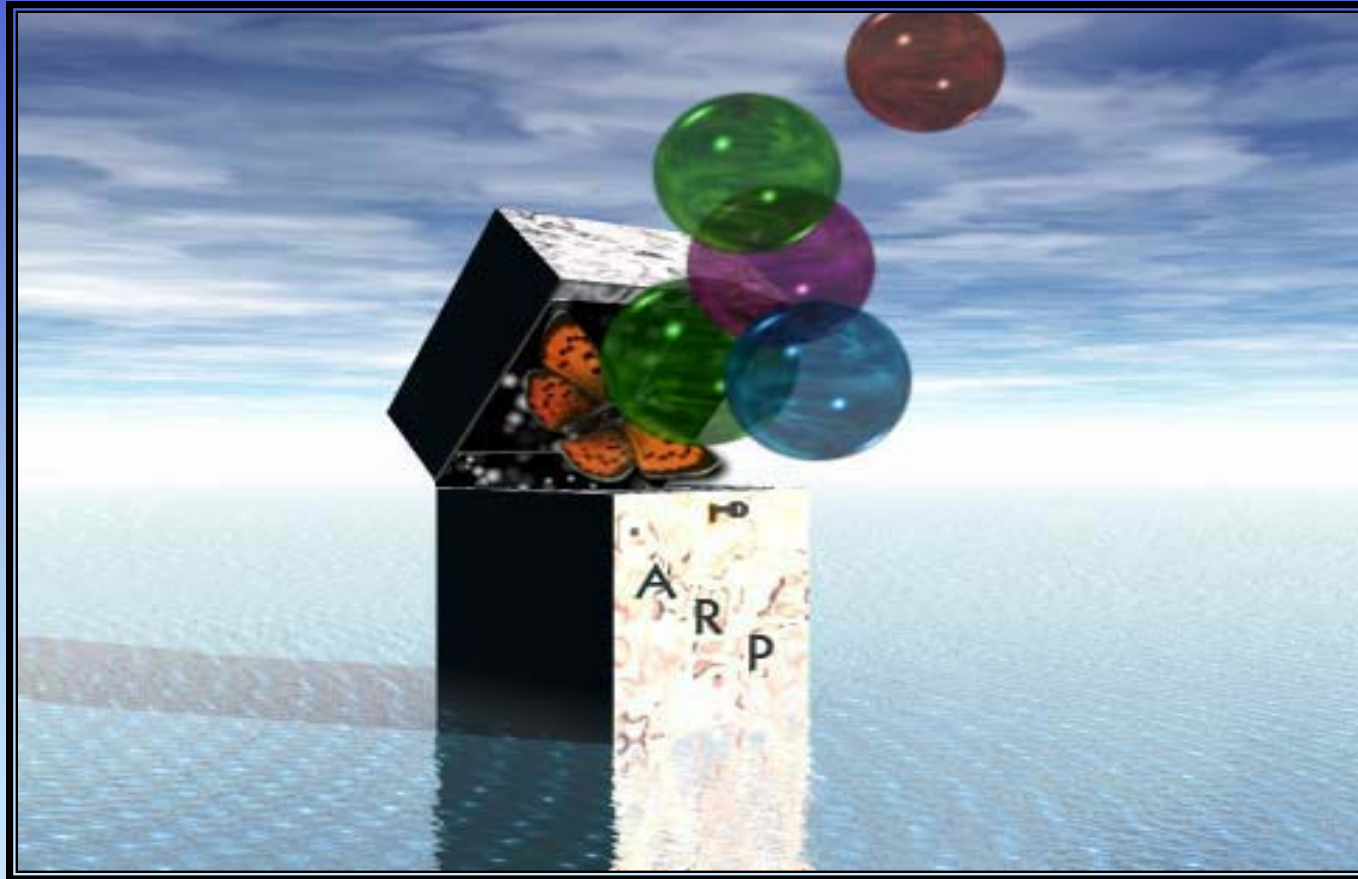


Accelerated Recovery Program



For Compassion Fatigue

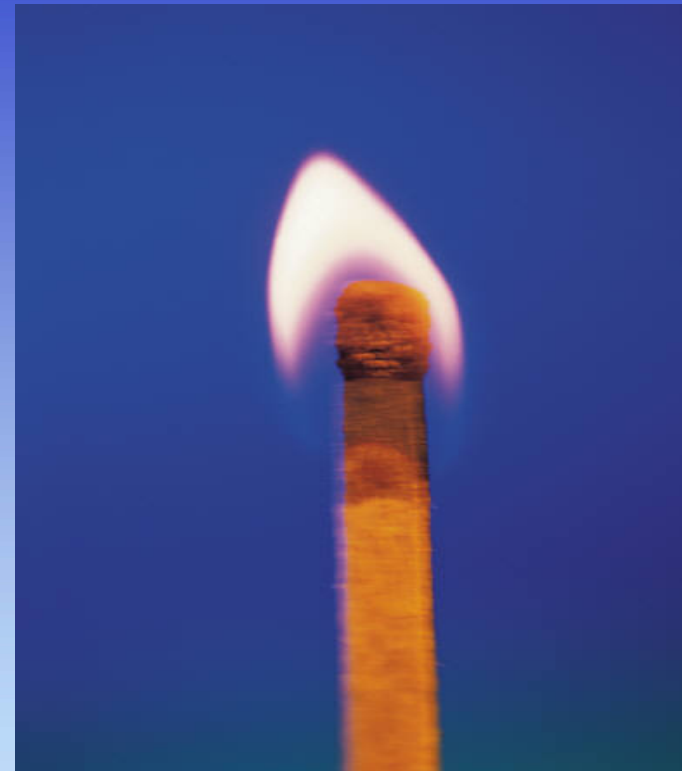


J. Eric Gentry, MA (Ph.D. Candidate), LMHC, CTS, CAC

- Co-developer of the Accelerated Recovery Program for Compassion Fatigue and the Certified Compassion Fatigue Specialist Training Program
- Director of Training for Corporate Crisis Management, Inc.
- Owner of Compassion Unlimited
- Former Associate Director of the Traumatology Institute
- Former Co-Director of the International Traumatology Institute
- Current Consulting Distance Director of Traumatology Institute Canada
- Author/co-author for entire Traumatology Institute certification curricula
- 23 years of clinical services to trauma survivors; 10+ years private practice
- Taught Traumatology courses to over 10,000 students since 1997

Accelerated Recovery Program

That which is to give light



....Must endure Burning
-Viktor Frankl (1963)

Compassion Fatigue

Trajectory

- The Zealot Phase
- The Irritability Phase
- The Withdrawal Phase
- The Zombie Phase
- Pathology vs. Renewal/Maturation

Compassion Fatigue

Phase I:

The Zealot Phase - Idealistic



- We are committed, involved, and available...
- ...ready to problem solve...
- ...ready to make a difference...
- ...we willingly put in extra hours...
- ...our enthusiasm overflows...
- ...we volunteer...
- ...we are willing to go the extra mile and often do so without prompting....
- I'll do that!!

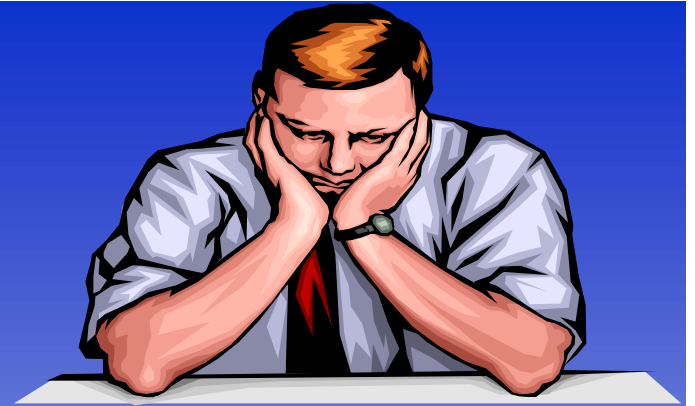
Compassion Fatigue



Phase Two: The Irritability Phase.

