

Addressing Stress, Burnout, and Compassion Fatigue



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 Fostering Compassion Satisfaction Among College & University Title IX Administrators

 Who’s Minding the Shop? Attending to the Well-Being of the Team

 Compassion Fatigue: Because You Care

 Pro-QL

 Burnout and the Cure

Signs of Stress and Burnout

- You no longer look for ways to improve your lectures or update your presentations. Last year's material (or 5 years ago) is good enough for today.
- Classes are something you just want to "get through" rather than an opportunity to connect with students. You get a little bit too excited about that video you found to show your class.
- Students see you as sarcastic and inflexible.
- You have trouble delegating tasks and need to do everything yourself. You lack faith in those around you.
- You have a compelling need to always check email right as it comes in.
- The thought of a new day brings feelings of dread.
- You think about work constantly during your personal time.
- You fall behind in grading or find yourself canceling assignments, so you don't have to grade them.

Physical Stress Signs	Cognitive Stress Signs
Headaches	Exhaustion
Teeth Grinding	Negative rumination
Insomnia	Inability to focus on a task
Irritability, anger	Reduced libido
Muscle tension	Reduction in joy
Gastric disturbance	Mental fatigue
High blood pressure	Feelings of futility
Rapid heartbeat	Devaluing of co-workers

Cost of Stress and Burnout

- Job performance decreases , Mistakes increase
- Office morale drops, Isolation from others
- Work relationships suffer , Personal life suffers
- increased risk for substance abuse
- Increase risk for problems with physical and mental health
- Decreased sense of self esteem and confidence
- High staff turn over (\$), Increase use of sick leave (\$)
- Lack of collaboration with other offices
- Decrease in creativity and connection with students (retention)

Stress vs Burnout

Stress

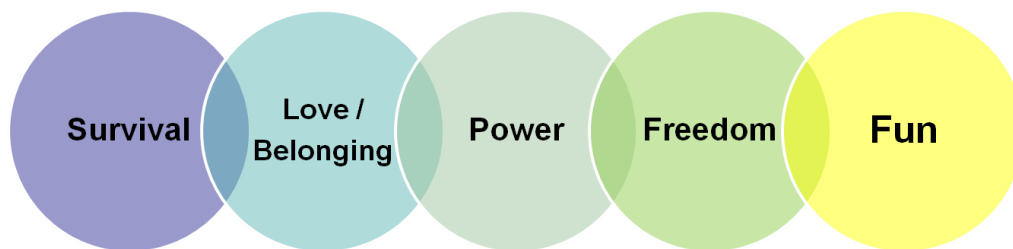
- is characterized by over engagement
- produces a sense of urgency and hyperactivity
- is a loss of fuel and energy
- is where emotions become over-reactive

Burnout

- is characterized by disengagement
- creates a sense of helplessness
- is a loss of ideals and hope
- is where emotions become blunted

How to Prevent Burnout and Excess Stress

- Engage in some honest self-awareness. Take an inventory of your current job requirements and understand how stressed out you are really feeling.
- Develop an awareness of what you can reasonably do and what is beyond your abilities. Look for ways to leave some things for a time or find others to delegate these tasks to.
- Trust your intuition. Seek advice from those who are balanced, patient and wise.
- Have a realistic tolerance of failure. You can't accomplish everything. Think small steps.
- Regular professional supervision with an experienced senior colleague.
- Developing and maintaining professional networks.
- Seek a culture of support (or seek to create this culture in your workplace).
- Honestly assess your personal life—How are your relationships? Do you eat well? Exercise? Can you describe your life as a “life in balance”? Understand Glasser's list of needs below:



How to Take Those First Steps to Change

It is not easy to take that first step towards any lasting change. When beginning any change, remember the following:

- Take small, consistent, measurable steps
- See obstacles as part of the process, not some unique
- Don't over think/focus on behavior (fake it to make it)
- See failure as an opportunity to move forward
- Use the support of those around you
- See change as a process; not a destination

Positive Psychology

“The law of flotation was not discovered by contemplating the sinking of things, but by contemplating the floating of things which floated naturally, and then intelligently asking why they did so.”

~ Thomas Troward

- The term was coined by Martin Seligman in 1998.
- Psychology is normally focused on problems, symptoms and the weaknesses of clients.
- Treatment is centered on identifying symptoms and looking for ways improve behavior and reduce pain.
- Positive Psychology is the study of what goes right in life, from birth to death and at all stops in between.
- The study of strengths and virtues that enable individuals and communities to thrive.
- What is good in life is just as genuine as what is bad.
- Takes focus away from suffering, weaknesses, problems, pathology
- www.authentic happiness.sas.upenn.edu (Great survey gives happiness rating 1-5)
- GREAT you tube video: <http://www.youtube.com/watch?v=9FBxfd7DL3E>
- Wealth is only weakly related to happiness both within and across nations, particularly when income is above the poverty level (Diener & Diener, 1996).
- Activities that make people happy in small doses – such as shopping, good food and making money – do not lead to fulfillment in the long term, indicating that these have quickly diminishing returns (Myers, 2000; Ryan & Deci, 2000).
- People who express gratitude on a regular basis have better physical health, optimism, progress toward goals, well-being, and help others more (Emmons & Crumpler, 2000).
- People who witness others perform good deeds experience an emotion called ‘elevation’ and this motivates them to perform their own good deeds (Haidt, 2000).

Optimism

- Optimism is expecting good things to happen. This creates problem-solving and improved expectations about the future.
- How do we view the world?
- Explanations for events that occur during our lives
- Understand these are changeable habits, not locked in traits.

Three Kinds of Happiness

Happy: Pleasant engagement (PA)---much positive emotion and skills to amplify, having as many of the pleasures as you can and having to skills to amplify them and stretch them.

50% heritable, not very modifiable Habituates---first taste is 100%...

Life of Engagement: Work, parenting, love, leisure---time stops for you and you are engaged in flow. Not pleasure---thought and feeling. You can’t feel anything---you are one with music, time stops, intense concentration. Know your highest strengths are---re-craft your life to use them as much as you can.

Meaning of Life: Most venerable of all of the happiness. Knowing what your highest strengths are and using them to belong to and in the service of something larger than you are.

Techniques to Try

- Philanthropic Activity: gratifying, not just pleasurable---spontaneous kindness, total engagement in task, paying the tolls.
- The Gratitude Letter: Write and deliver a letter to someone who hasn't been thanked.
- Best Possible Selves: Imagine everything has gone well, succeeded at life goals and dreams.
- Disputing Beliefs: A,B,C---dispute and effect (dispute irrational beliefs and pessimism). Argue with self, look for evidence to prove, look at all possible explanations.
- 3 Good Things: Write down 3 good things that happened each day with causes. Try for a week.

Flow Theory: GREAT youtube video: <http://www.youtube.com/watch?v=fXleFJCqSPs>

- Coined by Mihály (Mike) Csíkszentmihályi (pronounced Chick-sent-me-high-ee)
- When in the "flow" we feel inner clarity, focus, concentration, outside of ordinary reality.
- "How can we live life as a work of art, rather than as a chaotic response to external events..."
- We are out of flow when people are being conscious of a fear of who they appear to others and what these others might think
- People are generally unhappy doing nothing
- A life filled with flow experience is likely to be a fulfilling and happy one
- What activities can be in flow? It can be achieved by filing papers, walking the dog, teaching a class or folding the laundry
- These are the activities that:
 - You are able to focus on
 - Have a clear objective
 - Are challenging, but within your abilities
 - You have the knowledge to complete
 - Provide feedback on how you are doing
- Rediscover passion in life. When you are passionate about your work, it moves faster and doesn't feel like work any longer.

Redefining Failure: www.youtube.com/watch?v=0yetHqWODp0 life=risk, video on failure

- Understand failure as part of a journey and is essential.
- Too often, we see failure as final and sign of weakness, rather than then a lesson.
- J.K. Rowling professed at a Harvard 2008 commencement address "it is impossible to live without failing at something".
- Be connected to those who support your positive choices, not negative ones.
- Expect failure to occur. Perfection isn't something that you should strive for.
- Assess where your energy is going. Focus on what can be successful and build from successes
- Narrative therapy helps students see their stories from a different perspective.
- The story doesn't change, but how they think about it is shifted.

www.youtube.com/watch?v=tnOxvbGOTbM (southwest rap)

Reality Therapy

- William Glasser, founder of reality therapy, talks about the importance of creating plans and goals with a client in a manner that ensures success.
- He offers a system based on the Wants, Direction and Doing, Evaluation, Planning (WDEP).
- **W** = exploring the client's wants and needs. Here we are looking for the desires and direction the client wants to head in. Where do they want to go? What do they want to do?
- **D** = direction and doing: The therapist assesses what the client is doing and the direction these behaviors are taking them.
- **E** = evaluation: The therapist makes an evaluation of the clients total behavior. Is the behavior taking them closer to their wants and needs?
- **P** = Planning and commitment: assisting clients in formulating realistic plans and making a commitment to carry them out.
- Plans should be Simple, Attainable, Measurable, Immediate, Controlled by the planner, Consistently practiced, and Committed to.
 - Simple: plans are broken into small, easy pieces
 - Attainable: plans are realistic and can be accomplished
 - Measurable: plans can be assessed and evaluated
 - Immediate: short term goals that occur soon
 - Controlled by the planner: ensuring adjustments
 - Consistently practiced: repeat until habits form
 - Committed to: buy-in and investment
- Students plan to improve their grades – but we don't always identify the exact problem. Are they missing class, not studying for tests, studying the wrong things or not motivated to be in school?
- We can create goals that are too distant, or they are great ideas – but the client isn't on board with them. They may be too vague; difficult to determine if they are progressing or not.

Glasser, W. (2001). Counseling with Choice Theory: The New Reality Therapy.

Glasser, W. (1975). Reality Therapy: A New Approach to Psychiatry. Colophon Books.

Prochaska and DiClemente: Change Theory

Change Theory was introduced by Prochaska and DiClemente as an approach that outlines how people move through various stages before becoming ready to make lasting change in their lives.

Pre-contemplation: At this stage, the student is unaware that there is a problem and hasn't thought much about change. Staff should help the student increase their awareness of their need for change through discussion and helping the student understand how their behaviors may be impacting their life.

