Coping with Compassion Fatigue

Helping others who have undergone a trauma from a natural disaster, accident, or sudden act of violence, can be highly satisfying work. But helping trauma victims can take a toll on even the most seasoned mental health professional. Ongoing exposure to the suffering of those you are helping can bring on a range of signs and symptoms -- including anxiety, sleeplessness, irritability, and feelings of helplessness -- that can interfere, sometimes significantly, with everyday life and work. In clinicians, including therapists, counselors, and social workers, this response is often referred to as “compassion fatigue” or “secondary post-traumatic stress.”

Left untreated, compassion fatigue can lead to other issues that can be of concern, including burnout. If you are working with victims of trauma, it’s important to recognize that you and your co-workers are vulnerable to compassion fatigue. There are steps that you can take to recognize, limit, and treat the effects.

What is compassion fatigue?

“Compassion fatigue” is a fairly new term that describes certain emotions and behavior that people, often clinicians such as psychologists and therapists, sometimes experience as the result of hearing about and knowing about the traumatic experiences of others. It is part of the “secondary post-traumatic stress” family of responses that people may have when they help trauma victims. The symptoms, which are similar to the symptoms of post-traumatic stress, can interfere -- sometimes profoundly -- with a person’s personal and work life. Compassion fatigue has also been described as “vicarious traumatization.”

Who is at risk for compassion fatigue?

Clinicians who choose the “helping professions” are often extremely empathic people: they are able to step into another person’s shoes and understand what that person is feeling. This same quality that makes it possible to help others who are suffering may also heighten a therapist’s vulnerability to compassion fatigue. It is thought that some people are more vulnerable than others to compassion fatigue, particularly people who may have experienced unresolved trauma in their own lives. This is especially true if the clinician is experiencing the event at the same time as the people the clinician is trying to help.
It is important to keep in mind that not everyone who helps others deal with trauma develops compassion fatigue. You are not inadequate or unempathic if you don’t develop this response. Also, signs of stress are not always signs of compassion fatigue. They may simply be signals that you are tired or that you need a break.

Also keep in mind that compassion fatigue usually happens over time. You may start to recognize that you’re experiencing it quite a while after your exposure to the trauma -- either by hearing about the details from someone who is experiencing post-traumatic stress or by having witnessed the aftermath of the traumatic event.

**Signs and symptoms**
The signs and symptoms of compassion fatigue are similar to the signs and symptoms of post-traumatic stress:

- **Nervousness and anxiety.** Feeling anxious and in danger. Feeling fearful about going out. Being hyper-vigilant about your safety and your family’s safety.

- **Anger and irritability.** Feeling “angry at the world,” or feeling anger toward people you love and trust. Arguing often with relatives, friends, or co-workers. Feeling angry toward specific people or groups of people. Feeling aggressive or having a hard time controlling feelings of aggression.

- **Mood swings.** Having trouble controlling your emotions. Experiencing moods that go up and down. Feeling fine and then suddenly crying or feeling very anxious.

- **Flashbacks.** First-responders to a scene of a crisis and others who are hearing the experiences of a trauma survivor may find themselves reliving portions of the crisis. This can mean experiencing nightmares containing images of the event, or having spontaneous flashbacks and vivid memories of the experience. Flashbacks are often accompanied by physical sensations such as sweating or a racing heartbeat.

- **Difficulty concentrating.** Difficulty concentrating or making even simple decisions. Forgetting parts of your ordinary daily routine, like brushing your teeth, paying your bills, or preparing meals.

- **Lowered self-esteem.** This can occur when you’re feeling as though you’re not doing enough to help, not doing everything “perfectly,” or feeling helpless to do anything to truly relieve another’s suffering.

- **Feeling less trusting of others and the world.** When you are continually immersed in a crisis, you may start to feel cynical and jaded by what you’ve been experiencing firsthand.

- **Withdrawing from others.** Becoming emotionally distant and detached. Not wanting to talk about the event. Isolating from friends and family.
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- **Changes in appetite, sleep, or other habits.** Not feeling hungry or forgetting to eat. Eating too much or more than is healthy. Lack of interest in sex. Sleeping too much. Having trouble falling asleep or staying asleep. Having nightmares related to the events you’ve been hearing about in graphic detail.

- **Physical changes.** Physical symptoms like headaches, stomachaches, dizziness, heart palpitations, or shortness of breath. Feeling shaky, panicky, or very tired. Flu- or cold-like symptoms.

- **Depression.** Feelings of sadness and grief. Feeling a loss of energy, or a loss of interest or pleasure in ordinary activities. Changes in appetite or weight. Having memory difficulties, frequent crying episodes, feelings of hopelessness, or suicidal thoughts. (*If you are having suicidal thoughts, it is important to seek professional help immediately.*)

Coping and finding help

If you are experiencing symptoms of compassion fatigue, it is important to seek help. If compassion fatigue progresses without treatment, it can result in an inability to perform appropriately as a clinician. You may feel or appear callous, insensitive, or burned-out, which can seriously interfere with your work performance as well as your personal relationships.

People who have experienced unresolved trauma in their own lives -- especially those who have not resolved the trauma -- are at particular risk for compassion fatigue. It is important to be aware that our own life histories affect how we respond to hearing the trauma stories of others. Be aware that there is help for the helper.

