

SELF-CARE AND COMPASSION FATIGUE


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EDUCATION. SUPPORT. ADVOCACY.HOPE

OUR MISSION

NAMI Northern Illinois is dedicated to improving the lives of individuals living with mental illness and their loved ones through support, education, advocacy and hope.



LEARNING OBJECTIVES:

1. Understand suicide and its risks.
 2. Define resilience, self-care and the difference between compassion fatigue and burnout.
 3. Discuss ways that professionals can build resilience and prevent compassion fatigue.
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- A decorative graphic consisting of several parallel white lines of varying lengths, slanted diagonally from the bottom right towards the top right, located in the lower right quadrant of the slide.

- ▶ The act of killing oneself intentionally
- ▶ An expression of extreme distress
- ▶ Rarely done for attention
- ▶ It is the culmination of a long process in which the person is trying to reduce pain
- ▶ They have contradictory wishes to live and to die

SUICIDE



- ▶ 47,511 Americans died by suicide in 2019 – 1 every 11 minutes
- ▶ 19,141 homicides
- ▶ On average there are 129 suicides per day
- ▶ Suicide is the 10th leading cause of death in the U.S.
- ▶ Suicide is the second leading cause of death for people 10-34
- ▶ Suicide increased 33% between 1999 and 2019
- ▶ For every suicide there are 25 attempts
- ▶ Suicide costs \$69 billion annually in combined medical and work loss costs

UNDERSTANDING THE PROBLEM OF SUICIDE

American Foundation for Suicide Prevention,
<https://afsp.org/about-suicide/suicide-statistics/>

INCREASED RISK

American
Indian/Alaska Native

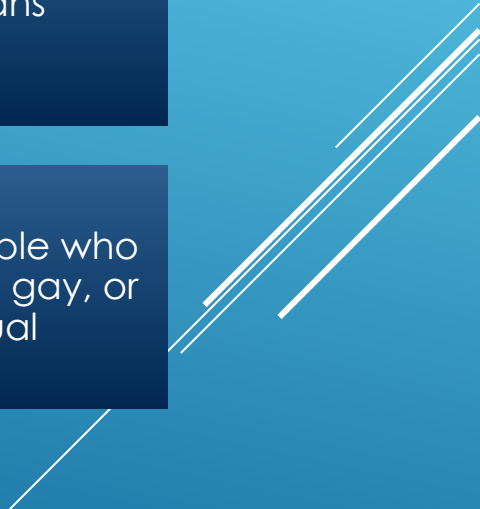
Non-Hispanic White
populations

Veterans

People who live in
rural areas

Workers in certain
industries and
occupations like
mining and
construction

Young people who
are lesbian, gay, or
bisexual



OTHER RISK FACTORS

Substance Use
Disorders

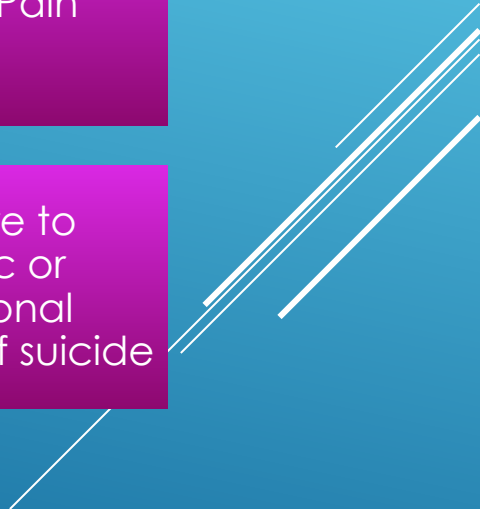
Serious Chronic
Health Condition

Serious Pain

Access to lethal
means including
firearms and drugs

Exposure to
another person's
suicide

Exposure to
graphic or
sensational
accounts of suicide



- ▶ General suicide rate is 12.6 per 100,000
- ▶ Health care support workers' rate is 21 per 100,000
- ▶ Nurses rate is 16 per 100,000
- ▶ Female health care workers are 50% higher

RISK FOR NURSES



TAKE CARE OF YOURSELF!



