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Rebekah F. Cole
rfariss@odu.edu

Laurie Craigen
Old Dominion University

Rebecca G. Cowan

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Compassion Fatigue in Human Service Practitioners

Rebekah F. Cole, Laurie Craigen, Rebecca G. Cowan

Abstract

Increasing rates of compassion fatigue among human service practitioners (HSPs) have wide ranging consequences for the practitioner, the client, and the field of human services. In addition to high turnover rates or the HSP's early departure from the field, compassion fatigue can also cause serious harm to the client as well as the client/helper relationship. This manuscript will address the signs and symptoms of compassion fatigue, the risk and protective factors associated with the development or prevention of compassion fatigue, and the importance of self-care for HSPs.

Compassion Fatigue in Human Service Practitioners

Human service practitioners (HSPs) are called to serve a diverse group of clients. These clients present a myriad of social and psychological problems, including the past traumas of abuse and the psychological ramifications from unexpected disasters (Martin, 2014). When working with these clients, HSPs attempt to understand their clients' suffering. However, this understanding may take a toll on HSPs and they may eventually become "fatigued" and unable to fully empathize with clients (Figley, 2002). Compassion fatigue is therefore a serious issue and should be addressed and recognized by the profession. This article will address the signs and symptoms of compassion fatigue, the risk and protective factors associated with the development or prevention of compassion fatigue, and the importance of self-care for HSPs.

Literature Review

Signs and Symptoms of Compassion Fatigue

Compassion fatigue can be identified by increased cynicism at work, a loss of enjoyment in the profession, and a decreased sense of personal accomplishment (Figley, 2002). Additional symptoms of compassion fatigue include intense physical and emotional exhaustion along with an evident distortion in the human service professionals' ability to feel empathy for their clients, co-workers, friends, and families (Mathieu, 2009). Overall, HSPs may feel

Rebekah Cole and **Rebecca Cowan**, Studies in Human Behavior and Counseling Studies Program, Capella University. **Laurie M. Craigen**, Department of Counseling and Human Services, Old Dominion University. Correspondence regarding this article should be addressed to Rebekah.cole@capella.edu.

a sense of hopelessness and confusion in their personal and professional life (Eastwood & Ecklund, 2008).

Risk Factors

Several distinct risk factors have been associated with compassion fatigue; for example, female practitioners are more likely than male practitioners to suffer from compassion fatigue (Baum, Rahav, & Sharon, 2014; Sprang, Clark, & Whitt-Woosley, 2007). In addition, practitioners working in rural settings without peer support and access to resources are more likely than their peers to suffer burnout (Sprang, Clark, & Whitt-Woosley, 2007). Finally, practitioners working with clients suffering from Post-Traumatic Stress Disorder (PTSD) have been found to be more likely to suffer from compassion fatigue (Sprang, Clark, & Whitt-Woosley, 2007). Overall, feeling stressed and/or burned out in the workplace is a significant risk factor for developing compassion fatigue (Eastwood & Ecklund, 2008).

Protective Factors

Education about compassion fatigue may serve to prevent negative symptoms in HSPs (Sprang, Clark, & Whitt-Woosley, 2007). Self-awareness and ownership of one's feelings is also a critical protective factor (Knight, 2013). If HSPs are unaware of the negative emotions they are experiencing they will be unable to process them and address them (Warren, Morgan, Morris, & Morris, 2010). In addition, practicing regular self-care has been found to be a significant protective factor against compassion fatigue (Eastwood & Ecklund, 2008).

Relevance to the Field of Human Services

Compassion fatigue is an occupational hazard for the field of human services, meaning that almost everyone who cares about their clients will eventually develop a level of it to varying degrees of severity (Mathieu, 2007). In addition to high turnover rates or the HSPs early departure from the field, compassion fatigue can also cause serious harm to the client as well as the client/helper relationship (Simpson & Starkey, 2006). For example, HSPs with high levels of compassion fatigue may be less able to build rapport or respond appropriately to their clients' traumatic experiences (Simpson & Starkey, 2006).

Due to the risks associated with compassion fatigue, it is important for HSPs to practice self-care throughout their careers (Harrison & Westwood, 2009)

as self-care is an essential part of one's professional identity (Barnett, Johnson, & Hillard, 2006). The American Counseling Association's (ACA) Code of Ethics speaks specifically to self-care (ACA, 2014). Section C, titled "Professional Responsibility," states that "counselors engage in self-care activities to maintain and promote their emotional, physical, mental, and spiritual well-being to best meet their professional responsibilities" (ACA, 2014, p.8). Unlike the counseling profession, the National Organization for Human Services' (NOHS) ethical code does not have a specific code related directly to self-care (NOHS, 1996). However, under the section labeled "Human Service Professional's Responsibility to Self," subsection 35 asserts that human service practitioners should "foster self-awareness and personal growth in themselves. They recognize that when professionals are aware of their own values, attitudes, cultural background, and personal needs, the process of helping others is less likely to be negatively impacted by those factors" (NOHS, 1996, para 38).

In order to fulfill this ethical mandate of practicing self-care, HSPs can take several approaches. Some examples of self-care that have been found to be effective in preventing compassion fatigue are reading for pleasure, taking a vacation, or finding a hobby (Eastwood & Ecklund, 2008). Creative writing has also been found to be a therapeutic means of increasing one's self-awareness (Warren, Morgan, Morris, & Morris, 2010). Finally, it is recommended that HSPs utilize relaxation techniques, similar to the ones that they teach to their clients, and to avoid media that may depict or discuss traumatic events (Knight, 2013).

It is also important for HSPs to engage in regular supervision in order to prevent and address any symptoms of compassion fatigue (Knight, 2013). Supervisors should help the HSP to become aware of her/his emotions as well as methods of setting appropriate boundaries and developing empathy with clients (Mcree & Bulanda, 2008). HSPs may also find it useful to build strong peer support networks and to engage in personal therapy in order to process their feelings and emotions in a supportive environment (Harrison & Westwood, 2009).

In conclusion, due to the severe nature of compassion fatigue symptoms and the prevalent risk factors in the profession, HSPs should actively work to engage in self-care and to support these self-care measures amongst their peers and supervisees. In taking these measures, practitioners are not only working to help themselves, but their clients as well. Ultimately, raising awareness about this sensitive issue may help normalize feelings of burnout and compassion fatigue and may urge HSPs to seek the assistance they need.

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