- **Get support from people you love and trust.** Talking with people you feel safe with can help you process and feel more in control. If you have a supervisor, mentor, or trusted colleague, they will be able to remind you of what typical responses are under these circumstances. They may also be able to help you be aware of certain challenges that may lie ahead.

- **Participate in debriefing sessions specifically for clinicians.** If your employer does not provide these, ask that they please be provided. Having a safe place to share your feelings and reactions with other professionals can be an extremely helpful way to normalize what you’re going through.

- **Try not to compare yourself with others.** Everyone reacts differently to exposure to others’ traumatic experiences. There is no right or wrong way to deal with a totally unexpected event.

- **Set more boundaries during this stressful time.** Say no when you can. Setting limits in your personal and professional life can help you conserve your energy and allow you time to regroup. By doing this, you will be able to keep things in better
perspective. It is also important to be able to balance your time alone and the
time you spend with supportive people.

• Avoid using alcohol or nonprescription drugs to handle your emotions or to relax.
  Alcohol is a depressant and can make you feel more lethargic. Sugar, caffeine,
  and smoking can have an over-stimulating effect.

• Take care of yourself. Eat well-balanced meals and make a point of getting enough
  sleep. Keep a bottle of water with you -- it is easy to become dehydrated when
  you are under stress.

• Crisis management may not be your primary area of expertise. Many clinicians can
  become overwhelmed when they deal with a lot of clients affected by a traumatic
  event. Even highly trained clinicians can have this reaction at times. When you
  are dealing with others’ and your own intense feelings and reactions, it is
  paramount that you get support from other professionals.

• Limit your news coverage. It is very tempting to continually watch and read the
  news during a traumatic event. By being selective about the amount of news you
  involve yourself with, you can get some down time and added stress relief.

• Exercise. Daily exercise can have tremendous benefits for both the body and
  mind. Even short walks can help if you take them regularly.

• Practice deep breathing. Take breaks several times a day to breathe in slowly to a
  count of five, and out again to a count of five. This can help “unclench” both
  your body and mind.

• Try to make your office area as comfortable and soothing as possible. Surroundings can
  make a difference in how you feel. Make sure your chair is comfortable, and that
  you have a soothing photograph or other picture to look at.

• Write down your feelings. Some people find that it helps to write down their
  feelings, especially before they go to bed. You can then decide whether or not
  you want to share these thoughts and feelings with anyone else.

• Consider joining a support group. Talking with others who have gone through
  traumatic experiences can be helpful, especially if you don’t have supportive
  friends and family nearby. Ask your EAP or employee resource program to help
  you find a group.

• Balance objectivity and empathy. If you become overly objective, you may come
  across as very detached or even feel numb, and may not be able to help your
  client. If you become overly empathetic, you may cry with your client or become
  outraged, which may lead the client to feel that you’re not up to hearing about or
  helping them with their experiences. Therefore, maintaining a healthy balance is
  of the utmost importance.
• *Give yourself time.* It’s not a sign of personal weakness if you are having symptoms of compassion fatigue. Be patient with yourself and ask others to be patient with you. Telling people how they can help you will enable them to feel useful and will help you get what you actually need.

• *Know and honor your own limitations.* Give yourself permission to stop your assignment or to move certain clients to another clinician, even if it’s only temporarily. There are moments when everyone needs a break or when a clinician can’t treat a certain client for a variety of reasons. You won’t be able to be as effective if you’re too exhausted or know that you’re unable to help your client with their specific issues.

• *Remember to focus on the powerful impact you’re having on the people you’re helping.* You are giving the gift of yourself and your experience and training. Take time for a well-deserved break, even if you feel as though you may be missing out on something or not seeing things through to conclusion. When you return, you may be better able to help others with your refreshed attitude and by having more energy and a different perspective. Treat yourself the way you are treating your own clients, with compassion, empathy, and understanding, and you and everyone you come in contact with will greatly benefit.

• *Seek professional help if you are not yourself.* It’s important to seek professional help right away if you are experiencing overwhelming feelings of sadness, anger, or despair, if you feel like quitting your job immediately, or if you are having thoughts of suicide. There is treatment for compassion fatigue, and talking with a professional can help. If you are arguing with people, having trouble getting along with others, or are feeling more aggressive, irritable, or frustrated than usual, seek help. Seek help if you are having trouble functioning well at work or at home, or if your personal relationships are suffering. Seek help if you are drinking more, abusing drugs, can’t sleep, or if you “don’t know what’s wrong.”

The program that provided this article may be able to provide resources and support.

**Resources**

**American Academy of Experts in Traumatic Stress**

[www.aaets.org](http://www.aaets.org)

A multidisciplinary professional organization committed to the advancement of intervention for survivors or trauma. Information and publications are available to both members and nonmembers.

**Compassion Satisfaction and Fatigue (CSF) Test**

[www.isu.edu/~bhstamm/tests/satfat.htm](http://www.isu.edu/~bhstamm/tests/satfat.htm)

A self-scoring tool for determining risk for compassion fatigue and burn-out, designed by B. Hudnall Stamm and C.R. Figley.
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International Society for Traumatic Stress Studies
www.istss.org
An international, multidisciplinary, professional membership organization that promotes advancement and exchange of knowledge about severe stress and trauma, providing links and educational materials.

National Center for Post-Traumatic Stress Disorder
www.ncptsd.va.gov
A source of a wide range of information about post-traumatic stress disorder of interest to both professionals and lay people.

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