Compassion Fatigue

- ▶ Caused by the exposure of traumatic material.
- ▶ Has a rapid onset and can be felt after the first experience of absorbing one's traumatic material.
- ▶ A term that describes the impact of helping others.
- ▶ Quicker recovery time than burnout, if managed early.

Burnout

- ▶ Caused by work-related attributes such as the job, coworkers, one's supervisor and poor work culture.
- ▶ Emerges gradually over time as the work-related attributes such as too much paperwork, lack of resources, and long shifts, pile up.
- ▶ A term that describes the impact of a stressful workplace.
- ▶ Longer recovery time.

COMPASSION FATIGUE VS. BURNOUT



DEFINITION OF TRAUMA

“Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual’s functioning and physical, social, emotional, or spiritual well-being”

Event
Experience
Effect



Occurs when a person begins to experience trauma symptoms as a result of their exposure to the pain and suffering of others.

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to walk through water without getting wet.”

Rachel Naomi Remen
Kitchen Table Wisdom 1996

SECONDARY TRAUMA

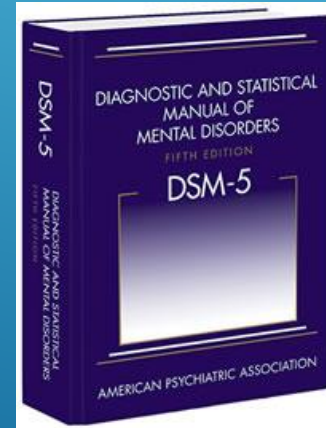
People experience traumatic stress as a result of their secondary exposure to violence, injury, and death

SECONDARY TRAUMATIC EVENTS

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- ▶ Previously unofficially recognized amongst the helping professions
- ▶ DSM 5 added “Experiencing repeated or extreme exposure to aversive details of the traumatic event(s)” to the diagnostic criteria of Posttraumatic Stress Disorder¹

SECONDARY TRAUMA



¹ American Psychiatric Association (2013). *American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*. Arlington, VA, Author. 271

SOME REASONS THAT HELPERS DON'T GET HELP

- We think we should not have problems
- It's easier to help others than to get help for ourselves
- We think we should know how to solve our problems
- We view our problems as signs of failure or inadequacy
- We intellectualize to distance ourselves from emotional impact
- We feel embarrassed to seek help from our peers
- We can sabotage our own treatment



ASSESS YOUR STRESS LEVEL

The image features a solid blue background with a gradient from light to dark. In the bottom right corner, there are several white, parallel diagonal lines that sweep across the frame from the bottom left towards the top right, creating a sense of motion and modern design.

PROFESSIONAL QUALITY OF LIFE SCALE

Professional Quality of Life

Compassion Satisfaction

Compassion Fatigue

Burnout

Secondary Trauma

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE

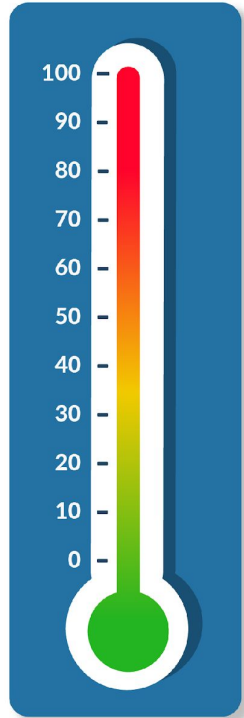
(PROQOL) VERSION 5 (2009)


When you [help] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the last 30 days.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