- We begin to cut corners...
- We begin to avoid patient/client contact
- We begin to mock our colleagues and patients/clients...
- We talk unfairly about their medical or mental health problems...
- We denigrate their efforts at wellness.
- The use of humor is sometimes strained.
- We daydream or become distracted when patients/clients are speaking with us...
- We make efforts to avoid conversations with our clients/patients...
- Oversights, mistakes, and lapses of concentration begin to occur...
- We begin to distance ourselves from our friends and coworkers...

Compassion Fatigue



Phase Three:

The Withdrawal Phase

- Our enthusiasm turns sour and our bubble bursts.
- Our patients/clients become a blur and run together.....we lose our ability to see our patients and clients as individuals rather they become irritants.
- Complaints may be made about our work and possibly there are problems in our personal life as well.
- We are tired all the time.....we no longer wish to talk about work and may not even admit to what we do so as to avoid talking about our work.
- We neglect our family, our coworkers, our patients/clients, and ourselves.
- Our shield gets thicker and thicker.....it blocks our pain and sadness.

Compassion Fatigue

Phase Four: The Zombie Phase

- Our hopelessness turns to rage.
- We begin to hate people...any people and all people...
- ...we even hate our coworkers if they dare question us.
- Others become incompetent or ignorant in our eyes.
- We develop a disdain for patients and clients.
- We have no patience... we lose our sense of humor...and have no time for fun



Compassion Fatigue

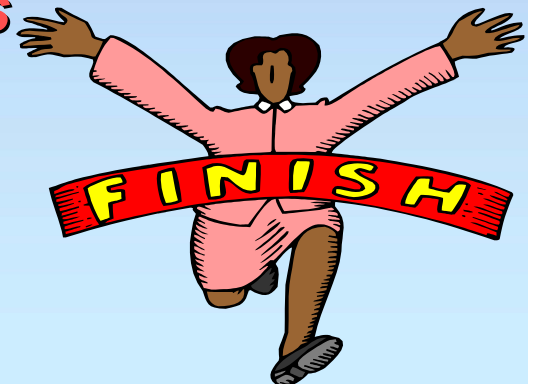
Phase Five: Transformation *Pathology and Victimization vs.* *Maturation and Renewal*



Overwhelmed and
Leaving the Profession
Somatic illness
Perpetuity of Symptoms

or

Hardiness
Resiliency
Transformation



Treating Compassion Fatigue

(Figley, 2002)

Accelerated Recovery Program
for Compassion Fatigue

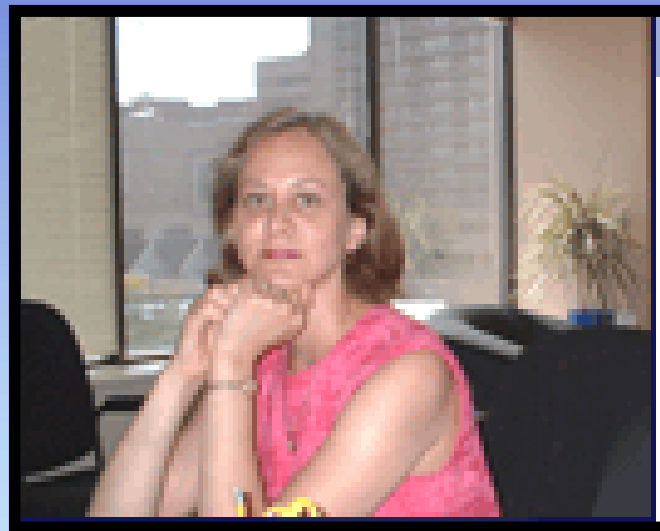
Treatment: ARP

- Developed in early 1997 in response to Dr. Figley's book
- Incestuous birthing
- Alpha tested with S. African Trauma Therapist, Bosnian relief worker and several MFT's
- Presented at ISTSS in Montreal, November, 1997
- FBI adopts protocol in Fall 1998
- Certified Compassion Fatigue Specialist, Jan., 1999
- Published in *Treating Compassion Fatigue* (Figley, 2002)

Treatment: ARP

- Five (5) session protocol
- Draws from Narrative Therapy, EMDR, CBT, Time-Limited Trauma Therapy, NLP/Hypnotherapy, Though Field Therapy, Video-dialogue, Steven Covey's "7 Habits of Highly Effective Leaders," Burnout Interventions, Stress Resiliency Research, Anxiety Management Skills, & Common Sense

Accelerated Recovery Program



An Overview

Meeting I: Assessment

Goals

- Overview of Compassion Fatigue
- Strong Therapeutic Alliance
- Assessment/CF Evaluation
- Informed Consent/Contract

Meeting I: Assessment Interventions

- Informed Consent
- Compassion Fatigue Interview
- Assessment Instruments
 - *ComFat/Sat Scale
 - *TRS
 - *Silencing Response
 - *Global Check Set
- Psychoeducation
- Mission Statement Visualization

Homework

- Mission Statement

Meeting II:

Time-Line Narrative/ Telling the Story

Goals

- Development of personal/professional Mission Statement
- Creation of video-taped chronological narrative (story) which catalogues participant's professional history contributing to Compassion Fatigue
- Overview of present-day problems associated with work and work history

Meeting II:

Time-Line Narrative/
Telling the Story

Interventions

- Reading of Mission Statement
- Facilitation of narrative script...bearing witness
- Exploration of present-day difficulties.

Homework

- Graphic time-line

Meeting III: Desensitization & Reprocessing

Goals

- Selection of 1-3 memories from professional time-line which negatively effect present-day functioning for desensitization & reprocessing;
- Creation of individualized self-management plan utilizing *in vivo* anxiety reduction strategies (TFT);
- Desensitization and reprocessing of work-related memory(ies) to enhance present-day functioning and resolve compassion fatigue.

Meeting III: Desensitization & Reprocessing

Interventions

- Review of Graphic Time-Line;
- Creating of explicit individualized self-management plan;
- Thought Field Therapy (simple phobia/anxiety algorithm)
- Desensitization & reprocessing of work-related memory(ies) using one or more brief trauma treatments (e.g..., EMDR, TIR, V/K-D, CBT)

Homework

- Letter from “The Great Supervisor”

Meeting IV: Self-Supervision

Goals

- Addressing and resolving cognitive distortions and negative self-referencing beliefs;
- Development of more affirming self-supervision style;
- Movement away from past problems and toward future resiliency and prevention;
- Introduction of PATHWAYS, a self-directed program for building resiliency and prevention of Compassion Fatigue

Meeting IV: Self-Supervision Interventions

- Review and reading of “Letter from the Great Supervisor”
- Video-dialogue with “critical part” and “affirming part” toward resolution of internal conflict(s);
- Cognitive-behavioral therapy with critical cognitive distortions which diminish personal and professional functioning;
- Exploration of PATHWAYS with participant.

Homework

- PATHWAYS

Meeting V: Closure & Aftercare

Goals

- Re-evaluation of remaining problems/difficulties to be addressed and resolved during this, the final session;
- Completion of a comprehensive and circumspective solution-oriented plan for the participant to address and resolve remaining symptoms of Compassion Fatigue;
- Review of goals achieved and skills developed;

Meeting V: Closure & Aftercare Interventions

- Review of PATHWAYS and completion of all areas;
- Co-Construction with participant the goals and interventions of this last session;
- Implementation of above;
- Closure ritual (optional)
- Aftercare plans.

