Trauma-Informed Supervision
Understanding and Addressing Compassion Fatigue in Residential Direct Care Staff

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University of Pittsburgh
Agenda

• Introduction
• Trauma in the Residential Milieu
• Emotions in the Residential Milieu
• Compassion Fatigue: The Cost of Caring
• Supervisory Strategies for Addressing Compassion Fatigue
• Questions and Comments
TRAUMA AND THE RESIDENTIAL MILIEU
What is trauma?

A traumatic event is...

- “a direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; OR
- witnessing an event that involves death, injury, or a threat to the physical integrity of another person; OR
- learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.”

~The Diagnostic and Statistical Manual of the American Psychological Association (DSM-IV-TR, 2000)
What is Trauma?

Traumatization occurs when both internal and external resources are inadequate to cope with external threat.

~Van der Kolk (1989)
Let’s compare these two definitions...


A traumatic event is...

- “a direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; OR
- witnessing an event that involves death, injury, or a threat to the physical integrity of another person; OR
- learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate.”

**Van der Kolk (1989)**

Traumatization occurs when both internal and external resources are inadequate to cope with external threat.
How many of the children who end up in residential care do you think have experienced some form of abuse, neglect, or other adverse event?

While major studies have found prevalence rates ranging from 43-94%, it is estimated that...

70-85% of youth in residential treatment have experienced trauma in their lives.
How Does Trauma Affect People?

- Trouble sleeping
- Trouble focusing
- Insomnia
- Hopelessness
- Self-mutilation
- Fire setting
- Promiscuity
- Cognitive distortions
- Sexual Dysfunction
- Victimization
- Withdrawal/isolation
- Suicidal behaviors
- Aggression
- Helplessness
- Control issues
- Emotional numbness
- Fear
- Depression
- Guilt
- Grief
- Physical Complaints
- Poor relationships
- Trust issues
- Family problems
- Worthlessness
- Attachment issues
- Shame
- Problems with authority
Impact on Residential Workers

- Working with individuals who have experienced trauma
- Increased indirect exposure to trauma
- Increased risk for experiencing secondary traumatic stress
EMOTION AND THE RESIDENTIAL MILIEU
What is Emotion Regulation?

“Emotion regulation refers to the processes by which individuals influence which emotions they have, when they have them, and how they experience and express these emotions” (Gross, 1998, p. 275).
How Emotion Regulation Works

Antecedent-Focused Emotion Regulation
- Situation Selection
- Situation Modification
- Attention Deployment
- Cognitive Change

Emotional Response Tendencies

Response-Focused Emotion Regulation
- Behavioral, Experiential, or Physiological Response Modulation

(Gross, 1995; 1998)
How Emotion Regulation Works

Reappraisal  

Emotional Response Tendencies  

Suppression  

(Gross, 1995; 1998)
Reappraisal vs. Suppression

- Decreases adverse physiological responses
- More expression and experience of positive emotion
- Less expression and experience of negative emotion
- No effect on memory
- Increases social desirability and amount of positive social interactions

- Increases adverse physiological responses
- Less expression of both positive and negative emotions
- Less experience of positive emotions
- Detrimental impacts on memory
- Poor social support and desirability

(Gross, 2002)
How does this relate to residential work???
Emotional Labor

Emotional labor is the “process of regulating experienced and displayed emotions to present a professionally desired image during interpersonal transactions at work” (Larson & Yao, 2005, p. 1103).
Emotional Display Rules

Display rules are the behavioral and emotional expectations of our workplace. We engage in these display rules through deep and surface acting.

Deep Acting
- The employee changes internally felt emotions to align with required emotional expressions of the organization (Morris & Feldman, 1996).

Surface Acting
- On the surface, an employee portrays emotions that are not felt internally (Hochschild, 1983).

Grandey (2000)
Impact on Residential Workers

Deep Acting

Surface Acting

Surface Acting

Deep Acting

Job Satisfaction

Job Burnout

Compassion Fatigue: The Cost of Caring

Professional Quality of Life

Compassion Satisfaction
Compassion Fatigue

Secondary Traumatic Stress
Burnout

Figley (1995); Pines & Aronson (1998); Stamm (2009)
Identifying the Symptoms of Compassion Fatigue: A Case Study Approach
# Compassion Fatigue: The Cost of Caring

## The Effects of Compassion Fatigue

<table>
<thead>
<tr>
<th>Effect</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased risk of making poor professional judgements, distressing emotions</td>
<td>Bride, Radey, &amp; Figley (2007)</td>
</tr>
<tr>
<td>Tension, preoccupation with trauma, intrusive imagery, avoidance, hyperarousal, anxiety, and emotional numbing, depression, somatic difficulties, difficulty concentrating, substance abuse, withdrawal from friends and family</td>
<td>Figley (2002a, 2002b)</td>
</tr>
<tr>
<td>Emotional exhaustion, depersonalization, cynicism, feelings of incompetence</td>
<td>Maslach, Schaufeli, &amp; Leiter (2001)</td>
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<td>Low workplace morale, lack of empathy</td>
<td>Meldrum, King, &amp; Spooner (2002)</td>
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<td>High turnover rates</td>
<td>Meyers &amp; Cornille (2002)</td>
</tr>
<tr>
<td>Decreased quantity and quality of work, low motivation, higher likelihood of making mistakes, avoidance of trauma-related tasks</td>
<td>Yassen (1995)</td>
</tr>
</tbody>
</table>
Compassion Fatigue: Prevalence

Chrestman (1995) Findings
Those who help disturbed or traumatized people are at an increased risk of changes occurring in their own psychological functioning.