- ___ 1. I am happy.
- ___ 2. I am preoccupied with more than one person I [help].
- ___ 3. I get satisfaction from being able to [help] people.
- ___ 4. I feel connected to others.
- ___ 5. I jump or am startled by unexpected sounds.
- ___ 6. I feel invigorated after working with those I [help].
- ___ 7. I find it difficult to separate my personal life from my life as a [helper].
- ___ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].
- ___ 9. I think that I might have been affected by the traumatic stress of those I [help].
- ___ 10. I feel trapped by my job as a [helper].
- ___ 11. Because of my [helping], I have felt "on edge" about various things.
- ___ 12. I like my work as a [helper].
- ___ 13. I feel depressed because of the traumatic experiences of the people I [help].
- ___ 14. I feel as though I am experiencing the trauma of someone I have [helped].
- ___ 15. I have beliefs that sustain me.
- ___ 16. I am pleased with how I am able to keep up with [helping] techniques and protocols.
- ___ 17. I am the person I always wanted to be.
- ___ 18. My work makes me feel satisfied.
- ___ 19. I feel worn out because of my work as a [helper].
- ___ 20. I have happy thoughts and feelings about those I [help] and how I could help them.
- ___ 21. I feel overwhelmed because my case [work] load seems endless.
- ___ 22. I believe I can make a difference through my work.
- ___ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- ___ 24. I am proud of what I can do to [help].
- ___ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- ___ 26. I feel "bogged down" by the system.
- ___ 27. I have thoughts that I am a "success" as a [helper].
- ___ 28. I can't recall important parts of my work with trauma victims.
- ___ 29. I am a very caring person.
- ___ 30. I am happy that I chose to do this work.

SUBJECTIVE UNITS OF DISTRESS



- 100 Highest anxiety/distress that you have ever felt.
- 90 Extremely anxious/distressed.
- 80 Very anxious/distressed; can't concentrate. Physiological signs present.
- 70 Quite anxious/distressed; interfering with functioning. Physiological signs may be present.
- 60 Moderate-to-strong anxiety or distress.
- 50 Moderate anxiety/distress; uncomfortable, but can continue to function.
- 40 Mild-to-moderate anxiety or distress.  Intervene here
- 30 Mild anxiety/distress; no interference with functioning.
- 20 Minimal anxiety/distress.
- 10 Alert and awake; concentrating well.
- 0 No distress; totally relaxed.

High Distress


Moderate Distress

Low Distress

SELF-CARE DEFINITION

American Psychological Association:

"activities required for personal care, such as eating, dressing, or grooming, that can be managed by an individual without the assistance of others."

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RESILIENCE DEFINITION

American Psychological Association:

" the process and outcome of successfully adapting to difficult or challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands"

RESILIENCE IS...

- Ordinary not extraordinary
- It does not mean the absence of distress or emotional symptoms
- Not a “trait” – involves thoughts, behaviors, and actions



FACTORS INVOLVED IN RESILIENCE

1. Supportive relationships inside and outside of one's family
2. Capacity to make realistic plans and take steps to carry them out
3. Positive view of yourself and confidence in your strengths and abilities
4. Cultivate a willing attitude
5. Capacity to manage strong feelings and impulses (i.e., distress tolerance)
6. Engaging in self-care

...In other words, these are all things someone can cultivate within themselves....

- ▶ Family ties
- ▶ Strong primary relationship
- ▶ Connection to community
- ▶ Employment
- ▶ Strong culture or religious beliefs
- ▶ Meaningful activity

WHAT HELPS RESILIENCE?

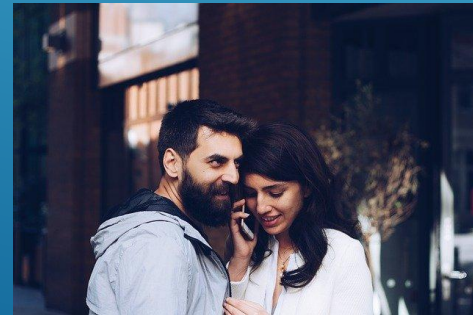


SUPPORTIVE RELATIONSHIPS
INSIDE AND OUTSIDE OF
ONE'S FAMILY



CONNECT WITH OTHER PEOPLE DAILY

- Eat meals with others
- Call friends and family
- Play games virtually and in person
- Reconnect with someone you haven't talked with recently
- Watch movies
- Talk with your neighbors



