witness\****

**The Effects of Our Work**

1. Write down three (3) negative effects from your work as a caregiver on an index card
2. For two minutes circulate about the group allowing others to see your card

\*Adapted from Saakvitne, Gamble, Pearman, & Lev (2000). *Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse*. Sidran Press.

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**Compassion Fatigue**



*"That which is to give  
light  
Must endure  
burning"*

*- Viktor Frankl*

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## Compassion Fatigue

The Problem

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## Compassion Fatigue

**STRESS !!!**

- Is your job stressful?
- If so, what are some of the causes?
- What are some of the effects?

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### Cause & Effect

<u>Causes</u>	<u>Effects</u>
Paperwork – charting/documenting/reports	Anxiety
Constant and increasing demands	Fatigue
Lack of resources	Depression
Negative, conflictual, and/or coercive environment	Somatization
Constant changes	Self Rx (alcohol, drugs, food, shopping, etc)
Resistant clients	Isolation

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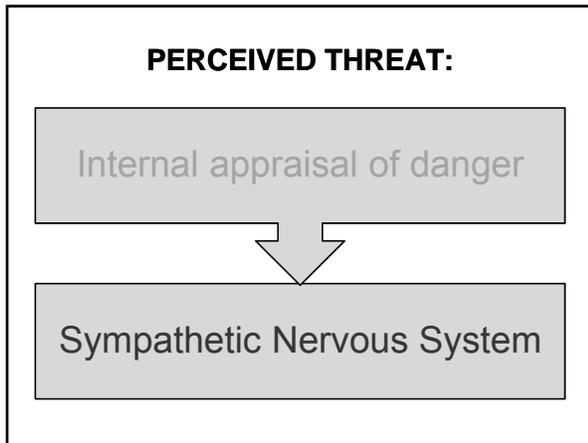
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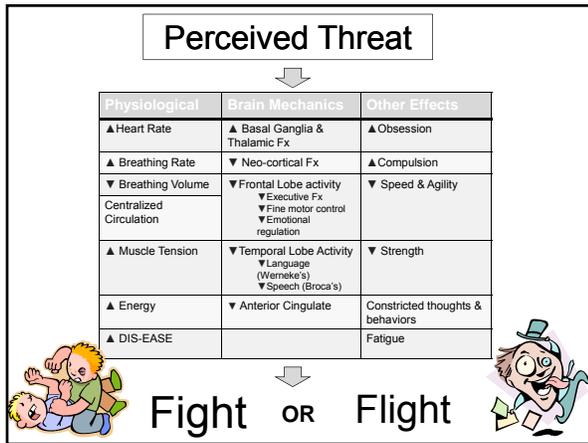
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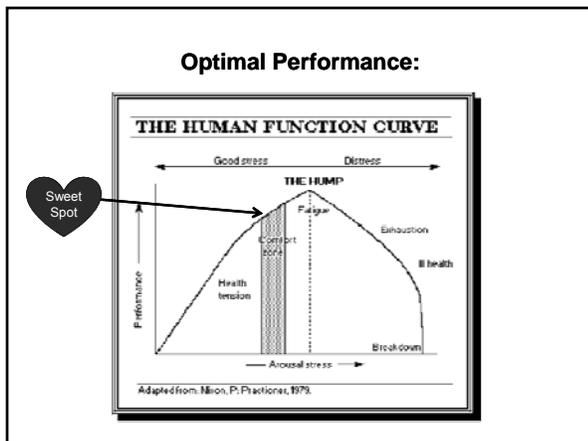
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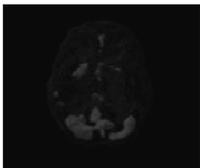
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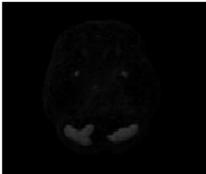
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**High Anxiety**  
Increased basal ganglia activity