Contemplation: This is the most common stage of change for students to be in. The student has thought about change and is getting ready for movement in the near future. The student realizes their current behavior is not in their best interest, but is not yet ready to begin their plan to change. The student isn't happy about their current state and wants things to be different, but has not yet explored how to do things differently or take action to make change in their lives.

Preparation for Action: In this stage, the student is aware of a problem and is ready to actively create goals to address the problem behavior in their life. Plans and goals should be focused, short term and designed to be updated and altered to ensure their success. Plans should be measurable and something the student can monitor and understand if they are moving forward, static or moving backwards. Staff should help the student brainstorm and update their plans to ensure a better chance of success.

Action: This stage of change is where the student puts their plans into action in order to change behavior. The student will attempt to alter their negative suicidal behavior and develop new positive behaviors to replace them. Staff should support the student in trying out these action steps and encourage them to keep trying, despite setbacks and the potential failures they may encounter.

Maintenance and Relapse Prevention: Here the goal is to continue successful plans and repeat those action steps that work, while adjusting things that don't. Change has occurred for the student, and there has been a reduction in problem behavior. They need to maintain their successful change and reduce the risk of falling back into bad habits. Staff should help bolster student's success and develop awareness of potential obstacles that could lead to relapse.

Outreach Activities for College Settings – Beating Stress

Brian Van Brunt, Courtney Clippert, Rodney Martin

“Quick I need someone to do a program to help my students manage their stress!” is probably the most common request made to college counselors in terms of outreach programs. These programs are offered during student orientation events, as preventative measures to reduce stress during final exams and midterms, prior to holidays and school breaks, for athletes and students involved with Greek life who have programming requirements and for specific majors who typically experience an increased stress (such as nursing, pre-med and first year writing courses).

Stress programs are typically an hour in length, but should have an “accordion feature” built in to shrink down to 15 minute quick lectures and out to two hour discussion Q&A programs. Stress reduction programs can be taught directly to students in classroom and residence hall settings, or as passive advertising and handouts made available at orientation tables or in high stress areas like the library at finals time.

I. Core Concepts of Stress Reduction

Rational Emotive Behavioral Therapy (REBT)

Most stress reduction programming comes back to the simple concept outlined first by William James; “Human beings, by changing the inner attitudes of their minds, can change the outer aspects of their lives.” This concept was continued by Albert Ellis (2007) in his Rational Emotive Behavior Therapy.

Ellis found this approach useful in assisting students to identify irrational thoughts that the student has in reaction to activating events. The REBT approach can be described in terms of A-B-C’s. These are: Activating events, Beliefs about these events and the Consequences of these beliefs. Activating events can be anything from a relationship argument, getting cut-off in traffic, spilling coffee on your favorite shirt or having your computer crash. These events cannot be prevented; they occur throughout our lives.

It is our “Beliefs” about the activating events which lead to aggressive actions and negative consequences. We cannot change the activating events in our lives, but we can change our beliefs about the activating events and the resulting consequences of our behavior.

Life in Balance

Any stress reduction programming should also include a discussion of how to live a life in balance. College is a struggle to balance multiple tasks while keeping some semblance of sanity through the experience. Students learn how to balance aspects of their life (peers, academic, physical, dating relationships, family) throughout their time away from home as they move towards adulthood. Stress reduction programming should include some discussion of how to learn to “take a break” and identify the signs of early stress and burnout.

William Glasser (2001;1975), founder of reality therapy, talks about the importance of living a life in balance. He makes the argument that there are five essential needs we all must balance in order to live a happy life. These are survival, love/belonging, power/achievement, freedom and fun. It would be easy to imagine an entire program designed around helping college students identify these five key areas of their lives and how each area competes for time and energy.

Better Make it Fun

Many times students are required to attend stress reduction programming as a preventative step to help students get out ahead of any anxiety they may be experiencing. It is important then to understand that many who will be on the receiving end of an hour long “How to Beat Stress” lecture may be required to attend the lecture. The workshop itself becomes a source of stress!

Find ways to include humor throughout the lecture to keep students' attention. This may involve including popular clip art and cartoon images that students are often exposed to. It may involve conducting some "surveillance" with student leaders to see what current trends are and find ways to mix a stress reduction message with some fun images, movie clips or TV/movie references. A lecture or powerpoint that contains too much information and not enough Spongebob and Patrick Star is destined for a lackluster delivery.

Teach them How to Breathe

Staff should teach the student the process of breathing or meditation to better control their stress and anxiety to prevent the development of a panic attack. There are many approaches to controlling breathing used by everyone from the Navy Seals in developing their sniper training to yoga practitioners.

An approach called "cycle breathing" is useful in reducing the biological changes which overcome a person when they climb through the escalation toward crisis. The process of cycle breathing involves breathing in to a slow count of 4, holding breath for a slow count of 4, breathing out for a slow count of 4 and then repeating. This process lowers blood pressure and heart rate, allowing the student to regain calm and regain their ability to think creatively and rationally about their stress.

Time Management

Oftentimes, college students underestimate the importance of time management. They don't always understand their increased level of stress is a direct result of a lack of effort in organizing their schedule or planning for tests, homework and assignments.

College students struggle with the responsibilities during college that are more pressing than those they encountered while in high school. It is important to teach students ways in which they can cope when their perceived demands exceed their perceived resources. Staff should teach students that time management is about prioritizing, and as a result, students should ask themselves three questions: "do I work best with a full or empty schedule?"; "am I a morning or an evening person?"; "can I tune out distractions easily?" (Nichols, 2004). One important component in the time management equation is to anticipate and plan. It is beneficial for students to have a tool that helps them keep track of things that they need to do (i.e., planner, calendar, to-do lists). Also, teach students the dangers of procrastination. This may include: identifying things that make you procrastinate, learn to break tasks into manageable parts, try to do the first draft of a paper in advance and changing your study environment (Nichols, 2004).

II. Attend to Specific Audiences

While there are several core concepts that make up successful stress reduction programming, each individual program needs to be tailored to the audience at hand. A half hour presentation to high school juniors engaged in a "step-up" program to enter college during a Saturday is going to be different than the stress reduction program offered to nursing students during midterms.

Counseling centers would do well to ask beforehand some key questions about the group and content they are being expected to present. "Stress Reduction" falls under a wide gambit of areas from test anxiety to homesickness due to being away at school for the first time. Consider asking:

1. Who is the audience? How many will be in attendance?
2. What are they looking to get out of the program? Is it required that they attend?
3. What is the minimum and maximum time frame for the talk?
4. Are there technology needs or handouts that need to be arranged?

Athletes

When offering stress reduction programming to athletes, it is important to take into account that they are often being required to attend this program. Athletes experience stress and difficulty balancing their multiple tasks of practice schedules, homework, exams, hanging out with friends, dating relationships, class schedules, maintaining friendships at home, parents, finals and games. Programming should focus on helping them balance their multiple tasks, find some ways to introduce brief periods of freedom and fun into their often hectic schedules and understand how the winning mental strategies they put into place in their sports can also be used in their social and academic lives. It may also prove helpful to involve a staff member or graduate assistant who has past experience as an athlete in college.

Greek

Students involved in Greek life often have unique challenges related to their fraternity and sorority experiences. There are certain times of the year (such as rush week and alumni weekend) that require huge investments of time and energy from students. Stress programming should assist students in planning their schedule to allow them to complete their academic requirements in addition to their Greek and social requirements. As with student athletes, stress programming is often mandatory so developing an interesting and engaging program is essential. It may also be helpful if staff or graduate assistants involved in the programming have been involved with Greek life during their college years.

First-Year Students

Entering college for the first time can be a strenuous event for incoming freshmen. For most, this is the first time that they have lived away from home. Entering into a new environment and taking on new responsibilities is challenging for anyone; however, for students who are 17 or 18 years old, certain coping skills are not yet developed.

Not having the proper coping skills is similar to lacking the ability to fight off a common cold. Without the proper coping skills, incoming freshman are not always able to cope with the common stressors that incoming freshman usually experience, such as the academic workload, financial concerns, time constraints, roommate concerns, being away from family and friends, and dating issues. When a student is unable to deal well with their stress, it can result into developing anxiety, depression, hopelessness, and/or suicidal ideation.

The students that are able to handle stress develop strategies and techniques to cope with their problems, therefore reducing stress. Research shows that students who have established positive coping methods confront stress instead of avoiding it. These students experience positive activities, such as exercising or talking to friends about problems which enhances behavioral and cognitive well-being (Holahan & Moos, 1987). Creating support groups, utilizing campus gym facilities, studying effectively, developing a strong spirituality/religious view, eating well-balanced foods, taking time to relax, obtaining eight hours of sleep, maintaining healthy relationships, developing time management skills, and understanding money management will greatly enhance an incoming freshman's stress level.

While some students have positive coping strategies, other students have not yet developed positive coping methods. Instead of tackling stress, they avoid stress. These types of students utilize negative behavioral and cognitive activities, such as excessive drinking, over eating, experimenting with illicit drugs, and maintaining self-blame (Holahan & Moos, 1987). Basically, these students utilize maladaptive coping skills in order to attempt to resolve problems or stress, which usually ends up in poor outcomes.

Minority and International Students

Entering a college campus where the majority of the students and teachers look and act differently than what a student is used to can cause an increase level of stress. Most campuses in the United States are predominately filled with Caucasian Americans. This over representation of one group of students can create behavioral and

emotional problems within minority and international students. Researchers report that college and university campuses should create programs in order to provide support to minority and international students (Negga, Applewhite, & Livingston, 2007).

College campuses should be aware of the characteristics and experiences of minority and international students in order to relate effectively with them. Fuertes and Westbrook (1996) report that international students may develop acculturation stress. This type of stress occurs when students face the frustration of losing their families and friends, undergo pressures to adjust to a new culture, learn a new language, encounter loneliness, experience a lack of support and exposure to possible personal and institutional discrimination.