EVERYONE NEEDS AT LEAST ONE PERSON IN WHOM TO CONFIDE



- Family member
- Friend
- Minister
- Priest
- Rabbi
- Therapist
- Mentor
- Clinician

**MAKE NEW FRIENDS (THAT
MEET DIFFERENT NEEDS)!**



CAPACITY TO MAKE REALISTIC
PLANS AND TAKE STEPS TO CARRY
THEM OUT

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**FOCUS ON WHAT YOU CAN
CONTROL**

FOCUS ON WHAT YOU CAN DO NOW

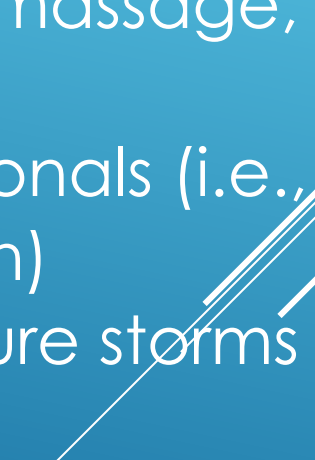
~~Yesterday~~

Today

~~Tomorrow~~



PROJECT MANAGE YOUR LIFE

1. Make self-care appointments well in advance (e.g., doctor's appointments, dental appointments, therapy appointments, massage, haircuts)
 2. Make connections with helpful professionals (i.e., financial planner, accountant, dietician)
 3. In moments of calm, look ahead to future storms and plan ahead
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ASK YOURSELF TWO QUESTIONS:



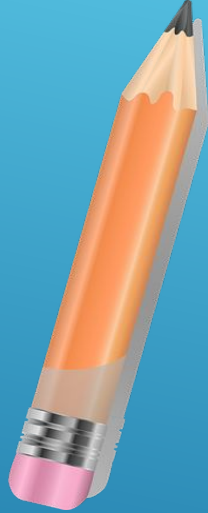
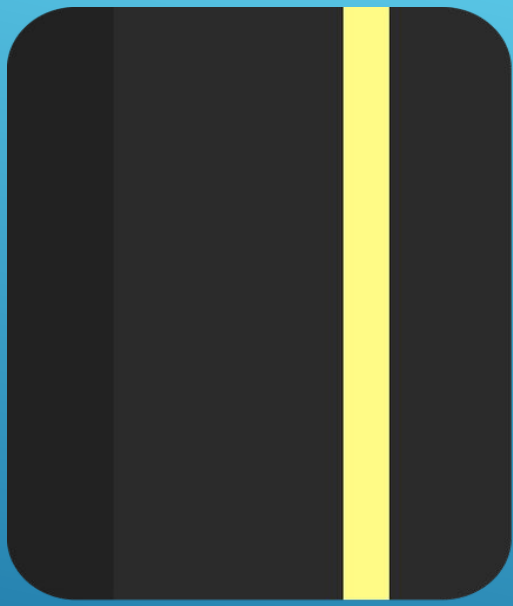
What matters to me the most?

What keeps me going?

Do more of those things

A POSITIVE VIEW OF YOURSELF
AND CONFIDENCE IN YOUR
STRENGTHS AND ABILITIES

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START A GRATITUDE JOURNAL

- Write 3 things you are grateful for every day for at least 21 days
- No repeats
- Good for the whole family!