Homework

- Completion of assessment battery (post-test)
- Arrangement for follow-up evaluation.

PATHWAYS:

A Self-directed Program for Compassion Fatigue
Resiliency & Prevention

Goals

- Development of a “self-help” method for addressing and resolving Compassion Fatigue symptoms;
- Development of skills necessary to maintain resiliency and prevent future occurrence of Compassion Fatigue;
- Enhanced integrity and professional/personal differentiation.

PATHWAYS:

A Self-directed Program for Compassion Fatigue
Resiliency & Prevention

Interventions

- PATHWAYS Workbook
- Development of pro-active plan;
- Connecting professional/personal growth towards resolution and prevention of Compassion Fatigue with personal integrity.

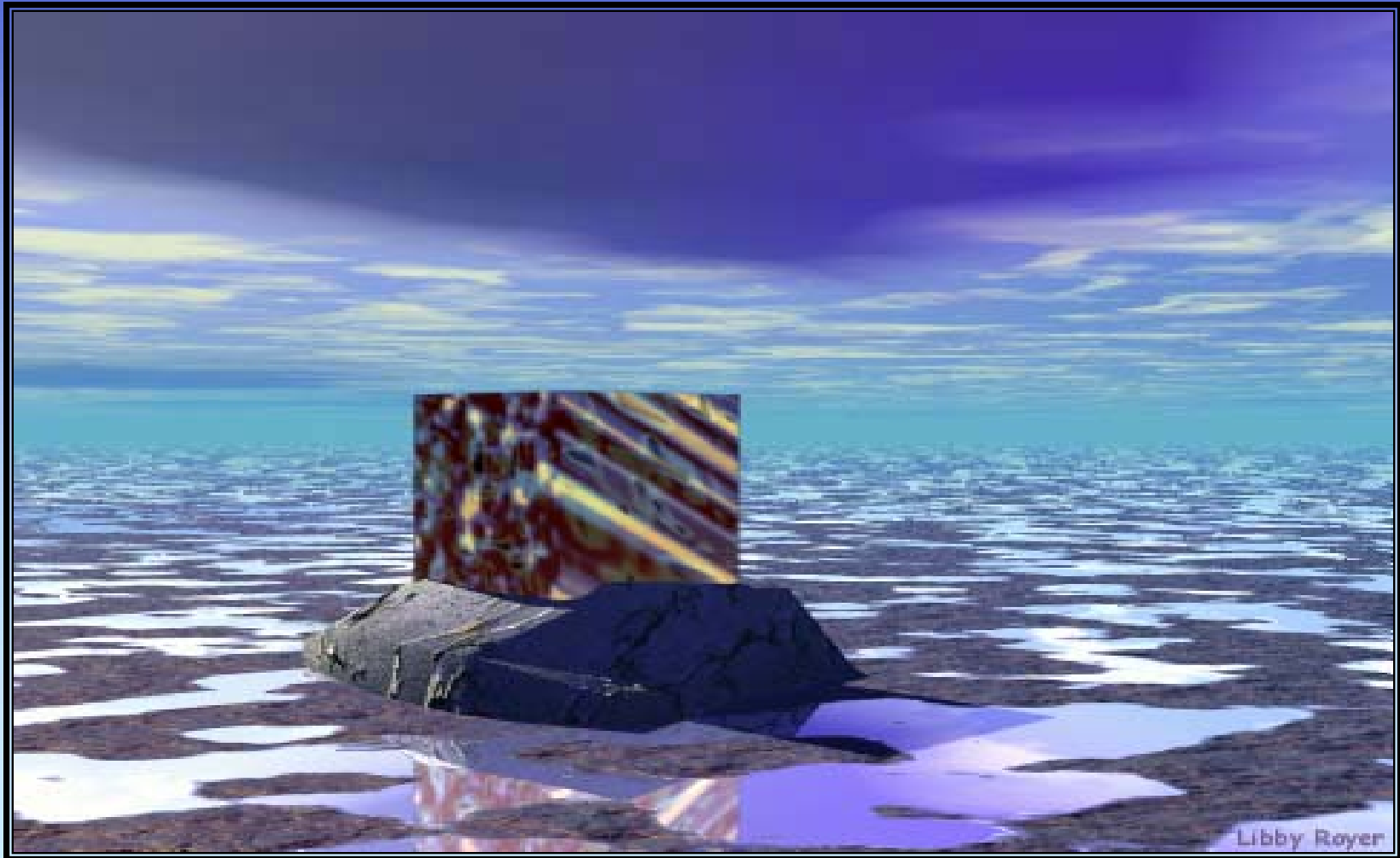
Homework

- PATHWAYS: A Self-directed Program for Compassion Fatigue Resiliency & Prevention