Minority and international students who encounter stress may struggle with negative behaviors such as alcohol abuse, drug abuse, suicidal ideation and pessimistic thinking. Research shows that African American students may encounter health, academic performance, and intrapersonal stress, such as death of a family member, low grades, time management, boyfriend/girlfriend problems, or missed classes (Negga, Applewhite, & Livingston, 2007). These students are confronted with problems regarding being away from home, family obligations, academic load, maintaining personal relationships, time management, work, financial obligations, and adjusting to a new environment (Negga, Applewhite, & Livingston, 2007). College and Universities should provide stress and adjustment programming to these students.

III. Creative Ideas for Stress Programming

There are many ways to run a creative and fun program for students teaching the benefits of dealing with stress and how to tackle their current anxiety. Here we will discuss some common approaches to stress reduction programming and how it can be interesting and useful to students.

Give-a-Way Items

Many of the students who attend programming on stress reduction are required to do so as part of their academic classes, clubs or organizations. As such, anything that can be done to help these students walk away with exciting reminders or fun items to highlight their experience will help reduce their boredom and encourage them to make use of referrals to counseling and academic advising. These items are available through various internet companies such as www.branders.com. Typically, it makes better fiscal sense to place large orders at the start of the year rather than smaller orders throughout the year. It may also be useful to have key departments like counseling and academic affairs put their logo on the items to encourage students to call and make appointments.

Video Clips & Clipart

The best stress programs are those that keep the audience engaged. One way to accomplish this is to use creative, fun and current movie clips and graphic images to draw student's attention and focus. If the staff who offer the program are---shall we say---a bit more out of touch with current college student movies, TV shows and culture, consider involving graduate students who have a better understanding of what would captivate students.

Be Aware of Time and Location

Discuss the importance of when the program is occurring. Is it right before lunch? Is it the last in five lectures they will be hearing? Did students just walk up a half mile hill to get to you? Is it at 8am? Understand why the students are coming to your program and what their expectations are in terms of how long it will last and the comfort of the environment they are in. While you cannot change these variables, it may help students feel more engaged if you share an understanding of how they feel about the program.

Make it Interactive

Programs have two main ways they reach students: process and content. The content is the information the presenter has to share. The process is the way the information is shared. Staff and graduate students offering this programming should look for ways to engage their audience and help them take an active role in listening and understanding the information. This may involve passing out index cards at the start of the talk and asking the students write questions down that they want answered but don't want to ask themselves. Another method may be creating a quiz show like Jeopardy! or handing out candy to those who answer stress related trivia questions correctly.

Consider Some Quotes

"Twenty years from now you will be more disappointed by the things you didn't do than by the ones you did. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover."--Mark Twain

"What is there to be afraid of? The worst thing that can happen is you fail. So what? I failed at a lot of things. My first record was horrible."--John Mellencamp

"I am an optimist. It does not seem too much use being anything else." — Winston Churchill

Stress Management Handout

- Prepare for the morning the evening before. Choose breakfast, make plans for lunch, put out the clothes you plan to wear, etc.
- Don't rely on your memory. Write down appointment times, when to do the laundry, when library books are due, papers need to be turned in.
- Do nothing which, after being done, leads you to tell a lie.
- Be prepared to wait. A paperback can make a wait in a post office line almost pleasant.
- Procrastination is stressful. Whatever you want to do tomorrow, do today; whatever you want to do today, do it now.
- Don't put up with something that doesn't work right. If your alarm clock, wallet, shoe laces, windshield wipers - whatever- are a constant aggravation, get them fixed or get new ones.
- Eliminate (or restrict) the amount of caffeine in your diet.
- Always set up contingency plans, "just in case." ("If for some reason either of us is delayed, here's what we'll do. . ." or, "If we get split up in the shopping center, here's where we'll meet.")
- Say "No!" Saying "no" to extra projects, social activities, and invitations you know you don't have the time or energy for takes practice, self-respect, and a belief that everyone, everyday, needs quiet time to relax and be alone.
- Allow yourself time - everyday - for privacy, quiet, and introspection.
- Turn off your phone. Want to take a long bath, meditate, sleep, or read without interruption? Drum up the courage to temporarily disconnect. (The possibility of there being a terrible emergency in the next hour or so is almost nil.) Or let it go to voicemail.
- Make friends with non-worriers. Nothing can get you into the habit of worrying faster than associating with chronic worrywarts.
- Create order out of chaos. Organize your home and workspace so that you always know exactly where things are. Put things away where they belong and you won't have to go through the stress of losing things.
- Writing your thoughts and feelings down (in a journal, or on paper to be thrown away) can help you clarify things and can give you a renewed perspective
- When the stress of having to get a job done gets in the way of getting the job done, diversion - a voluntary change in activity and/or environment - may be just what you need.
- Talk it out. Discussing your problems with a trusted friend can help clear your mind of confusion so you can concentrate on problem solving.
- Do one thing at a time. When you are with someone, be with that person and with no one or nothing else. When you are busy with a project, concentrate on doing that project and forget about everything else you have to do.
- If an especially unpleasant task faces you, do it early in the day and get it over with, then the rest of your day will be free of anxiety.
- Have an optimistic view of the world. Believe that most people are doing the best they can.

Case Study

Lee is a new professor at a four-year college and has grown increasingly frustrated and stressed with her work. She is talking to a fellow professor, Dave, who teaches in her same department. Dave has been teaching longer and is in a position to offer Lee some advice about her dilemma.

Dave: I haven't seen you around at the last few faculty meetings Lee. What's been going on?

Lee: [angry] Oh great. Now you are jumping on my back about that too. Look I have a lot of papers to grade and I'm developing two new courses my Dean asked me to work on at the last minute...

Dave: Hold on there, I wasn't accusing you of anything. I just wanted to see how you were. I haven't talked to you in awhile and I've been worried about you.

Lee: [looks sad] I'm sorry. I've just been so overwhelmed lately I don't know what to do. I feel like I don't have enough time to do everything I supposed to be doing, my grading is two weeks behind and I'm looking at trying to find any possible time to work on my new class assignments. I feel like I'm drowning.

Dave: Wow. It sounds like you are really overwhelmed. Is there anything I can do to help?

Lee: I don't know. I know there is more work during my first couple semesters building my classes, but I just feel tired all the time. I've been getting these headaches and I'm always on edge. I think some of my students are starting to notice and I'm worried this is going to affect my evaluations. I told you I'm like two weeks behind on my grading?

Dave: It does sound bad. And you are right, it will get easier over time as you get a handle on your courses and figure out how to stay on top of your grading. What kind of assignments are you giving?

Lee: Mostly essays. Then they have short answer midterms and a final. With a class of 45, I just find it takes forever to do the grading. How do you deal with it?

Dave: Well, I can tell you I don't assign all those essays and written work. I do a few papers during the semester, but with a class that size it's much harder to stay on top of grading essay assignments – especially if you are giving them frequently.

Lee: That's exactly it. I really like teaching, it's just I feel behind all the time. Then I get tired and then I start to feel sick. Like with these headaches. It reminds me of cramming for my finals in college. I had this same sick and tired feeling.

Dave: Well, I'd imagine the stress would feel the same. What got you through it back then?

Lee: I think it was mostly keeping my eye on the end goal. When I finally would be finished and could get back to the things I loved.

Dave: Well, try to look at this the same way. We only have a few weeks left in the semester. And while it will be hard to get caught up, you have a month to work on the new class syllabi. Is there a way to focus in on the small goals at this point? What would make you feel like you were moving forward.

Lee: I guess if I could finally just get through these last 20 essays I have to grade by tomorrow. That would feel pretty good to have them off my shoulders.

Dave: Can you try to get them done tonight? Maybe get some coffee or take a walk before sitting down to work on them?

Lee: Yeah, that's something I can do. Thanks Dave...and sorry again for biting your head off. It feels better just to talk some of this out.

Dave: Hey, no problem. I've been there before, that's the only reason I know how to make it through. It won't always feel this way. Your first few semesters teaching are always the hardest. Just hang in there. And don't wait so long to ask for a friendly ear, ok?

Lee: You bet. Thanks.

Question for Reflections

1. How would you characterize the approach Dave used to talk with Lee?
2. What are some examples of how Dave tried to normalize and calm Lee down?
3. Does the type of class or assignment make a difference here?
4. What are some of the things Lee could have done to prevent this situation from getting out of control to begin with?
5. What other approaches or suggestions would you have given to Lee?
6. How could Dave have brought up the idea of life balance to help Lee look at other aspects of how she was feeling?
7. If Lee wasn't receptive to Dave's help, what are some other things he could do in the future to try to help Lee. What other people could he involve?

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Fostering Compassion Satisfaction Among College & University Title IX Administrators

Author

LB Klein, MSW, MPA

Ph.D. Student

University of North Carolina at Chapel Hill School of Social Work

Abstract

This study, completed for the author's master's degree in public administration capstone in the Program on Gender-Based Violence in the University of Colorado Denver's School of Public Affairs, explores the compassion satisfaction and fatigue of Title IX administrators through a thorough review of the literature on emotionally intense jobs, administration of a Web-based survey, and completion of a series of interviews with Title IX administrators. Title IX administrators were found to have low to average burnout and secondary traumatic stress, as well as average to high levels of compassion satisfaction. Administrators pointed to several organizational and structural barriers to maintaining their wellbeing, as well as suggestions for how their supervisors, their universities, and the field could help them work more effectively. Implications for research and practice are discussed.

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Introduction

Title IX of the Education Amendments of 1972 is a federal law that prohibits discrimination based on sex in any federally funded education program or activity (Department of Justice, 2015). In 2011, a letter now known as the “Dear Colleague Letter” (Ali, 2011) specified that Title IX should also be applied to gender-based violence (GBV). This led to an up-tick of Title IX administrator positions.

Title IX administrators are particularly vulnerable to scrutiny and liability, and professionals may encounter a steep learning curve entering into what is on most campuses a relatively new role. Title IX offices are often understaffed and have limited budgets. These administrators are also frequently confronted with the realities of the pervasiveness of trauma in their communities. The aforementioned factors can combine to leave these professionals particularly prone to burnout, a psychological syndrome that involves a prolonged response to chronic interpersonal stressors on the job, as well as secondary traumatic stress (STS), the presence of post-traumatic stress disorder (PTSD) symptoms caused by indirect exposure to trauma (Figley, 2002; Leiter and Maslach, 2004). Burnout and STS combined can lead to compassion fatigue (CF), or a state of tension and preoccupation and dulled compassion.