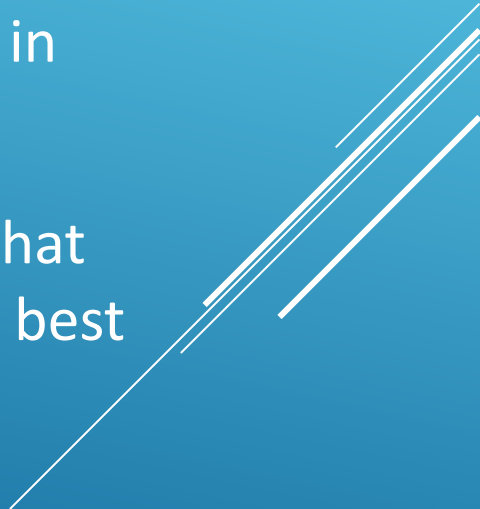
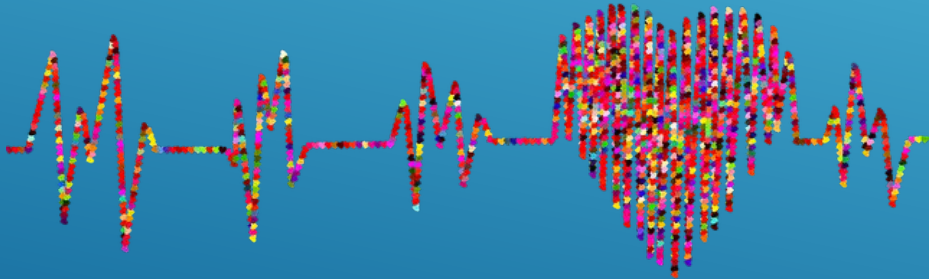


BE KIND TO YOURSELF

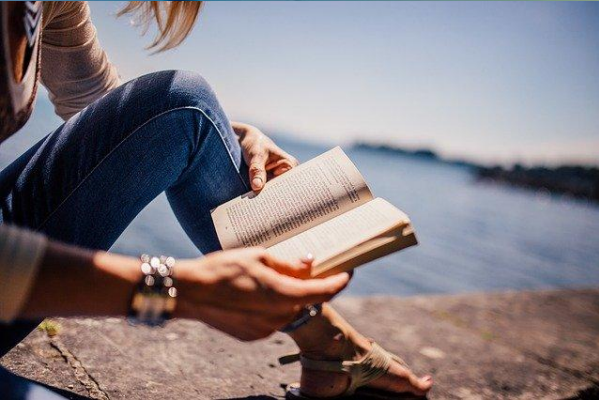
Practice self-compassion

Immerse yourself in
simple comforts

Remind yourself that
you are doing the best
that you can



ENGAGE IN A SOLO HOBBY



Something that:

- isn't related to work
- doesn't involve another person

CULTIVATE A WILLING ATTITUDE

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WILLINGNESS VS. WILLFULNESS

Willingness is:

- Doing what is effective in each situation, in an unpretentious way.
- Acting from your inner self and your deepest core values.
- Awareness of and respect for our roles and relationships to others.
- Listening and reflecting.
- Keeping things in perspective (i.e., will the situation that causes the distress matter in 5 years?)