**Stress = Perception of Threat**

**Normal**  
Note the lessened activity of the basal ganglia



<http://www.amenclinics.com/bp/atlas/ch2.php>

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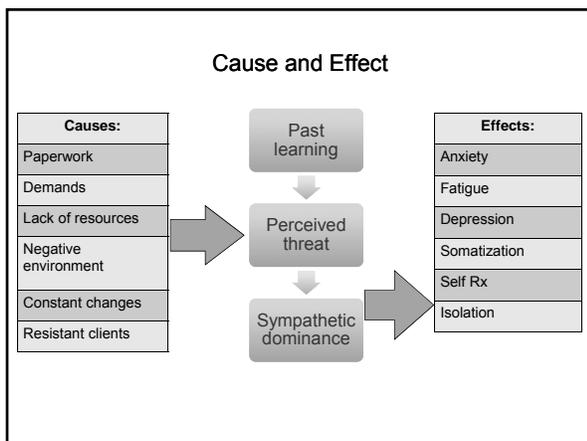
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**Compassion Fatigue**



Secondary Traumatic Stress  
 Vicarious Traumatization  
 Burnout  
 Countertransference  
 Caregiver Stress

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# Compassion Fatigue



**Compassion Fatigue =**  
Secondary Traumatization + Burnout

(Figley, 1995)

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# Secondary Traumatic Stress Symptoms

Arousal (Criterion D)		Avoidance (Criterion C)	
Fear/Anxiety	Compulsive Behavior	Procrastination	Dread
Obsessive Thoughts	Poor Concentration	Depression	Hopeless
Sleep Problems	Weight +/-	Self Rx	Constriction
Irritability/easily angered	Somatization (HA; Digestive; Hypertension)	Relational problems	Diminishing Self-care activities
Impulsive	Immune Problems	Isolation	Rumination
Dis-ease		Blame	Entitlement
Increased Perceived Threats		Chronic Fatigue	

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# Emergency Medicine Resiliency Safety Net

- Empower 1-2 people to confront us when we:
  - Become symptomatic
  - Consistently divergent from ways in which we normally act
- Person should know us well, care about us and have self-possession to withstand our attempts at deflection
- Opacity of denial increases as we become more symptomatic




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Secondary Traumatic Stress (STS)

**STS vs. PTSD**

- **Criterion A: Event.** ...witnessing or gaining knowledge of event...learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” DSM-IV
- **Criterion B: Intrusion.** Intrusive thoughts of clients, client’s imagery, dreams, **increased perceived threat in ALL contexts.**

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Healing Compassion Fatigue



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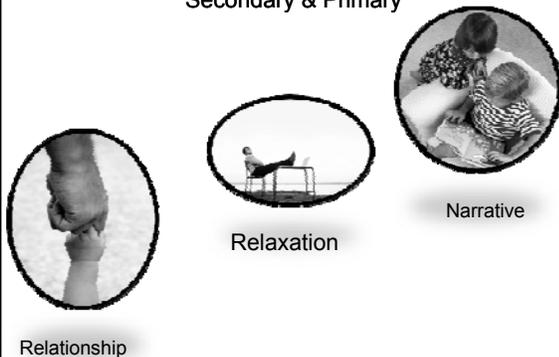
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Healing Traumatic Stress  
Secondary & Primary



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Healing Compassion Fatigue:  
Secondary Traumatic Stress

1. **Relaxation** – PERCEIVED THREAT; when listening to clients; when remembering experiences
2. **Building & Maintaining Relationships** – getting support; allowing others to confront when symptomatic; telling on ourselves when we breach integrity; accountability
3. **Sharing Narratives** – painful work experiences (with clients and co-workers)

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Resolving STS



Developing/Utilizing Support



Sharing Narratives

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= Healing and Sustained Resiliency Of Compassion Fatigue Symptoms



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Preventing STS



Witnessing Trauma



Relaxation

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= Resiliency/Prevention



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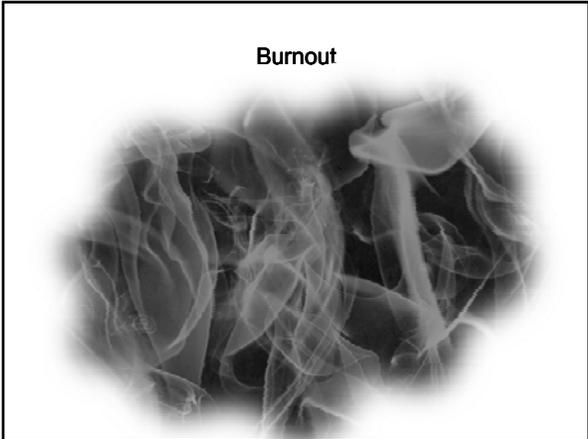
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**Burnout**