Despite these risk factors, Title IX administrators may lack experience with or education in coping with CF. Title IX administrators may not have received education or training on CF and may fear judgment from colleagues. They may also be unaware of how to foster compassion satisfaction (CS), the ability to receive gratification from their roles dealing with traumatized individuals and communities (Simon, Pryce, Roff, and Klemmack, 2006).

Purpose

This study focused on four central research questions. Title IX administrator compassion satisfaction, burnout, and compassion fatigue, as well as vicarious trauma, are new areas for study. Therefore, the first step was assessing current levels of these facets of professional wellbeing through the Professional Quality of Life (ProQOL V), administered via an online survey. Second, interview questions sought to ascertain how Title IX administrators cope with their roles. Third, through the emerging Trauma-Informed Organizational Culture

(TIOC) instrument and interviews, this study also sought to assess organizational and institutional dimensions to fostering compassion satisfaction and fatigue. Fourth, this research sought recommendations to improve training for Title IX administrators.

Review of the Literature

In her seminal study, Hothschild (1983) defined emotional labor as “inducing or suppressing feelings in order to sustain the outward countenance that produces the proper state of mind in others” (p. 3). She expressed that this labor is “sold for a wage and therefore has exchange value,” stressing that it is just as important a skill set as more rational job skills (Hothschild, 1983, p. 4). Emotionally intense jobs typically involve interfacing with the public, production of an emotional state in someone else, and exposure to environments with emotional activity expectations for workers. Building on Hothschild’s (1983) initial study, researchers have explored the skills inherent in emotional labor, as well as the potential for the negative or positive impact of working in an emotionally intense job.

Figley (2002) created a model of compassion stress and fatigue that emphasizes that exposure to suffering, empathic ability, and concern combine to produce an empathic response. Jobs that involve high emotions tend to also involve trauma or “disruption of the usually integrated functions of consciousness, memory, identity, and perception of the environment” (Bloom, 2006, p. 7). Hothschild (1983) posited that stress results from over-identification, fraudulence, and compartmentalization. Over-identification involves not separating work issues from the clients, increasing stress and risk of burnout. Fraudulence involves separating oneself from the job but feeling bad about it. Compartmentalization involves separating from the job too much, which at its most extreme makes it impossible to perform well at it.

Professionals in emotionally intense jobs tend to witness events many people only experience indirectly by watching television or movies (Craig and Sprang, 2010, p. 319). While this paper focused specifically on implications for professionals working with issues of interpersonal and gender-based violence trauma, other examples of emotionally intense jobs can include police, 911 operators, trauma counselors, responders to natural disasters, military personnel, nurses, and others who engage directly with crisis moments and human suffering.

These workers have a greater potential for vicarious trauma and burnout because of the high level of human emotion with which they must engage. Vicarious trauma involves a change in a worker's inner experience of the work through empathic engagement with a trauma survivor (Figley, 2002). Emotions are contagious, and increased interaction and emotional labor involving highly traumatized clients can continue to increase this vicarious trauma, resulting in symptoms that mirror experiencing trauma directly. This vicarious trauma can lead to secondary traumatic stress, which involves the presence of post-traumatic stress disorder (PTSD) symptoms (Figley, 2002). Thus, emotionally intense jobs have significant impact not only on worker performance, but on worker health as well.

Burnout, a psychological syndrome that involves a prolonged response to interpersonal stressors on the job, may result from this exposure (Leiter and Maslach, 2004). Burnout exists at the confluence of exhaustion, cynicism, and inefficacy (Maslach and Leiter, 1997). The stress dimension is exhaustion and involves a cognitive distancing from work-related tasks. This can lead to poor service delivery. The interpersonal dimension is cynicism, which can then lead to depersonalization when engaging both with clients and with colleagues. The self-evaluative dimension is inefficacy, resulting in decreased productivity and increased feelings of incompetence (Maslach and Leiter, 1997). Burnout also predicts increased turnover intentions and frequently leads to the loss of critical experienced human capital (Leiter and Maslach, 2009).

As Eschenfelder (2012) mentioned, the exact passion that can lead to burnout for these workers can also lead to increased job satisfaction, improved services for clients, and other positive outcomes. Compassion fatigue and compassion satisfaction are two sides to the same coin. Compassion fatigue is a state of tension and preoccupation with traumatized survivors by re-experiencing the traumatic events, avoiding reminders, and persistent arousal related to trauma (Figley, 2002).

Negative Impacts of Emotionally Intense Jobs

Much existing research presents emotional labor, particularly with trauma survivors, as having a myriad of potential negative consequences, including vicarious trauma, compassion fatigue, burnout, and secondary traumatic stress. Employees may lack the experience

of satisfaction when there is closure to an interaction because their clients face ongoing, complex, and emotionally laden issues (Guy et al., 2008). Due to this high-stress environment, many researchers, including Salston and Figley (2003), have pointed to compassion fatigue as a constant risk of working in an emotionally intense job. Emotional labor can result in increased absenteeism, increased use of health benefits, poor performance, high turnover rates, more workers' compensation claims, lower morale, and increased substance abuse or misuse (Jacobson, Paul, and Blum, 2005).

Workplaces that have a significant number of persons experiencing emotional labor may become trauma-organized (Bloom, 2006). Trauma-organized workplaces have high levels of burnout and secondary traumatic stress, and low levels of compassion satisfaction. The conditions present in trauma-organized workplaces may lead to high absenteeism, high employee turnover, and professional misconduct, including boundary violations (Bloom, 2006).

Compassion satisfaction involves the ability to receive gratification, as opposed to vicarious traumatization, from providing care to others who are suffering or who have experienced trauma (Simon, Pryce, Roff, and Klemmack, 2006). Emotionally intense jobs do not only have negative consequences, but can result in positive, affirming outcomes as well.

Positive Impacts of Emotionally Intensive Jobs

While researchers and practitioners alike often focus on the negative impacts of emotionally intense jobs, this review was particularly focused on the positive impacts, specifically compassion satisfaction. A focus on the deficits of emotionally intense jobs ignores the power that passion and emotion have to energize and sustain workers (Wendt, Tuckey, and Prosser, 2011). There are people who seek out emotionally intense jobs and view them as exciting or rewarding due to a desire for meaningful and altruistic work helping others, an adrenaline rush, an enjoyment for fixing problems, or feeling an enhanced sense of meaning (McCann and Pearlman, 1990; Sansbury, Graves, and Scott, 2015; Schuler and Sypher, 2000; Tehrani, Osborne, and Lane, 2012). Workers in emotionally intense jobs mitigate burnout if they are in environments that help them focus on these positive aspects of helping people (Brotheridge and Grandy, 2002).

Frederickson's (2004) broaden-and-build theory of positive emotions postulates that, if emotionally intense situations are paired with positive personal change, they can actually promote resiliency, increase joy, encourage creativity, and combat the aforementioned narrowing of worldview perpetuated by frequent trauma exposure for individuals. Compassion satisfaction mitigates burnout, which mitigates the impact of secondary traumatic stress (Conrad and Kellar-Guenther, 2006; Samios, Abel, and Rodzik, 2013).

Post-traumatic growth can foster resilience, increase positive emotions, and broaden focus, which enhances compassion satisfaction (Samios, Abel, and Rodzik, 2013). Not *if* someone survives trauma, but *how* they survive it, determines the outcome for a worker. Counter-transference, or a worker's emotional enmeshment with a client, can actually lead to positive growth for the worker (Figley, 2002; Gibbons, Murphy, and Joseph, 2011; Kanter, 2007). Therefore, it is vital for workplaces to nourish these dimensions to shift the impact on workers. Environments and training programs can help enhance these protective factors to foster secondary traumatic growth instead of exacerbating secondary vicarious trauma (Shoji et al., 2014).

Campus Gender-Based Violence (GBV) Professionals

There is little research on compassion satisfaction, specifically among GBV workers, and none about campus GBV professionals in particular. Work with trauma survivors and the inherent sacrifice in the work of these professionals links them to other emotionally intense professions (Bemiller and Williams, 2011). Studies specific to GBV workers indicate that they experience changes in worldview, feelings of isolation, fear for clients' safety, feelings of powerlessness, confusion of rape and sex, tightening of personal boundaries, distrust, and feelings of personal vulnerability (Bemiller and Williams, 2011; Clemans, 2004). In particular, workers in the GBV field reported that their jobs increased their assertiveness, gave them greater control over their anger, and led to positive changes in their parenting skills (Ben-Porat and Itzhaky, 2009). Larger systems change is also a part of the job, requiring employees to not only work with individuals, but to also advocate for systems change (Davies and Lyon, 2013). This need for work on multiple levels involves highly skilled labor, as well as individual and organizational fostering of compassion satisfaction.

Methods

This mixed-methods study included: 1) a Web-based survey; and 2) semi-structured phone interviews. The Association of Title IX Administrators (ATIXA) provided a research grant that funded incentives for survey and interview completion.

Web-Based Survey

The Professional Quality of Life (ProQOL V) is a valid and reliable instrument that is the most frequently used measure of compassion satisfaction and fatigue (Stamm, 2016). The fifth edition was the most current version at the time of this study (Stamm, 2009). This instrument asks for the frequency with which respondents have experienced a range of feelings, thoughts, and actions within the past 30 days. It consists of 30 statements about which participants indicate their level of agreement on a Likert-type scale. The Trauma-Informed Organizational Culture (TIOC) instrument was a new instrument developed by Handran (2013) to address the organizational-level factors of compassion fatigue and satisfaction. It consists of 30 questions, with response choices on a Likert-type scale, and with one open-ended question.

Recruitment. Due to the relatively small size of the field, the survey was distributed directly to Association of Title IX Administrators (ATIXA) members with a two-week completion window and two reminders (at one week and one day remaining). If they chose to provide contact information, participants were entered to win one of 20 \$25 gift cards. The author assigned each entrant a number and used a random number generator for the drawing. All gift card incentives in this study were disseminated directly through Amazon, which provides reading and redemption verification. The data was analyzed using SurveyMonkey and Excel based on scoring systems embedded in the ProQOL and looking for patterns emerging in the TIOC.