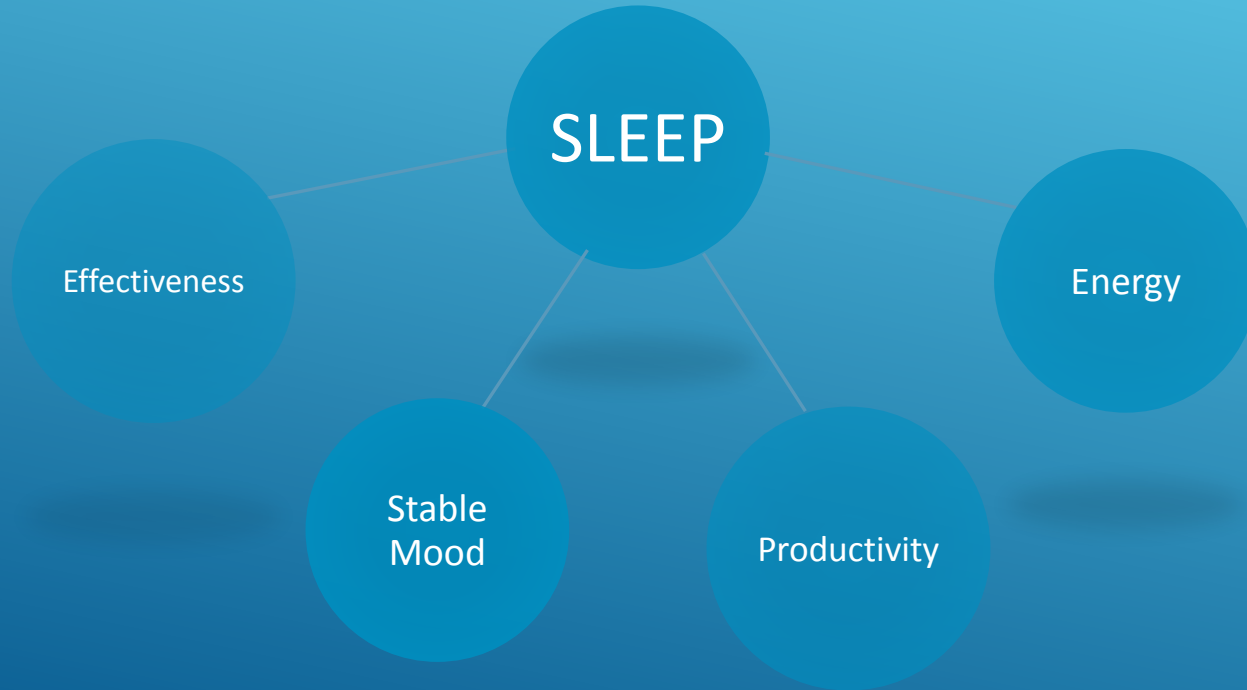
Willfulness is:

- Refusing to make changes that are needed.
- The desire to be right in a situation, regardless of what is needed to be effective.
- Fighting any suggestions that will improve distress and thus make it more tolerable.
- Being rigid and inflexible.
- The opposite of doing what works, of being effective.

CAPACITY TO MANAGE STRONG FEELINGS AND IMPULSES



SLEEP 6.5-7.5 HOURS A NIGHT



Follow good sleep hygiene practices

Allow adequate time for sleep

If these things don't work, seek help from a professional

EXERCISE 3-4 HOURS A WEEK



SELF-SOOTHE (COMFORTING YOURSELF THROUGH YOUR 5 SENSES)