Accelerated Recovery Program

The data

Accelerated Recovery Program ARP

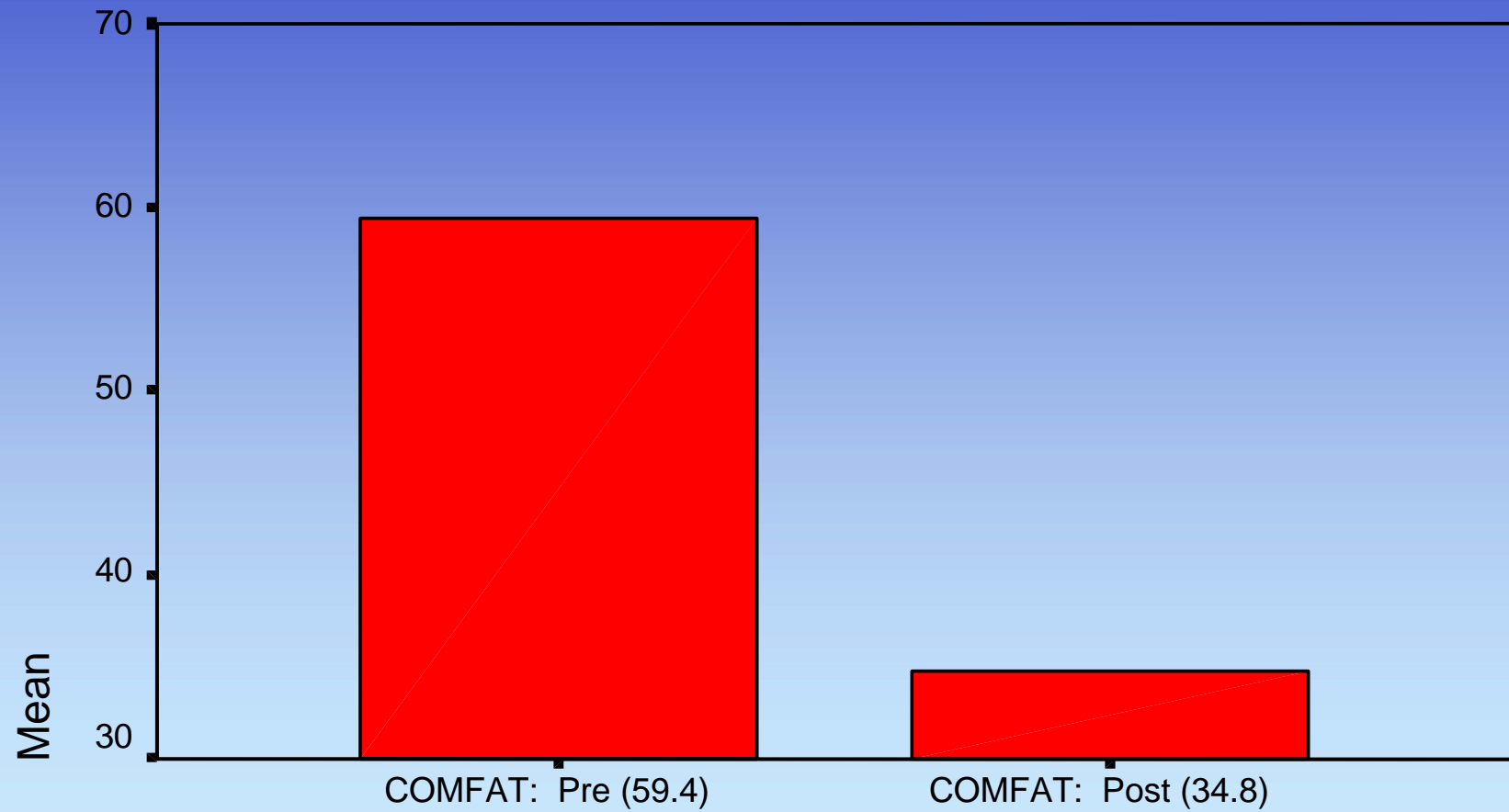


Accelerated Recovery Program ARP



ARP: Compassion Fatigue

(Stamm, 1998; Figley, 1995)

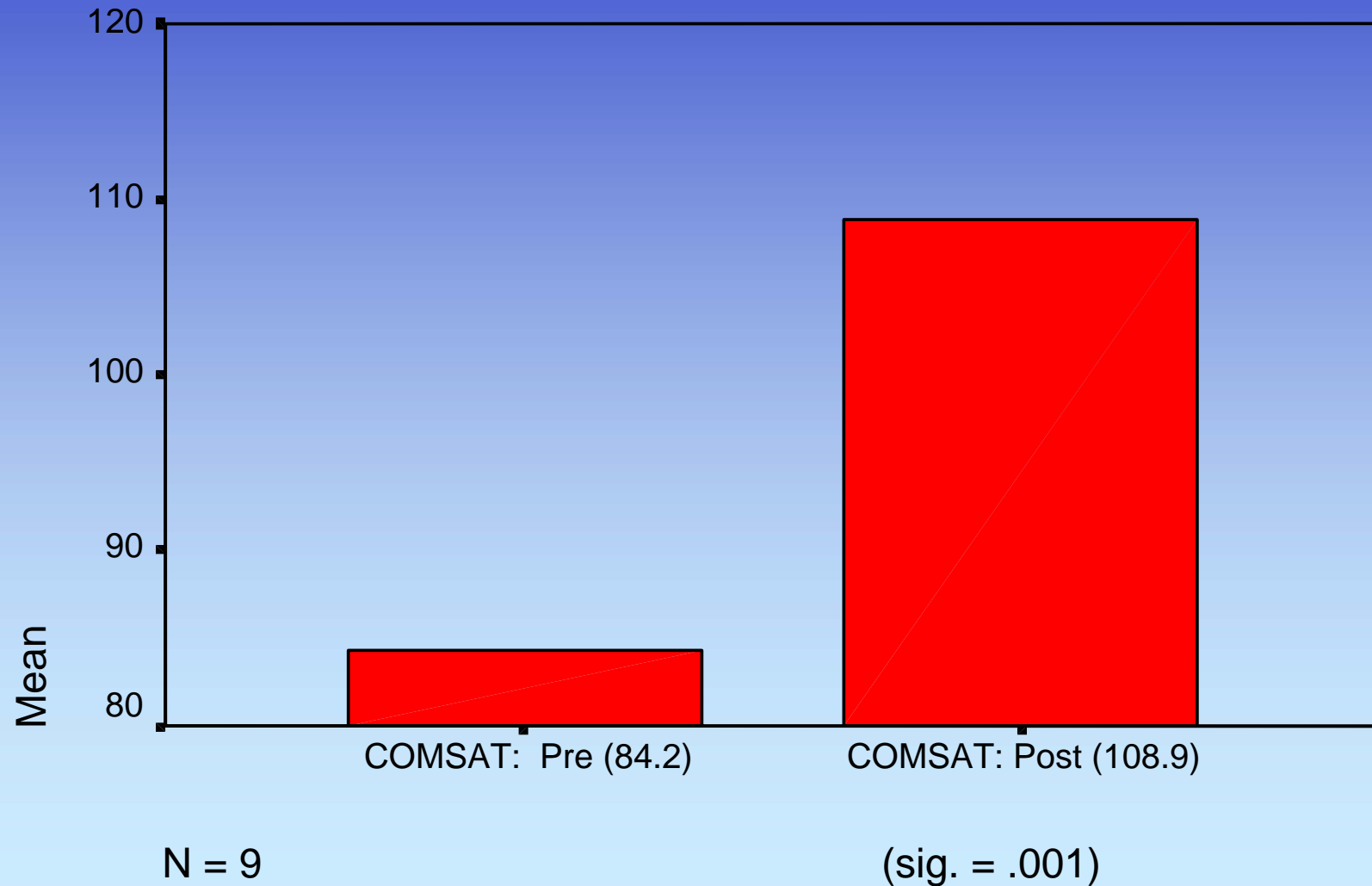


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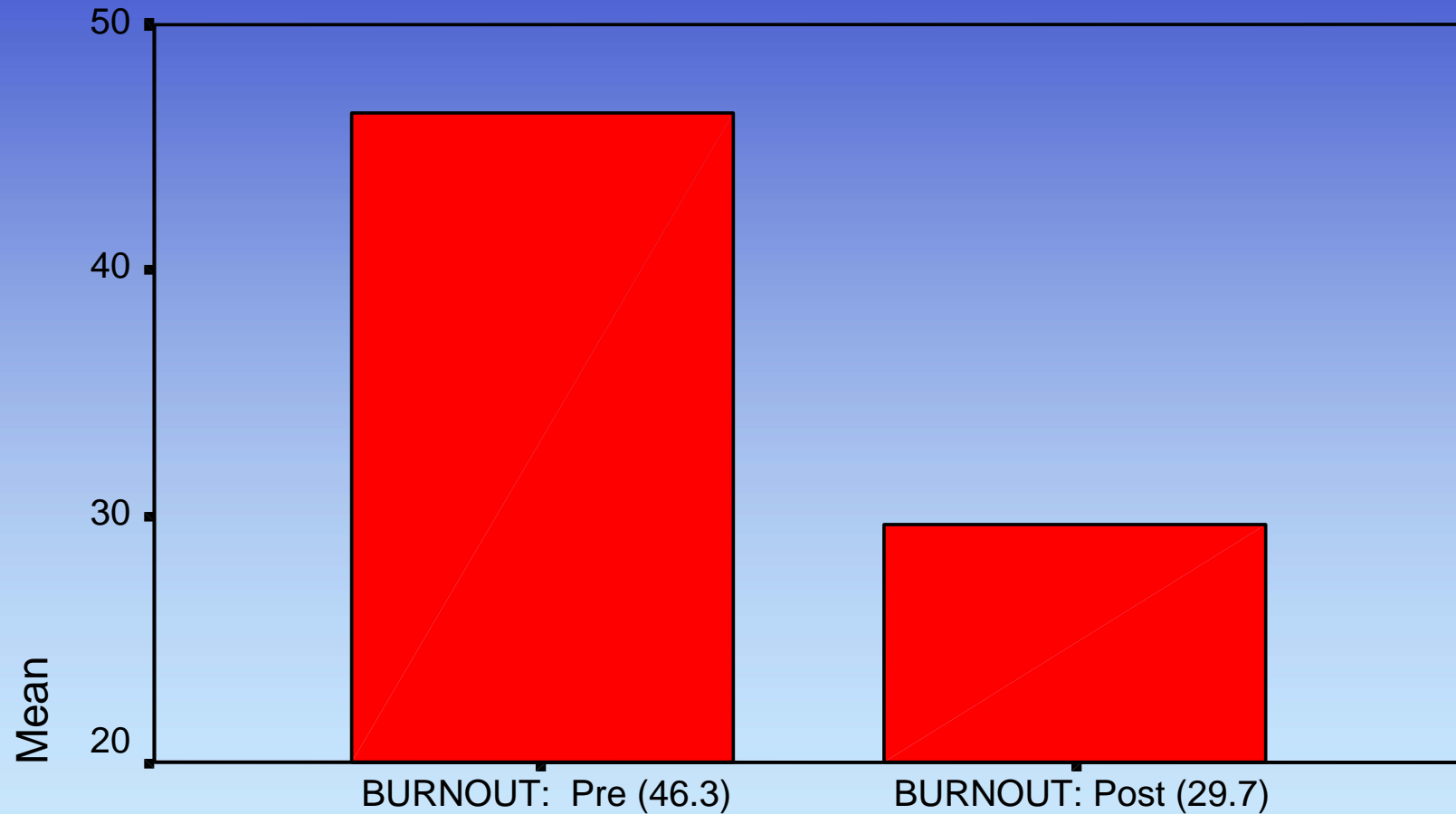
ARP: Compassion Satisfaction