Participants. A total of 104 members of ATIXA participated in the Web-based survey. As nine responses were incomplete due to the respondents skipping one or two questions, those nine responses were not used, resulting in 95 completed surveys. Of respondents with completed surveys, 84 percent were women, 15 percent were men, and 1 percent was gender-queer. The highest levels of degree completion for respondents was as follows: 14 percent had bachelor's

degrees; 48 percent held master's degrees; 21 percent had a juris doctorate; 15 percent had Ph.D.s, Ed.D.s, or Psy.D.s; and 2 percent were in the process of completing their Ph.D.s. The majority of respondents indicated that they served in Title IX Coordinator roles (63 percent), while 16 percent served as Investigators and 14 percent as Deputy Coordinators. Respondents who served in other Title IX team member roles made up the remaining 7 percent of the sample.

The respondents spent an average of 63 percent of their time working on Title IX issues, with a range of 10 percent to 100 percent. They had an average of five years' experience working with Title IX issues or sexual violence, with a range from less than one year to more than 20 years. Over half of the respondents worked at four-year, private institutions (52 percent), with an additional 29 percent working at four-year, public institutions. The other 19 percent worked at community colleges, system-wide offices, or graduate- and professional-only institutions.

Interviews

Creswell (2003) mentioned the importance of thinking beyond quantitative versus qualitative research and of considering mixed methods, particularly in newer areas of inquiry. Including interviews allows for data triangulation without multiple larger studies (Jick, 1979). This allows for one method to inform the other, leaving less room for misinterpretation, and allows for the creation of a more robust narrative (Fowler, 1992; Greene, Caracelli, and Graham, 1989; Mertens, 2003). By using mixed methods, the author was able to pursue a new area of inquiry from multiple angles at once in a limited amount of time.

Phone interviews saved significant time and travel expense (Stoneall, 1991), and they were conducted via Tape-A-Call, an iPhone application that saves recorded calls to a secure location in the cloud. Within 24 hours, recordings were transcribed, double-checked for accuracy, and deleted. The author then uploaded the data to Qualitative Data Analysis (QDA) Miner, a computer-assisted qualitative analysis software (CAQDS), and coded it through an iterative qualitative content analysis process (Lieblich, Truval-Mashiach, and Zilber, 1998). This process involved repeated readings of the interview transcripts for themes, which were then combined to form categories. The author developed

interview questions based on previous interview studies of compassion fatigue and satisfaction in related fields, as well as on through consultation with the client organization (Bober and Regehr, 2006; Handran, 2010; Harrison and Westwood, 2009; Killian, 2008; Kulbany, 2007; Pack, 2014). As this is the first study of its kind and participants may have had additional information to add about this unique role that may be salient, the author made use of semi-structured interview questions (Lieblich, Truval-Mashiach, and Zilber, 1998). This allowed the author to pursue follow-up questions if unforeseen topics came up in the interviews.

Recruitment. The author secured interviewees through a call for participation on the ATIXA member listserv. Each interview participant received a \$25 gift card for participating. Interviews ranged from 23 minutes to 79 minutes in duration. Therefore, a total of \$875 worth of gift cards was disseminated to participants.

Participants. As there is no exact number of preferred interviews in qualitative research, the author conducted interviews until responses became repetitive, with reached saturation. For this pilot study, that point was at 15 interviews (Gaskell, 2000). Participants came from 15 institutions of higher education in 13 states and represented the four major geographic regions of the continental United States. Five respondents were men and 10 were women. Eight respondents had earned a master's degree, while five had earned a juris doctorate and two had earned Ph.D.s. Nine respondents were Title IX Coordinators, with three of them serving in the role full-time. The other respondents held Investigator or Deputy Coordinator positions, often on top of full-time jobs. Their experience working with Title IX or sexual violence issues ranged from less than one year to 17 years, with an average of six years' experience. They represented community colleges, four-year, private universities and colleges, and four-year, public universities and colleges, with a student population range of 900 to 43,000. Four respondents worked at religiously-affiliated institutions. Five respondents mentioned previous experience in prevention and advocacy roles as a part of their professional history.

Results

This research consisted of semi-structured interviews, as well as the administration of two survey instruments, the Professional Quality of Life Survey and the Trauma-

Informed Organizational Culture Survey. The findings of this exploratory study both provided some intriguing answers and fueled additional questions.

Interviews

Sustaining personal and professional wellbeing. Participants shared multiple ways in which they sustained their wellbeing, but nine respondents began the conversation by noting that they did not sustain their wellbeing particularly well and believed that they needed to do more work in that area (*see Table 1, right column*). Several respondents indicated taking new jobs or shifting their professional roles recently as an attempt to better sustain themselves. Others indicated that their positions did not allow them time to sustain their wellbeing or that they felt guilty taking time away from work that has such a high impact on people's lives. "I feel like I'm on 24/7. My cell phone is never off," one participant said. Another stated, "I know I should be doing things to manage stress, but I just can't seem to find the energy to do so without feeling guilty." Still another echoed these sentiments: "The stakes are always so high and the emotions are so high. I experience guilt sitting at home when I could be working on a case." All Title IX administrators interviewed indicated that it was challenging to set boundaries between work and life.

Respondents mentioned 19 methods for establishing boundaries within their roles, including not taking work home, physically leaving the office, not checking email or making calls after hours, taking on varying responsibilities to ensure they are not doing too much work that involves talking to trauma survivors, dedicating time to eat lunch away from their desks, and taking weekends off. Basic self-care practices were often indicated as things with which respondents struggled, as evidenced by one administrator's statement: "I definitely eat in front of my computer every single day, if I eat lunch at all." Participants often mentioned the need to be their authentic selves, as they did not feel they could be themselves at work. One respondent expressed that, "neutrality feels like I'm supposed to be a robot, but I have human emotions." Many of these responses were accompanied by discussions of how difficult it was to simply transition home at the end of the day or to eat lunch without doing work at the same time.

Another key theme that emerged in the responses was the importance of relationships. Participants often

mentioned time with family, the need to debrief with colleagues or friends, the importance of participating in a faith community, time caring for pets, and attending counseling as ways that interpersonal connections helped them sustain themselves. As one respondent indicated, "you really need outside relationships. Everyone respects what you do [as a Title IX administrator], but nobody likes you." Several respondents also mentioned a range of activities and hobbies ranging from physical activity to educational endeavors, that helped them maintain separation between work and life. One participant noted that employee self-care was in the university's best interest: "If they want me to be my best, I must take care of myself." Another participant mentioned the importance of colleagues and task delegation to ensure that the non-Title IX aspects of the job get done: "They need to understand why Title IX is important institutionally, even if they don't understand it as important to them personally." Respondents often noted that top-down support was considered crucial to Title IX administrator success.

Table 1: How do you sustain your wellbeing?

Category	Themes	n
Boundaries	Do not take work home	7
	Physically leave the office	5
	Do not check email or make calls after hours	3
	Vary responsibilities, limit trauma work	2
	Dedicate time for lunch	1
	Take weekends off	1
		19
Relationships	Spend time with family	7
	Debrief with colleagues	5
	Connect with spiritual community	2
	Spend time with pets	1
	Attend counseling	1
		16
Activities	Pursue particular hobbies	5
	Exercise or pursue physical activity	4
		9
Barriers	Recent shift in role to improve self-care	3
	Do not sustain wellbeing	3
	Feel guilty when take time	3
		9
Total		53

Supervisor impact on wellbeing. Participants also mentioned how their supervisors helped or hindered their wellbeing, indicating a slightly more positive influence than negative influence by supervisors. Often, their responses indicated that, overall, their supervisors' roles were mixed. Respondents indicated that benefits of their supervisors included encouraging them, allowing for days off and use of flex time, recognizing the stress of the job, and respecting their decisions. In managing a full-time job with an investigator role, one participant mentioned that "for our campus to be safe and equitable, [my supervisor] knows I'm going to need to be pulled away" (*see Table 2, below*). That support was frequently noted as invaluable to maintaining respondent wellbeing.

Table 2: How does your supervisor help or hinder your wellbeing?		
Category	Themes	n
Help		24
	Encouraging	9
	Allows for days off	8
	Recognizes stress of job	5
	Respects decisions	2
Hinder		21
	Does not model self-care	6
	Doesn't talk about self-care	6
	Stressed	6
	Works staff beyond capacity	3
Total		45

Administrators also indicated that supervisors typically did not model self-care, did not discuss self-care with them, were constantly stressed, and worked their teams beyond capacity. Five respondents indicated that their supervisors talked about self-care or taking days off, but did not model the behavior themselves in practice, making it challenging for the Title IX administrators to feel true permission to engage in self-care. One participant mentioned that her boss was unsupportive and said, "I'm not sure he can even spell Title IX." Another stated: "I don't feel very supported. My supervisor is not familiar with the obligations, and so keeps getting blindsided by basic things. It's like a roller-coaster." Others indicated that their supervisors had very different roles, particularly in human resources, illustrated by one respondent's

comment that: "She's an 8-5 person and doesn't get emotionally charged work, so I feel guilty asking for a day off. She doesn't get it." Similarly, another respondent mentioned that Title IX administrators lacked spaces to speak honestly: "It's hard to do that when we're always trying to show that everything's fine." Interviewees frequently cited a lack of space to process challenges as a source of stress as well.

University impact on wellbeing. Respondents also discussed how their university helped or hindered their wellbeing. Again, the responses were mixed, with slightly more helpful than harmful methods indicated. They indicated that benefits packages (including health and wellness benefits and leave time), a culture that values the importance of Title IX, being treated as experts, and the provision of funding for professional development were helpful to sustaining their wellbeing. One participant said: "I know that people above me think highly of me. Those individual reactions make all the difference." However, six respondents couched the benefit of professional development funding with the belief that the funding would not be available in the near future (*see Table 3, below*).