Touch stuffed animal, stress ball, cozy blanket, stretch

Hear music, guided meditation, nature

See snow globe, pictures, videos

Taste mints, tea, sour candy, chocolate

Smell lotion, candles, perfume

PRACTICE MINDFUL MEDITATION



THE BENEFITS OF MINDFULNESS

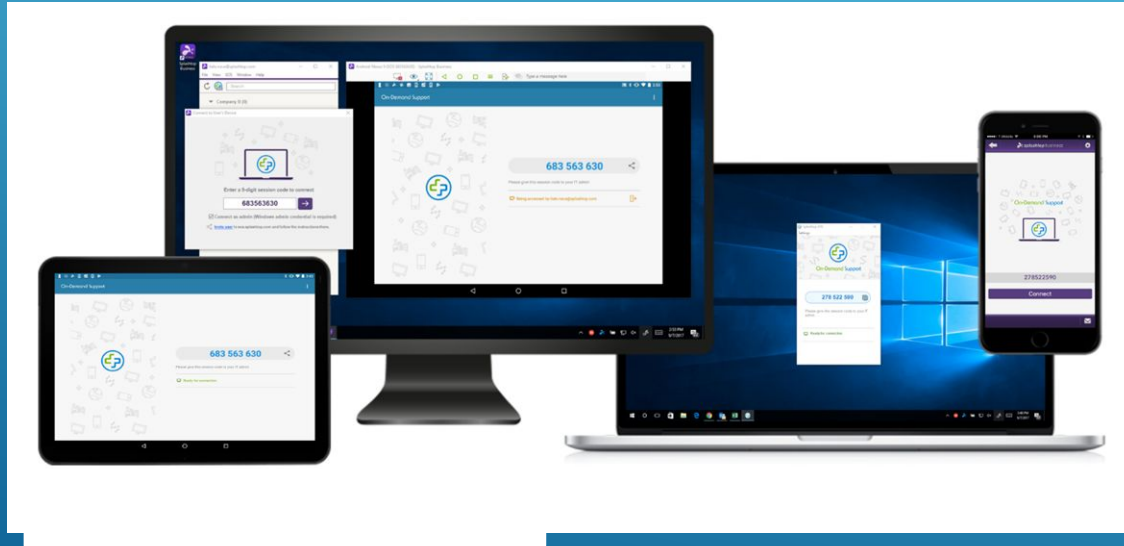
Physical

- ✓ Boost energy levels
- ✓ Improves sleep
- ✓ Reduces chronic pain
- ✓ Improves heart function
- ✓ Helps with digestive problems

Mental

- ✓ Relieves stress
- ✓ Reduces anxiety
- ✓ Improves mood and happiness
- ✓ Boosts concentration and focus
- ✓ Improves self-esteem

LIMIT EXPOSURE TO DISTRESSING CONTENT




Watch no more than
one hour of news daily

Watch less, read more

If you must watch,
watch more pleasant
things

Limit social media

DO HOPEFUL THINGS



Connect with young children in your family

Plant a garden

Dream about the future

Plan a vacation

Watch a hopeful movie or read a hopeful book

Carry something that inspires you

ENGAGING IN SELF-CARE



It's an essential part of mental health and wellness

It makes you more productive

It helps us cope with stress and gives us reserves for the hard times

It makes it easier to care for others

It builds resilience

If you don't care about yourself, who will?

WHY IS SELF-CARE IMPORTANT?

DEVELOP A SELF-CARE ACTION PLAN



Do at least one thing every day.

Each week, do at least one thing from each category.



Consumption
of Junk Food



Overall
Feelings of
Wellbeing

LIMIT JUNK FOOD INTAKE



PLAN AT LEAST ONE PLEASANT ACTIVITY EVERY DAY



**RESILIENCE
CAN BE
CULTIVATED**



CRISIS

The Japanese word for “crisis” means both “danger” and “opportunity”.

What does crisis mean to you?

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We have an obligation to our patients, as well as to ourselves, our colleagues, and our loved ones, not to be damaged by the work we do.

Please, keep an eye out for your colleagues, too.

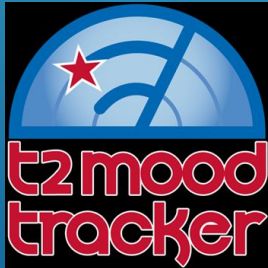
Karen Saakvitne &
Laurie Pearlman, 1996

SELF-SCREENING TOOLS

- Professional Quality of Life Scale

http://proqol.org/uploads/ProQOL_5_English_Self-Score_7_2011.pdf

- T2 Mood Tracker app



FREE MINDFULNESS APP



Education

Family to Family

NAMI Basics

Webinars/Zoom

Support

Family Support Groups

NAMI Connections

Group Hope

Teen Group Hope

Advocacy

Web Site – naminorthernillinois.org

Links @ Mental Illness

Mental Health Providers

NAMI NORTHERN ILLINOIS



"AS A NURSE, WE HAVE THE
OPPORTUNITY TO HEAL THE HEART,
MIND, SOUL AND BODY OF OUR
PATIENTS, THEIR FAMILIES AND
OURSELVES. THEY MAY FORGET
YOUR NAME, BUT THEY WILL NEVER
FORGET HOW YOU MADE THEM
FEEL. "

MAYA ANGELOU

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CONTACT INFORMATION

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Questions