(Stamm, 1998)



ARP: Burnout

(Stamm, 1998; Figley, 1995)

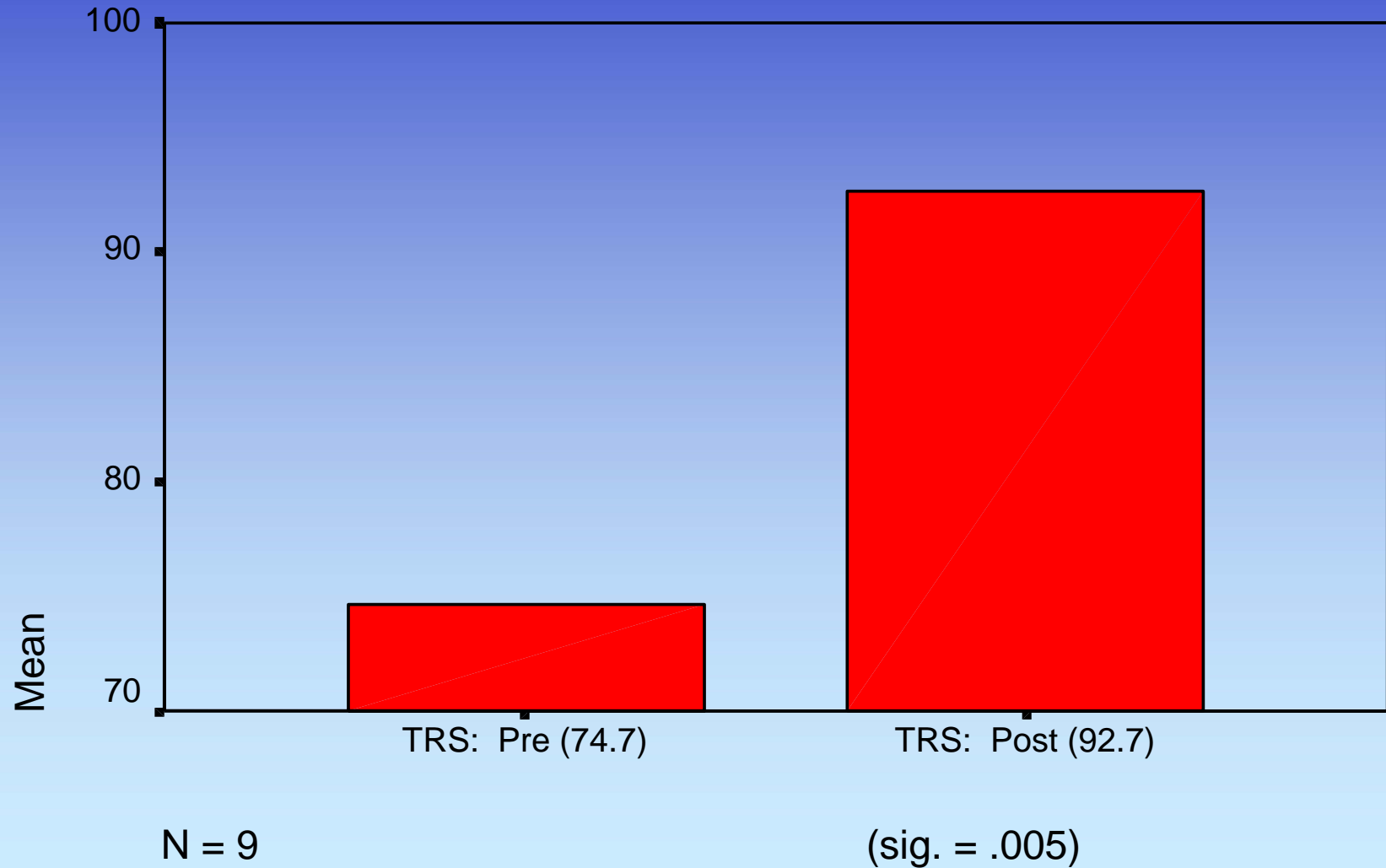


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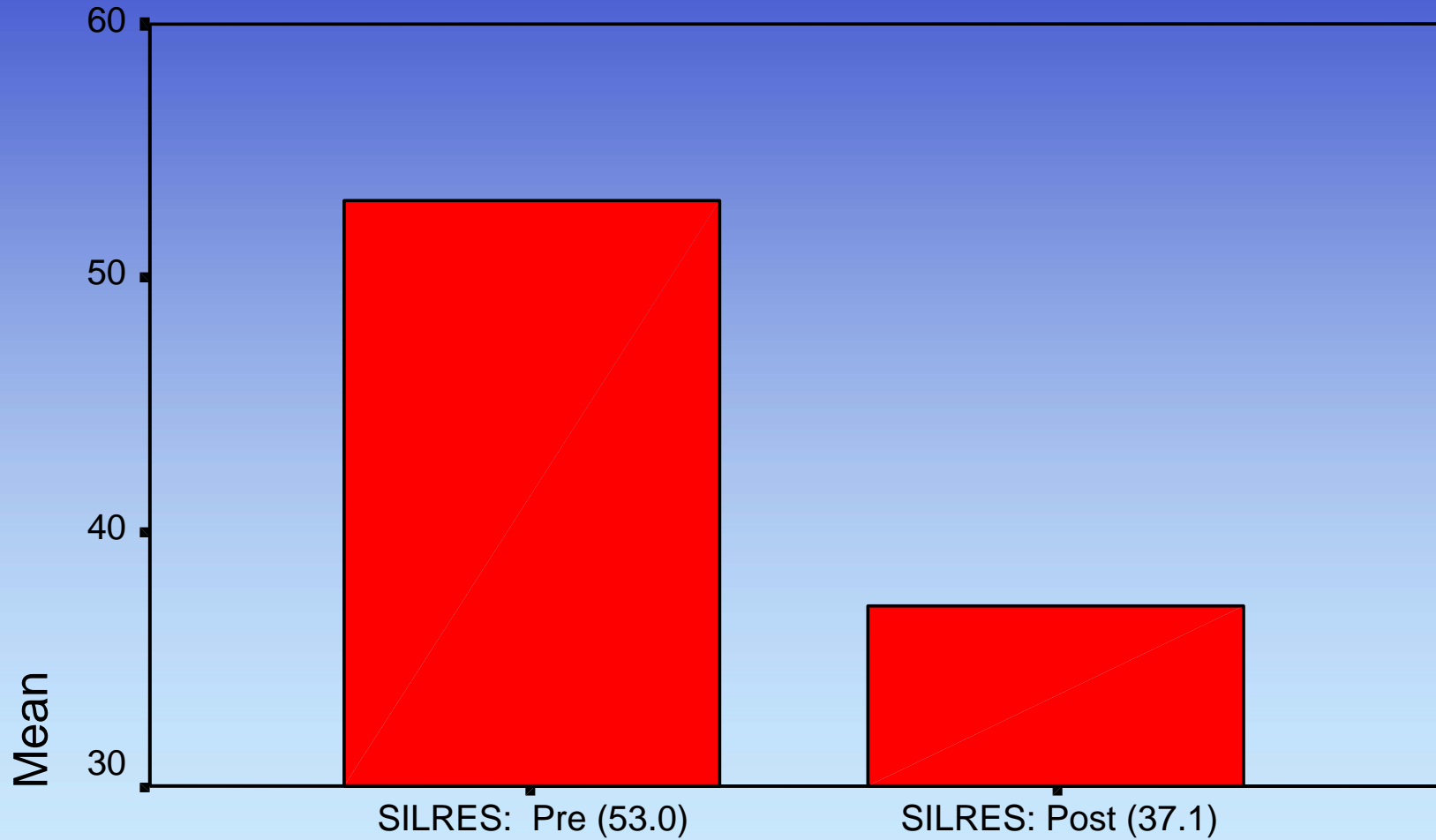
ARP: Trauma Recovery Scale