Table 3: How does your university help or hinder your wellbeing?		
Category	Themes	n
Help		19
	Benefits package	6
	Values Title IX	6
	Treats as expert	4
	Funds professional development	3
Hinder		16
	Expectation to go above and beyond	5
	Always in crisis mode	4
	Under scrutiny	4
	Does not care if I stay	1
	Not given decision-making authority	1
	Inadequate staff	1
Total		35

They also mentioned that the university culture often prevented them from being able to take care of themselves, including by sending contradictory messages. While they were provided leave time, they did not feel as if they could take it. They felt the expectation was to

“go above and beyond” and to respond after hours and on weekends. Several respondents mentioned that their institutions were under scrutiny and in crisis mode all the time, leading to an inability to take time away. Others noted that they lacked authority, evidenced by one participant’s statement that, “there is a lot that is written as collaborative, so I feel like I’m always herding cats.” Individual participants also mentioned inadequate staffing, a lack of decision-making authority, and a disregard for the Title IX administrator position as negatively impacting personal wellbeing. One expressed that “the university does not seem invested in keeping someone qualified in this job.” Still another described the double-edged sword of her university seeing her as an expert while not funding her ongoing professional training: “They treat me like an expert, but I think this places me at constant risk of being thrown under the bus.” Another expressed that staff were typically recognized for workaholism, and “no one is going to be honored for good work-life balance.” Organizational factors certainly affected respondents’ priorities.

University support is needed to work more effectively. Respondents also mentioned the need for consistency and resources from their institutions to work more effectively (*see Table 4, top-right*). They indicated the importance of shared messaging, clarification of roles, and placing more value on Title IX compliance. They expressed the importance of how administrators portrayed their roles and authority to others. A respondent mentioned a sentiment echoed by many: “There needs to be that idea of shared responsibility, that [Title IX] is not just my thing.” Others also mentioned the need for more staff and a dedicated budget. Three respondents indicated that they had to ask for funding any time they needed resources, as they had no budget to use at their discretion. One mentioned the need for “someone to do triage” and support in “finding people out in the community who want to take time from their busy day jobs to be my investigators.” Without those front-line staff, Title IX administrators indicated that they were absorbing more trauma.

Web Survey

Overall, respondent scores on the ProQOL indicated average to high compassion satisfaction, and low to average burnout and secondary traumatic stress.

Compassion satisfaction. Twenty-three percent of the

Table 4: What could your university do to help you work more effectively?

Category	Themes	n
Consistency		14
	Shared messaging	6
	Clarify roles	5
	Value Title IX	3
Resources		9
	More staff	5
	More budget	4
Total		23

Title IX administrators surveyed scored in the high range for compassion satisfaction, indicating that they derived a great deal of satisfaction from their work. The rest of the respondents, 77 percent, scored at average levels of compassion satisfaction. The average score for this sample was 53, which is three points higher than the average for the general population on which the ProQOL is scaled.

Burnout. No administrations surveyed received scores that indicated burnout, with 37 percent in the low range and 63 percent in the average range. The average score was 40, which is significantly lower than the national average of 50.

Secondary traumatic stress. Again, respondents indicated a low to average level of secondary traumatic stress, with one respondent scoring in the high range. Forty-eight percent scored in the low range, while 51 percent scored in the average range. This makes the average score for this sample 37, which is much lower than the national average.

University role in supporting effective work with people affected by trauma. Thirty-seven percent of the respondents answered an optional question on how their schools could help them work more effectively as they help individuals navigate traumatic situations. Responses focused on three major themes: training, resources, and support. Forty-nine percent indicated a need for more trauma-specific training or more professional development overall. Another 29 percent indicated a need for additional resources such as more staff or increased budget. Individuals also mentioned the need for advocates to support survivors through adjudication processes, dedicated

physical space for conducting interviews, and flexible scheduling options as ways in which their institutions could better support them (*see Table 5, below*).

Table 5: What is one thing your university could do to help you work more effectively?		
Category	Themes	n
Training		17
	More trauma-specific training	12
	More time for professional development	5
Resources		10
	More staff	4
	More budget	3
	Flexible scheduling	1
	Survivor advocates	1
	Physical space for interviews	1
Support		8
	Opportunities to debrief	6
	Access to therapy	2
Total		35

One respondent mentioned that professional development would be an impossibility without a significant shift in work culture:

“I am a department of one. I work 12+ hours a day every day and still can’t get a handle on my workload. It is impossible to take a day off or to travel to a conference without killing myself when I return or being constantly interrupted while I’m away. This defeats the purpose of even taking time off. I’d rather not even bother if I’m going to have to work twice as hard to recover or get caught up than I would have if I hadn’t taken that day or gone to that conference. It’s nice to do challenging and rewarding work and to feel important and needed by your institution, but there has to be a limit, and I don’t have that.”

This sentiment was echoed in another’s statement that a “cultural shift allowing individuals to talk about emotional difficulty at work and the need to take some time away” is necessary, as currently that person would be labeled as “a complainer who can’t hack it.” Respondents frequently noted the tension between wanting to better take care of themselves and the organizational challenges to actually doing so.

Trauma-Informed Organizational Culture (TIOC).

Overall respondent scores indicated that many aspects of a trauma-informed organizational culture on their campus were present, including support from colleagues and the ability to do multiple types of work in their roles. However, there were marked exceptions to this. Fifty-two percent of respondents indicated that their organizations did not compensate them for overtime. Seventy-six percent agreed or strongly agreed that they did not have enough time during work hours to complete their assigned tasks, and 62 percent also felt that they did not have the resources needed to do their jobs. Therefore, it is not surprising that most respondents (81 percent) indicated that they strongly agreed or agreed that they worked in stressful environments.

Title IX administrators surveyed also responded overwhelmingly that they had not received information about compassion fatigue or satisfaction from their universities. No one agreed or strongly agreed with the statement that they had received such information or training, and 76 percent strongly disagreed or disagreed.

Discussion

This research centered on assessing current Title IX administrator levels of compassion satisfaction and fatigue, and how their supervisors and institutions help or hinder their wellbeing with the goal of providing recommendations for ATIXA for its trainings and future practice.

Levels of Compassion Satisfaction and Fatigue

The findings of this research indicate that Title IX administrators are not experiencing high rates of burnout or compassion fatigue, and that many are even experiencing compassion satisfaction. However, survey results also indicate that they lack vital resources that they may need to sustain themselves in what are often new roles on their campuses. No Title IX administrators surveyed indicated that they had received information about compassion satisfaction or fatigue from their universities, and many interviewees mentioned a stigma against self-care or asking for help and time off. These conditions, coupled with structural challenges like high caseloads, limited personnel, and little or no dedicated budget, place many Title IX administrators at risk of burnout. Added training and support for the emotional labor inherent in Title IX work could buffer future burnout or compassion fatigue and

help raise compassion satisfaction levels to the high range for more administrators.

Recommendations

Due to the emotional intensity of Title IX administrators' jobs and the impact of their environments on their wellbeing, it would be helpful for training to address all levels of the social ecology. Thus, interventions at the administrator, supervisor and colleague, organization and institution, and profession-wide level are needed.

Administrator level. While the research is the most robust at the individual level, the implications are also the most limited, as the focus is solely on increasing individual capacity and changing personal practices. Several authors stress the importance of self-care (Bemiller and Williams, 2011; Osofsky, Putnam, and Lederman, 2008; Stamm, 1999; Stovholt, 2001). However, the literature is unclear as to whether simply cultivating these practices alone impacts compassion satisfaction. Indeed, several studies of interventions indicate that, while approaches that target individual self-care strategies are the norm, programs that combine individual and organizational strategies are most effective at fostering compassion satisfaction and decreasing burnout (Awa, Plaumann, and Walter, 2010).

Pursuing professional development opportunities to build individual capacity regarding trauma may increase compassion satisfaction (Saltson and Figley, 2003). However, while workers frequently recognize symptoms of vicarious trauma in others, they are unlikely to recognize them in themselves and may only see such training or intervention as reactive for those experiencing symptoms without further education (Bemiller and Williams, 2011). As Dahlberg and Krug (2002) mentioned, interventions at the individual level focus on education and skills training to promote attitudes, beliefs, and behaviors that hopefully will result in positive change. As Title IX administrators frequently remarked in their interviews, the surrounding levels of the social ecology have a significant impact on individual behavior and wellbeing as well.

Supervisor and colleague level. The influence of work peers and supervisors plays a critical role in the development of compassion satisfaction, so strategies at this level are essential to fostering compassion satisfaction in the workplace.

Supervisors who lack personal work experience in emotionally intense jobs or have not supervised such workers require even more capacity building. Still, in emotionally intense jobs, workers might not always have time to consult with supervisors and must go beyond rigid rules to make decisions quickly in response to crises (Mastracci, Guy, and Newman, 2012). Therefore, regular supervision is essential, as well as non-accusatory debriefing spaces in which personnel can learn from their supervisors and hone their judgment and feelings of self-efficacy. Mentoring programs could help younger and newer professionals, who some studies indicate are at greater risk for burnout and who could benefit from the knowledge of their more seasoned colleagues. Supervisors can also provide critical mentorship (Bemiller and Williams, 2011).

Appropriate social sharing has been linked to compassion satisfaction, but this skill is rarely taught, especially outside of counseling programs. Research about Employee Assistance Programs (EAPs) provides powerful evidence about the necessity for formal debriefing systems (Jacobson, Paul, and Blum, 2005). Administrators should also be encouraged to share coping strategies with each other and to encourage their colleagues to employ self-care and positive coping skills (McCann and Pearlman, 1990). As workers may be embedded within broader systems and be the only person doing a particular job, it is also critical to establish pathways for them to connect with others doing similar work as a means to receive encouragement and share concerns, as is done through the ATIXA listserv. Evans and Villavisanis (1997) suggested a structured group, but Way, Van Deusen, Martin, Applegate, and Jandle (2004) also pointed to the increased ability to make connections provided by the rise in accessibility of information technology and internet-based communication.