**“Burnout is a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment”**

(Maslach & Goldberg, 1998; 2003)

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**Burnout**

**“The chronic condition of *perceived* demands outweighing *perceived* resources”**

- Gentry & Baranowsky, 1998

**Perceived Threat = Fight/Flight = Sympathetic Dominance = Chronic Anxious presence = Burnout**

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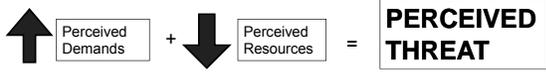
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### Burnout: Cause & Cure



**Perceived Threat** = Fight/Flight =  
Sympathetic Dominance = Chronic Anxiety = **Burnout**

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### Healing Compassion Fatigue



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### Healing Compassion Fatigue: From **Burnout** to **BurnThru**



Relaxation/Self regulation  
(in the context of perceived demands/threats)

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Changing Perceptions

When the Pain of staying the Same is greater than the Fear of Change  
We will Change

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**Compassion Fatigue “Antibodies”**

**1. Self-regulation** – ability to immediately shift from sympathetic to parasympathetic dominance (especially when perceiving threat)

**2. Intentionality** – Principle-based vs. demand driven  
fealty to covenant

**3. Perceptual Maturation/Self-validation**  
– other’s reaction and valuation do not determine behavior;  
integrity > reputation

**4. Connection** – develop and utilize support network

**5. Self-care** – aerobic activity (3x/week) primary

Primary

Secondary

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**Antibody II: Intentionality**



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**Compassion Fatigue Resiliency**

**Antibody 2: Intentionality**

**Do I GO WHERE I AIM MYSELF?**

- Requires self-regulation
- Mission-driven
- Internal locus of control
- Principle-based
- Tolerance of pain for growth
- Maturation of spirituality



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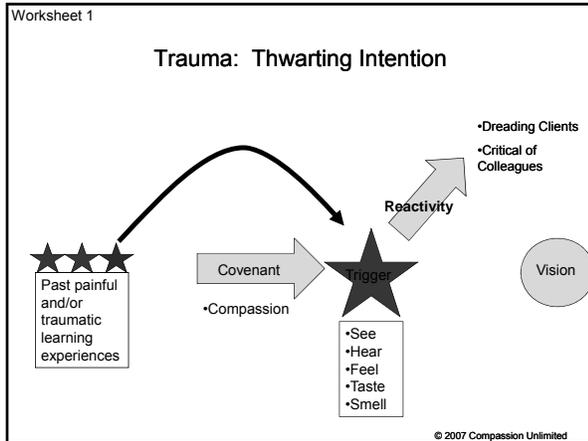
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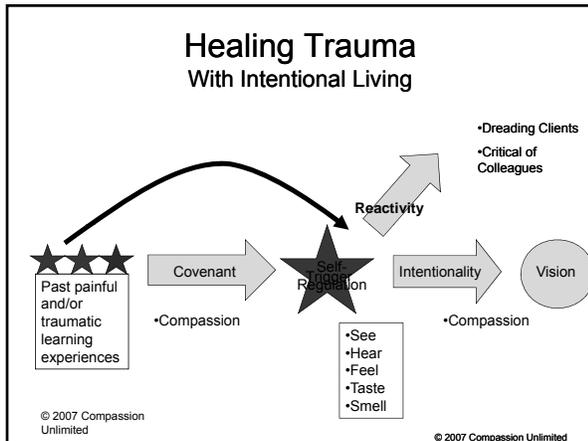
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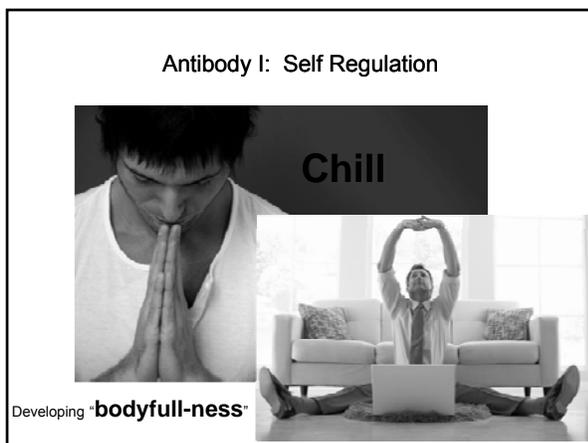
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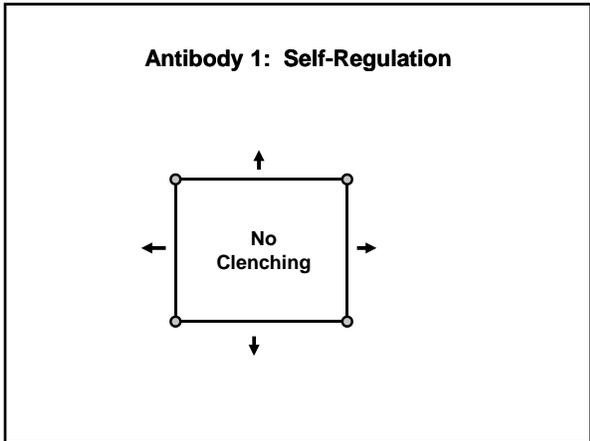
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### Self-Regulation