(Gentry, 1996; 1999)



ARP: Silencing Response

(Baranowsky, 1996)



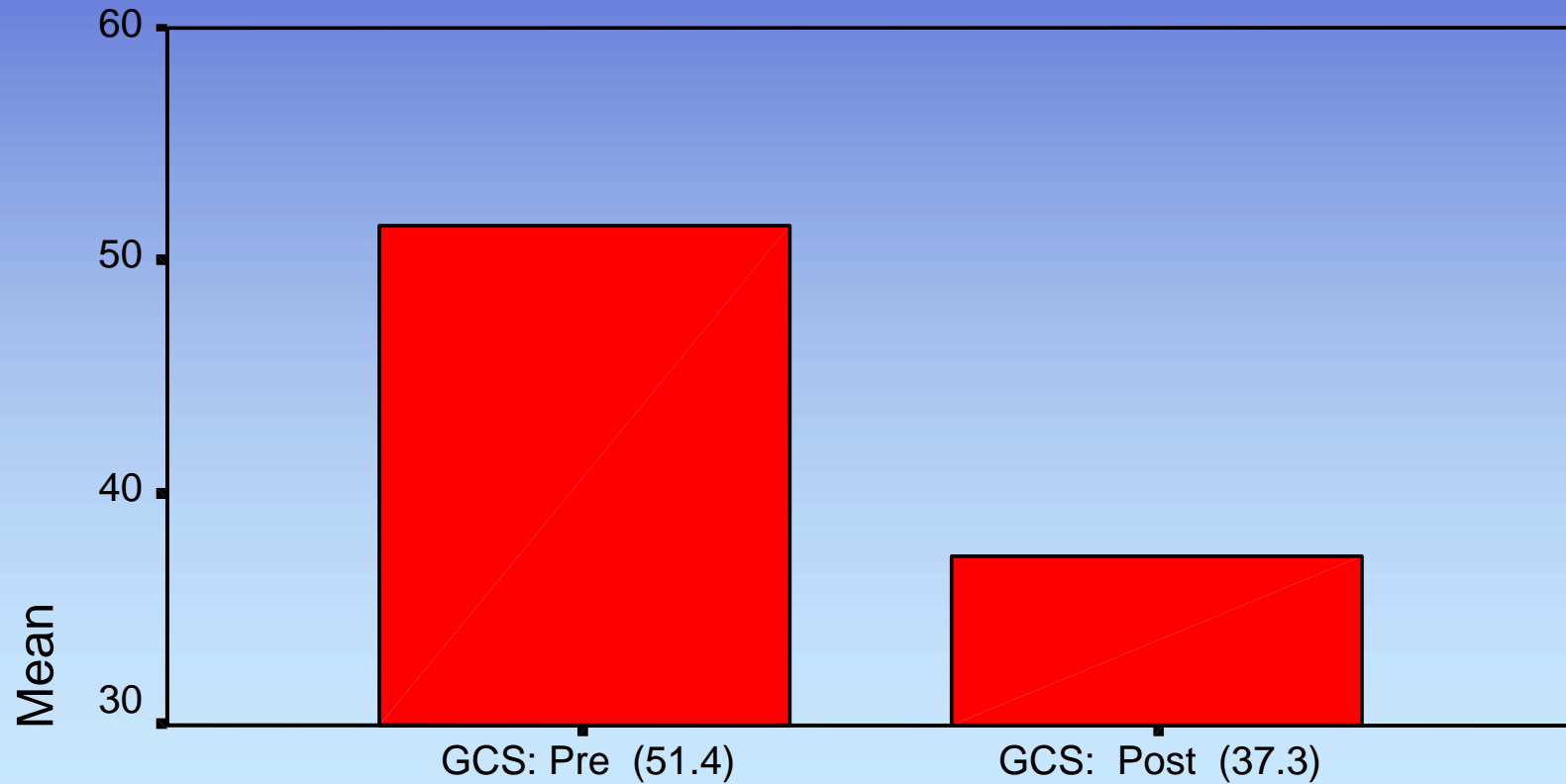
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ARP: Global Check Set

General Psychiatric Symptoms

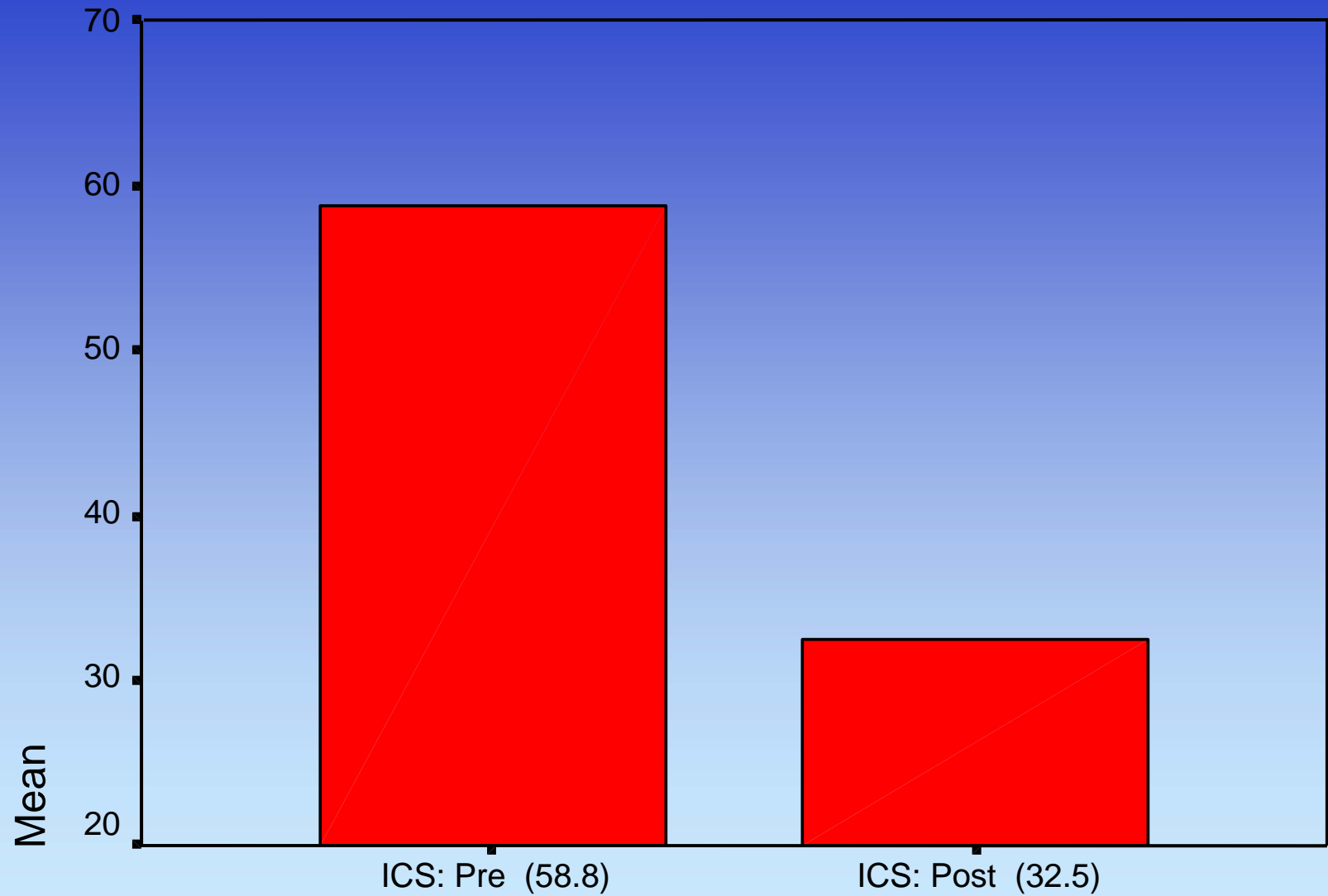
(Dep; Substance; Suicide; PTSD; GAD; Somat; Dissoc)