Organizational and institutional level. Organizational culture can be leveraged for prevention strategies (Martin, 2002). Echoing many of the interviewees' sentiments, Henry et al. (2011) asserted that workers who are "in survival model [have] little energy to implement trauma-informed casework practices," let alone foster compassion satisfaction with colleagues or build their own resilience (p. 183). Educational institutions need to set these employees up for success. Tehranti, Osborne, and Lane (2012) took this argument a step further to assert that ignoring the risk of compassion fatigue is actually

unethical due to the impact on both clients and workers. Multiple researchers have stated that trauma-informed systems with clients must mirror what organizations are doing with staff in order to achieve program goals and best serve clients (Bell, 2013; Bloom and Yanosy-Sreedhar, 2008; Glisson, 2007; Hormann and Vivian, 2005; Sansbury, Graves, and Scott, 2015).

Postsecondary educational institutions are currently placing themselves and their Title IX administrators at risk by not providing information on compassion fatigue and satisfaction. Alredge and Bloom (2001) expressed the necessity of establishing a trauma-informed system in such settings, noting that “the human dimension should always be at the forefront, with consideration given to the whole person, regardless of whether the person is a consumer, a clinician, or a program administrator” (p. 91). Holistic thinking is vital for fostering compassion satisfaction.

Universities can also institute policies that are likely to foster compassion satisfaction. They can recognize their role and acknowledge the severity of the trauma that their Title IX personnel encounter by prioritizing choice and care (Saakvitne, Gamble, Pearlman, and Tabor, 2000; Wharton, 1999). They can also provide continual opportunities for self-assessment of compassion satisfaction and fatigue (Sasbury, Graves, and Scott, 2015). Implementing supervision policies, shared coverage, and caseload caps, and providing increased time off or flexible time, while also decreasing conflicts, can improve compassion satisfaction (Acker, 2011; Saakvitne et al., 2000; Sansbury et al., 2015).

Implications for Research

While valuable information is available on fostering compassion satisfaction in the workplace, there are considerable gaps in the literature and a need for future research. Much of the existing research focuses on individual factors, and recommended interventions are almost solely at the individual level. There is a need for more studies to be conducted at the relationship and organizational level, but particularly at the policy and profession level, to provide guidance for more upstream approaches such as school-based interventions and training *before* an employee even enters the workplace. It would also be intriguing to learn about the impact of changing accreditation guidelines, evolving workplace standards, or professional codes on the issue

of compassion satisfaction, including guidance provided to individuals working as Title IX administrators.

The recent proliferation of the Title IX administrator role on college and university campuses provides a powerful opportunity for research on compassion satisfaction. The confluence of a high level of scrutiny and national attention, a focus on trauma, location within an educational setting, a lack of professional training in emotional labor skills or trauma, and lack of hiring practices rooted in emotional labor skills make the Title IX administrator role an important labor sector for future study.

Conclusion, Limitations, and Next Steps

This research consisted of a pilot study on compassion satisfaction among Title IX administrators at colleges and universities that was grounded in available research and practice evidence. However, additional research is needed on this population. The Trauma-Informed Organizational Culture Survey also needs additional opportunities for validation, as the instrument currently does not have a scoring system that lends itself well to practice-based recommendations. These instruments, however, did provide robust information through an easy-to-complete format that yielded a high response rate.

Title IX administrators were also surveyed using a convenience sample of Association of Title IX Administrators members. Further research could compare this sample to Title IX administrators who are not affiliated with ATIXA. In addition, the author’s role as an Advisory Board member for ATIXA served as both a limitation and a strength. The author did not have to use time having administrators explain their jobs or current climate, and the relationship with ATIXA helped secure a sample and needed incentives to survey such a busy population. However, it is possible that those who responded to the call for participants were aware of the author’s tie to the field of gender-based violence prevention and advocacy on campus, and chose to participate or not based on their prior knowledge of the author’s professional and personal identities.

Through its ongoing work and through its support of the recommendations outlined in this paper, ATIXA can continue to lead the field in providing a supportive professional home to Title IX administrators and staff, while also preventing their burnout and fostering greater levels of compassion satisfaction.

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Who's Minding the Shop? Attending to the Well-Being of the Team

Jeannie Hoban, LCSW
Palm Beach State College

Abstract

As campus shootings continue to make headlines, members of Behavioral Intervention Teams (BITs) may begin to feel overwhelmed and anxious about their work. Compassion fatigue is a phenomenon long discussed in research relating to the effects of secondary trauma on helping professionals. This article will highlight the need for BITs to attend to the emotional well-being of its members to avoid the negative effects of compassion fatigue and burnout.

Author Note

Correspondence concerning this article should be addressed to Jeannie Hoban, LCSW, Palm Beach State College, 4200 Congress Avenue MS#54, Lake Worth, FL 33461.
Contact: hobanj@palmbeachstate.edu

Introduction

Seven years after the Virginia Tech massacre—the “9/11 of higher education” (Dunkle, Silverstein, & Warner, 2008)—campus shootings continue to make headlines. Most recently, six students from the University of California Santa Barbara were killed by a former Santa Barbara City College student in Isla Vista, California. These tragic events “shatter the myth of the academy as a kind of safe haven” (Hemphill & LaBanc, 2010, p. xiv).

Events such as these have motivated higher education administrators to focus on safety issues, including the management of disruptive students who may also have mental health concerns (Dunkle, Silverstein, & Warner, p. 586). The Higher Education Mental Health Alliance (HEMHA) *Balancing Safety and Support on Campus* guide (2013) suggests that “[d]espite post-Virginia Tech improvements in coordination and communication on many campuses, the position of campus teams is a somewhat tricky balancing act” (p. 1). An essential role for campus teams, known as Behavioral Intervention Teams—BITs, is to assess each individual situation and develop an appropriate response for each case.

The goal of the NCHERM Whitepaper, 2nd Generation Behavioral Intervention Best Practices, is to identify BIT best practices that set second generation models apart from first generation teams (2009). Twelve key elements were identified. Some of those elements include: modern BITs see their role as nominally to address threat, and primarily to support and provide resources to students; modern BITs focus not only on student - based risks, but on faculty and staff as well; and modern BITs

have a mechanism for “minding the gap” (p. 4). The Book on BIT (2011) outlines team functions and proposes a philosophy that empowers early intervention within a culture of reporting “Early intervention is designed to prevent preventable violence with the understanding that much of the violence impacting college and university campuses is preventable” (p. 5).

Van Brunt (2012) agrees that colleges and universities are challenged with identifying those potentially dangerous students “this involves viewing the student from multiple perspectives” (p. xiv). The BIT is tasked with collecting information from various sources and assessing that information to make a determination of potential risk: “Assessing violence and risk requires a multi-faceted approach that begins with the forming of a rapport and development of a relationship with the student in question” (p. xiv). Mole (2012) adds that these teams can face scrutiny for overreacting to a minor situation or underreacting should a major crisis occur and emphasizes there is no “crystal ball” for threat assessment and the issues of predicting rare occurrences are extremely complicated (Care and Follow-Up section, para. 11).

Skovholt and Trotter-Mathison (2011) also discussed the idea of perspective taking: “A central occupational strength in the caring professions—perspective taking—makes the boundary regulation between the needs of others and the needs of self a difficult task” (p. 4).

A “high-touch” profession can be very stressful; it is difficult to maintain one’s professional vitality and avoid “depleted caring” (p. 4). High-touch work is challenging because of the reality of the

interpersonal encounters; establishing and maintaining these relationships takes hard work (p. 106).

During the alarm stage, helping professionals exhibit surprise or anxiety due to an unfamiliarity with the situation. The stage of resistance involves helping professional resistance wherein coping strategies and defense mechanisms are mobilized to deal with the situation. During this stage, the person is extremely alert to the stressor. Finally, should the stressor persist or if additional stressors develop, the helper might enter the third and final exhaustion stage. Within the exhaustion stage, the person generally experiences fatigue, apathy, and listlessness. (p. 65)

Burnout and Compassion Fatigue

There are a number of deleterious effects of trauma on helping professionals who have experienced, witnessed, or learned about shocking events (Morrisette, 2004, p. 12). These harmful conditions include secondary traumatic stress disorder, vicarious traumatization, burnout, and compassion fatigue, all of which are influenced by the helping professional's willingness to care. Figley (1995) referred to empathy as the vehicle whereby helpers make themselves open to potentially negative effects. For the purpose of discussing the effects on BITs, this article will focus on burnout and compassion fatigue, though secondary traumatic stress and acute stress disorder may be of concern for those team members who have experienced a tragedy on their campus or *on their watch*.

Burnout

While burnout seems to be a concept "understood by all, it does not seem to really be one specific thing" (Skovholt & Trotter-Mathison, 2011, p. 147). Maslach and Leiter (1997) define burnout as "the index of the dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit and will—an erosion of the human soul" (p. 17). Burnout has to do with the work-climate and is not a problem of the people themselves (1997).

The term burnout was originally coined by Psychologist Herbert Freudenberger in the 1970's. During that time he worked at a community agency in New York City and drug abusers were often called "burnouts" meaning they no longer cared about anything except drugs. He recognized a similar slow erosion of motivation and competence among his colleagues. In 1974, he published an article titled "Staff Burnout" in a psychology journal. By the 1980's the term burnout was used as a popular way to explain exhaustion at work.

Skovholt and Trotter-Mathison (2011) have identified two styles of burnout: *meaning* burnout and *caring* burnout. Meaning burnout occurs when the meaning of the work one has done has been lost and the existential purpose for the work is gone. It can also occur when the helper no longer feels their work is helpful to the client (p. 152). Caring burnout is the most popular way to describe burnout. This burnout focuses on the process of helpers attaching, becoming involved, and then separating from their clients. When this process happens over and over again, the energy of "life force" is slowly drained (p. 153). The

authors liken the process to a battery being drained. When the battery is depleted of energy, there is no life left.

Job burnout can also be seen as a response to prolonged exposure to demanding interpersonal situations and is characterized by “emotional exhaustion, depersonalization, and reduced personal accomplishment” (Maslach, Schaufeli & Leiter, 2001). Burnout can happen in any occupation where perceived demands seem to outweigh perceived resources.

Compassion Fatigue

Compassion fatigue, a construct developed in the late 1980’s and 1990’s by Dr. Charles Figley, involves a “state of exhaustion and dysfunction—biologically, psychologically, and socially—as a result of prolonged exposure to compassion stress” (Figley, 1995, p. 253). Compassion fatigue develops over time and often results from working with a client who has suffered from a traumatic event. Figley asserts that compassion fatigue results in increased feelings of helplessness and isolation from a supportive network. The compassion fatigue process is illustrated in Figure 1.