Meldrum, King, & Spooner (2002) Findings
17.7% of mental health professionals had enough criteria to meet qualifications for secondary traumatic stress disorder, with a further 18% of participants falling slightly below these qualifications.

49.9% of Colorado child protection workers had elevated levels of compassion fatigue.
Compassion Fatigue: Prevalence

Bride (2007) Findings

70.2% of participants experienced at least one symptom of compassion fatigue in the past week.

15.2% of participants met diagnostic criteria for post-traumatic stress disorder as a result of working with the traumatized, a prevalence rate nearly twice that of PTSD in the general population.
Compassion Fatigue: Risk Factors

• Personal trauma history
• Length of time in the field
• Working more than 40 hours a week
• Gender differences
• Work environment
  – Acuity
  – Supervisory and Organizational Support

Eastwood & Ecklund (2008); Meyers & Cornille (2002)
The Effect of Compassion Fatigue on the Client-Caregiver Relationship

Valent (2002)

Client Trauma

Negative Interactions between Client and Caregiver

Client Reaction to Changes in the Caregiver

Behavioral and Social Changes Occur in the Caregiver

Staff Member Experiences Compassion Fatigue
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Call for Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myers &amp; Cornille (2002)</td>
<td>We need to address compassion fatigue through effective programming that includes improving training, handling on-the-job victimization, providing a supportive work environment, limiting work hours, and encouraging personal care.</td>
</tr>
<tr>
<td>Figley (2002a)</td>
<td>We need to have open discussions about compassion fatigue in the workplace to promote awareness.</td>
</tr>
<tr>
<td>Collins &amp; Long (2003)</td>
<td>We need more than self-care practices. We need personal, professional, and organizational support to prevent and mediate the risks relating to the development of compassion fatigue.</td>
</tr>
<tr>
<td>Eastwood &amp; Ecklund (2008)</td>
<td>We need to encourage self-care practices, integrate these principles into the work setting, and evaluate compassion fatigue through effective supervision.</td>
</tr>
<tr>
<td>Lakin, Leon, &amp; Miller (2008)</td>
<td>We need effective management, resources, and education programs to aid in the prevention of compassion fatigue.</td>
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</tbody>
</table>
TRAUMA-INFORMED SUPERVISION:
ADDRESSING COMPASSION FATIGUE IN
RESIDENTIAL TREATMENT WORKERS
Supervisory Approaches to Addressing Compassion Fatigue

- Encourage Self-Care Practices
- Influence Organizational Policy and Procedure
- Monitor and Measure
- Daily Operations
Encouraging Self-Care Practices

- Encourage employees to engage in self-care practices, such as exercise, relaxation, and proper nutrition
  - Advocate for a working environment that supports these self-care practices
- Promote the use of both personal and co-worker support networks
  - Beware toxic co-worker support networks
- Emphasize the importance of emotion regulation, using the framework of emotional labor to discuss emotions at work
- Don’t forget the ‘oxygen principle’!

Eastwood & Ecklund (2008); Perry (2003)
Daily Operations

• Provide frequent individual and group supervision
  – Open discussions about compassion fatigue and emotional competence
• Provide professional development opportunities relevant to the staff’s daily work environment
• Maintain adequate staffing ratios to permit for short breaks
• Allow appropriate time to debrief critical incidents

Eastwood & Ecklund, 2008
Measure and Monitor Compassion Fatigue Levels

• The Professional Quality of Life (ProQOL) Scale
  – 30-item self-report measure that measures Compassion Satisfaction and Compassion Fatigue
  – Can be used as a self-monitoring device or as a group monitoring device to gain information about the levels of compassion satisfaction, burnout, and secondary traumatic stress organization-wide
  – The ProQOL is free and available at: www.proqol.org

Stamm, 2009
Preventative Institutional Policies and Procedures

• Be aware of risks and costs of working with the traumatized.
• Commitment to lower the risks and costs.
• Adequate applicant screening for resilience and awareness
• Adequate policies and procedures to educate and protect workers

Figley (2002)
Preventative Institutional Policies and Procedures

• Work group attitudes and action plans
  – The 5:1 ratio rule
  – Critical incident stress debriefings and stress management plans
  – Humor and other stress reduction methods
  – Low tolerance for substance abuse
  – Facilitation of coworker health and self-care
  – Individual actions
  – Letting go of work

Figley (2002)
Selected References


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