N = 9

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ARP: Index of Clinical Stress (Abell, 1991)



N = 8

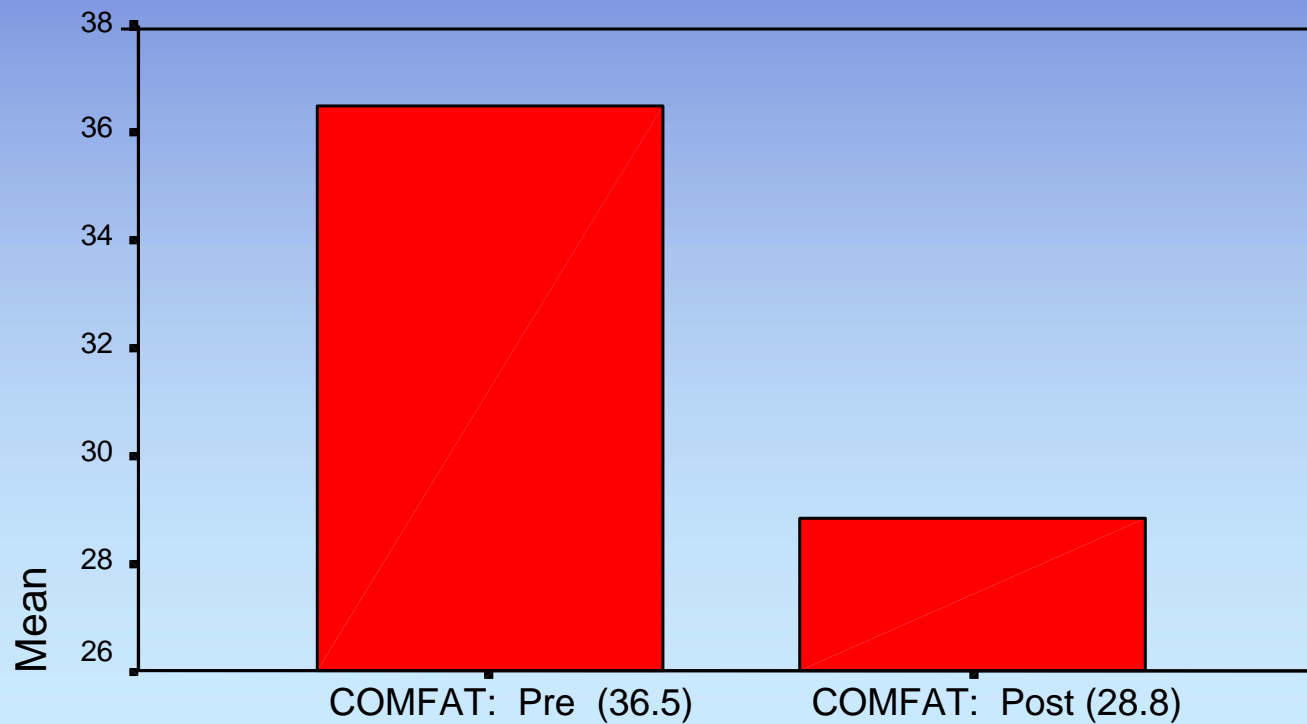
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Certified Compassion Fatigue Specialist Training Training-As-Treatment

Tallahassee (n = 20)

Oklahoma City (n = 23)

Compassion Fatigue
(Stamm, 1998; Figley, 1995)