- Relaxing tension of pelvic floor muscles switches from sympathetic to parasympathetic dominance
- Psoas, Sphincter, and Kegels (anterior + posterior)
- Regaining of neocortical functioning in 20-30 seconds
- Relieves pressure on vagus nerve
- Impossible to experience stress – comfortable in one's own skin

B. Scaer (2006)  
NIMH (2004)  
D. Berceini (2003)  
R. Sapulsky (1999)  
Porges (1999)

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## Who is squeezing the muscles in your body?

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### Compassion Fatigue Resiliency

#### Antibody 3: Perceptual Maturation



- Choice vs. Demand
- Relinquish Outcomes
- Caregiving from mission – self-regulation
- Resolution of attachment trauma
- Resilient to judgment by clients and peers
- Often spiritually-based
- Sense of potency balanced with humility

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Worksheet 3

### Compassion Fatigue Resiliency

#### Connection/Support



- **Narrative of painful/traumatic work experiences**
- **Empowering select few to confront when symptomatic**
- Ability to safely “tell on yourself”
- Accountability
- Authentic “self”
- Resolving attachment trauma
- Responsibility to “train” support group
- Creating community

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#### Vaccine V: Self-Care



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### Compassion Fatigue Resiliency

#### Self-Care – “Refueling”



- Aerobic activity (3x/week)
- Fuel for “enduring burning”
- Music/Art/Sport that combines discipline and improvisation
- Active instead of passive
- Solitude/Spirituality/ Nature
- Intentional Plan

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### Compassion Fatigue Resiliency Mature & Resilient Caregiving



- **Antibody I: Self-regulation**
- **Antibody II: Intentionality**
- **Antibody III: Self-validation**
- **Antibody IV: Connection/Support**
- **Antibody V: Self-Care (refueling)**

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**“PRESCRIPTION FOR RESILIENCY”:**

1. Put on your running/walking shoes
2. Connect with peer.
3. Evolve perceptions of your work/workplace and turn away from validation from others and towards self validation.
4. Gain self validation by living and working within your intentions and principles (Covenant).
5. Scan your body for muscle tension and **stop squeezing.**

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*Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.*

- Viktor Frankl

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## **Compassion Fatigue Prevention & Resiliency: Fitness for the Frontline**

### **Program Objectives**

Please use the objectives below to answer the online objective questions.

At the completion of this seminar, I have been able to achieve these seminar objectives:

1. Summarize the history, causes, treatment and prevention of compassion fatigue, burnout, secondary traumatic stress, caregiver stress, countertransference, and vicarious traumatization.
2. Identify the true causes of stress in personal and professional life.
3. Outline skills for successful internal self-regulation of anxiety—ability to maintain comfort and maximal performance regardless of the external contexts.
4. Develop knowledge and skills necessary to prevent the symptoms of compassion fatigue through enhanced resiliency.
5. Create a 5-point self-directed Professional Resiliency Plan that can be easily integrated into professional practice and personal life.

\*\*Please mark any additional objective questions online “not applicable”.