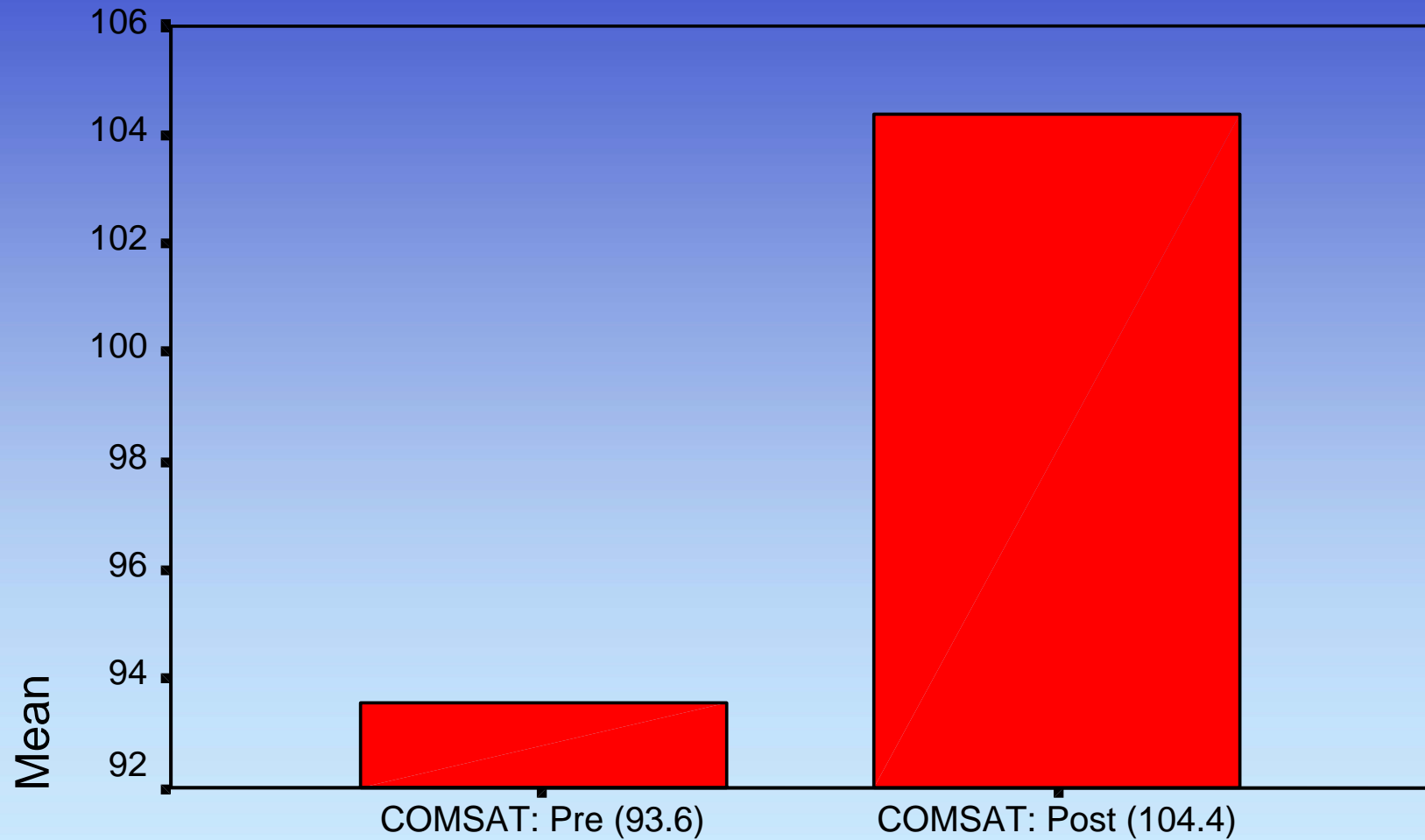


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Compassion Satisfaction

(Stamm, 1998)

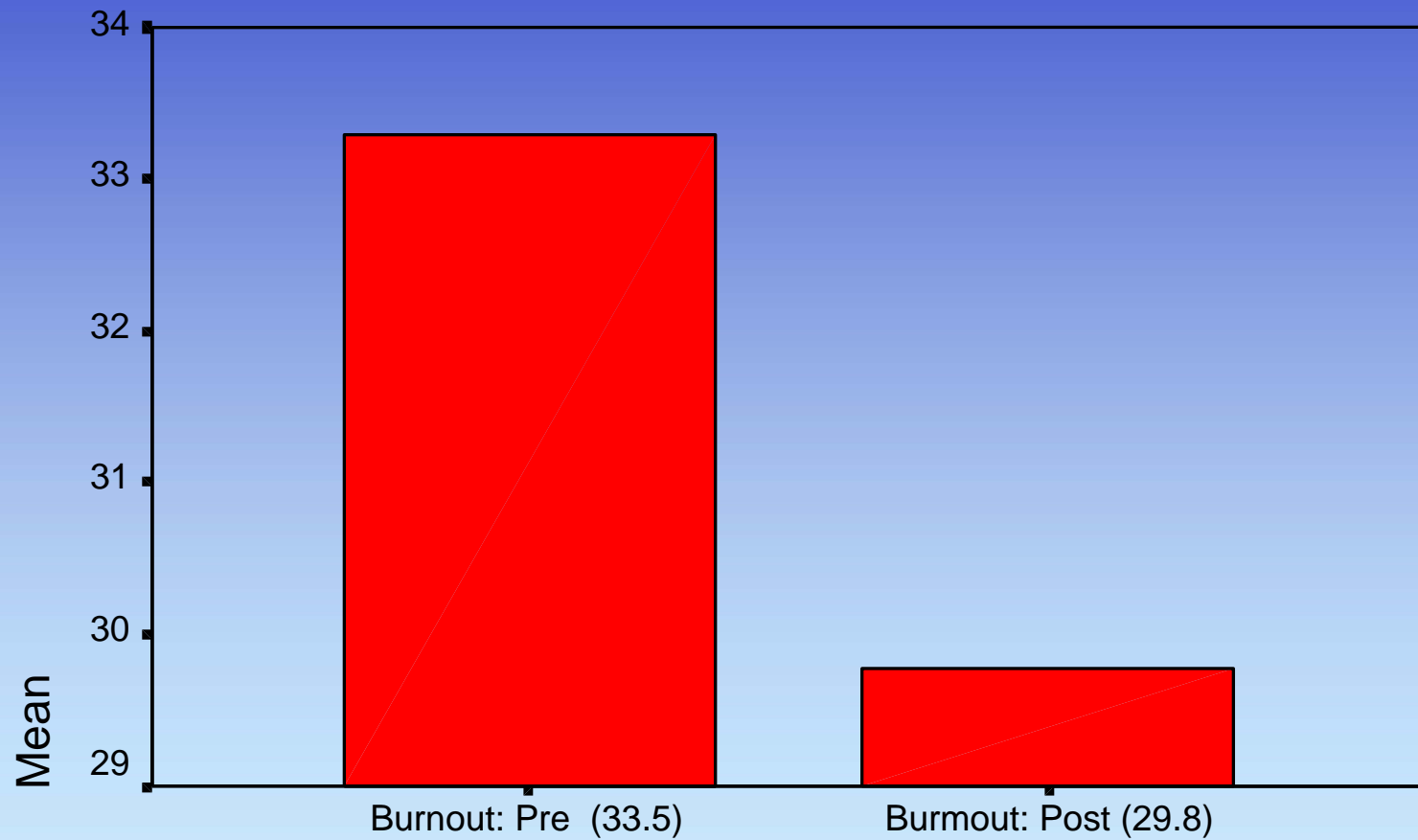


N = 43

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Burnout

(Stamm, 1998)



N = 43

(sig. = .000)

Treatment: ARP

Active Ingredients

- **Acceptance**

- acknowledgement of sx
- association with work-related experiences
- need for help

- **Intentionality**

- decision to address & resolve sx
- meaning of sx: pathology vs. evolution
- professional development
- personal development (self-of-the-therapist)
- systemic self-care
- balance

Treatment: ARP

Active Ingredients

- **Therapeutic Alliance**

- Emotional bond
- Mutual goals
- Completion of therapeutic tasks
- “Differentiating” empathy
- Non-anxious presence

- **Assessment - Quantitative**

- Compassion Fatigue Evaluation (semi-structured clinical interview)
- Compassion Satisfaction/Fatigue Self-Test for Helpers
- Trauma Recovery Scale (with trauma history)
- Silencing Response Scale

Treatment: ARP

Active Ingredients

- **Assessment - Qualitative**
 - Compassion Fatigue Evaluation
 - De-pathologizing
 - Psychoeducation
 - Strength-based
- **Goals**
 - Personal
 - Professional
 - Mission Statement
- **Anxiety Management/Self-Regulation**
 - Development of self-directed *in vivo* protocol towards development and maintenance of a non-anxious presence
 - Skills building (where necessary)
 - Thought Field Therapy

Treatment: ARP

Active Ingredients

- **Exposure/Resolution of STS/PTS**
 - Specific events relative to STS
 - Neoteric approaches (NLP, EMDR, TIR, TFT, TLTT) or CBT
- **Cognitive Restructuring**
 - Supportive and self-validated self-supervision
 - Letter from the “Great Supervisor”
 - Video-dialogue with “Critical Supervisor”
- **Resiliency Skills: PATHWAYS**
 - Internal locus of control
 - Problems=challenge
 - PMA
 - Non-reactivity to emotions

Treatment: ARP

Active Ingredients

- non-reactivity to others (field)
- Self-validation
- De-triangulation
- Self-soothing
- Spirituality
- **PATHWAYS**
 - Skills acquisition
 - Self care
 - Connection with others
 - Resolving conflicts (internal & external)
- **Resolution of Primary Traumatic Stress**

Treatment: ARP

Active Ingredients

- Prevention

- Self-validated care-giving
- Non-anxious presence
- Connection/Supervision/Support
- Balancing systems
- Intentionality vs. reactivity
- Self-care (including aerobic exercise)
- Continued training
- Personal therapy

- Resolution of any active primary traumatic stress

Contact Information

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