"The professional work centered on the relief of the emotional suffering of clients automatically includes absorbing information that is about suffering—often it includes absorbing that suffering as well" (Figley, 1995, p. 2). When helping others involves a compromise in one’s own well-being, the individual has likely developed compassion fatigue.

To better explain compassion fatigue, Figley states:

We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren’t sick, but we aren’t ourselves. (1995)

Compassion Fatigue in BITs

BITs must attend to ongoing functions beyond the day-to-day tasks of assessing and responding to behaviors of concern (HEMHA, 2013). “If done well, the work of campus teams can be intense and consuming” (2013, p. 30). Symptoms of compassion fatigue that might be seen in BIT members include: difficulty separating work life from personal life; intrusive thoughts or images of students’ situations and/or traumas; lowered frustration tolerance exhibited by outbursts of anger or rage; “assumptive world” disturbances (i.e., seeing the world in terms of victims and perpetrators); increase in self-destructive behaviors; diminished sense of purpose or enjoyment with career; decreased functioning in non-professional situations; depression; and loss of hope (Gentry & Baranowsky, 2011, p.3). Any of these symptoms, individual or combined, may be indicative of the presence of compassion fatigue.

Another way for BITs to assess their risk for developing burnout or compassion fatigue is through the use of the Professional Quality of Life (ProQOL) survey. The ProQOL survey is a free tool developed

by researchers, teachers, and clinicians around the world. The measure has been in use since 1995. The 30 question survey helps assess if professionals are at high risk for burnout, secondary traumatic stress, and compassion fatigue. The ProQOL is the most commonly used measure of the negative and positive effects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout, and compassion fatigue (see Appendix A for sample tool).

The Role of the Counselor

Counselors are professionals with mental health training and/or licensure who have been hired by the institution to serve in that capacity. The primary role of the counselor on a BIT is typically “intended to help coordinate the campus counseling center as a resource available to the BIT and to help the BIT have insight into mental-health related concerns” (Sokolow, et al, 2011, p. 14). Counselors can also help to evaluate risk and facilitate access to local mental health resources as needed. They may be asked to interpret the findings of other mental health professionals for the BIT (2011).

In addition to the tasks identified, counselors could help team leaders attend to the well-being of the team. Counselors typically have been trained in the constructs identified and have developed strategies to attend to their own self-care. They have been also trained to recognize the signs of distress, however benign, that may slowly appear in members over time.

More importantly, counselors can help the team prevent the risk of developing

compassion fatigue by incorporating protective factors. Figley has identified several strategies to reduce the risk of suffering from compassion fatigue. They include: increasing resiliency skills, using self-care strategies, and maintaining social support (1995). Self-care strategies and resiliency skills, also known as coping skills, involve workload management, a balanced lifestyle, and self-awareness (Gentry & Baranowsky, 2011).

Members of a BIT are often so focused on responding to the needs of the students they fail to provide adequate care for themselves. Self-care, according to Hemphill and LeBanc’s *Words of Wisdom No. 16*, entails maintaining a healthy diet, exercising regularly, and finding opportunities to rejuvenate. Unfortunately, this often gets neglected in times of stress or crisis—which results in physical, mental, emotional, and spiritual depletion (2010, p. 171).

BIT members are especially vulnerable to compassion fatigue because they are specifically identified as the individuals on campus who handle crisis situations. They are the *moths to the flame* when a crisis occurs and often without regard to their own emotional safety. The members who have not been trained in the prevention of compassion fatigue or appropriate self-care strategies are at a high risk for developing this condition over time. Counselors can assist the team by providing training on these constructs and employing strategies designed to fortify team members.

Conclusion

The evolution of research regarding burnout and compassion fatigue predates the development of BITs by only one decade. However, there has been little connection made between the two fields. Individuals serving on BITs are on the front lines of crises on campuses in America. Without proper training in protective self-care, team members are at an increased risk for developing compassion fatigue over time. Unresolved compassion fatigue can have deleterious effects on campus leaders who serve on BITs. Left untreated, compassion fatigue can result in a vulnerability to stress symptoms, professional burnout, diseases rooted in stress, and an increased risk for drug and alcohol addiction (Morrisette, 2004, p. 12).

BITs are tasked with creating a culture of care, concern, and proactive early prevention for students. Nevertheless, no guiding principles exist for ensuring that the same philosophy is extended to the teams themselves. If we use the analogy of directions given on an airplane for oxygen masks, we know that we must first ensure that we are healthy in order to assist others. BIT leaders would be wise to follow that directive and take steps to prevent compassion fatigue through the development of self-care strategies.

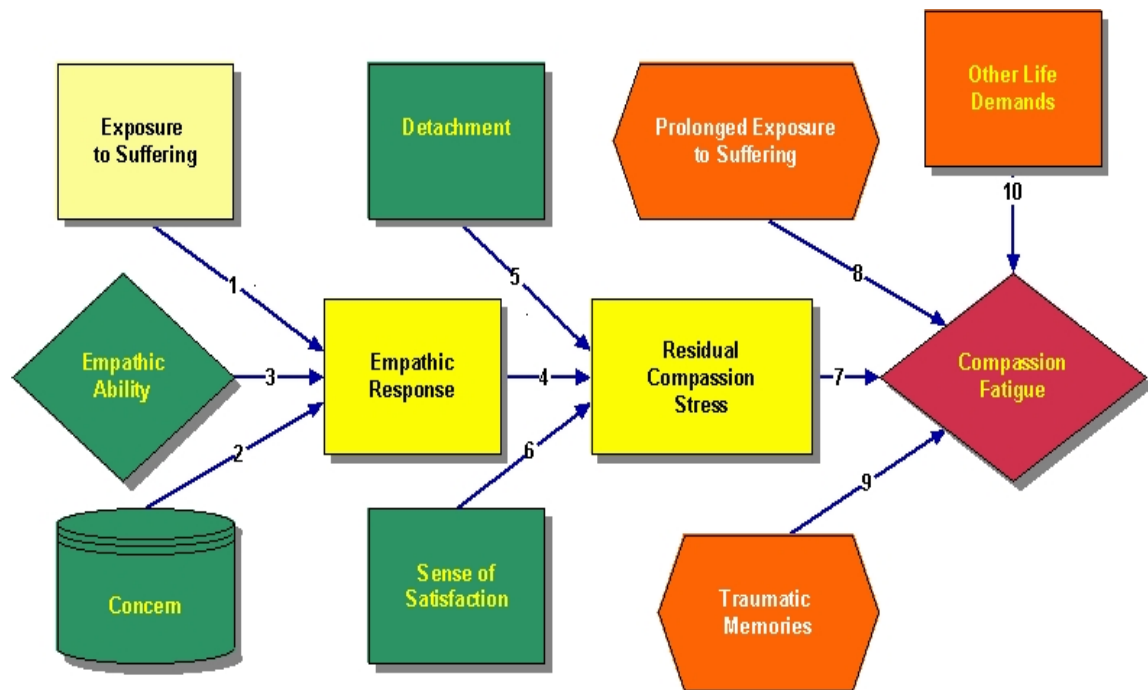
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Appendices

Figure 1.



The Compassion Fatigue Process (Figley, 2001)

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.		

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

You Wrote	Change to
2	5
3	4
4	3
5	2

the effects of helping when you are *not* happy so you reverse the score

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High



The Well Balanced Lawyer

Compassion Fatigue – Because You Care

By Barbara Rhode



Secondary Traumatic Stress, first identified and diagnosed in nurses in the 1950s is typically applied to mental health professionals, physicians, and emergency personnel. Yet, recent research is showing that attorneys, especially those working with victims of trauma, are exhibiting a high rate of symptoms. Jung referred to it as a 'psychic infection' which was both contagious and insidious. Rolo May asserted that we as caring professionals "... in an effort to be open and receptive ... venture forth as far as we are able and risk losing our own identity."

Compassion Fatigue is the cumulative outcome of caring – too much and for too long with too little end in sight. Care long enough and hard enough without a genuine ongoing sense of accomplishment and success and you are at risk to develop this disorder.

Unlike burnout, sufferers demonstrate symptoms that can include intrusive recollections of the reported traumas through dreams or flashbacks, an overall decrease in experiences of pleasure in even their personal life and an underlying level of constant stress that interferes in daily life. These symptoms can adversely affect the individual both personally and professionally. While most sufferers exhibit a decrease in work performance and productivity, they also report a pervasive negative or anxious attitude that undermines their ability to focus or concentrate. Newly developed feelings of incompetency and self-doubt can emerge, along with doubts about the profession and one's ability to succeed or be effective. Feelings of isolation exacerbate the symptoms matched by a tendency to pull away and withdraw

from colleagues, friends and even family. Interpersonal conflicts can increase at the office and in personal relationships. Absenteeism and chronic tardiness can also be signs of compassion fatigue often resulting in abrupt job changes and loss.

Personal relationships are also adversely affected. Loved ones complain that "even when you are home you are not really here." They perceive a change in the sufferer and can identify signs

**That which is
to give light must
endure burning.**

- Viktor Frankl -

of depression. Sufferers begin to question the meaning of life, and whether "any of this really matters." Somatic symptoms emerge with numerous complaints about various aches and pains.

Research has shown that even children who simply play with other children who have a history of trauma begin to exhibit signs of Secondary Post Traumatic Stress Disorder. How much more can the ongoing accumulation of the intimate details of countless client's traumatic stories, grief, memories and injustices have on the unaware attorney? And who in reality has been adequately prepared to deal with the emotional side effects of this profession? How do you learn to successfully deal with the cumulative effects of the cost of caring?

Where is that fine balance between opening up and authentically listening to a client's story and then skillfully shutting it off and leaving it behind when you leave the office at the end of the day?

Most attorneys state that their formal education lacked adequate training for this particular part of the job. Classes on boundaries, the ongoing need for self care and an awareness of professional vulnerability are typically missing from most college transcripts. Some schools are beginning to address this need and now offer various classes to better empower new attorneys but most of the more traditional schools are still blind to this issue.

Attorneys are also notoriously known to work longer hours than most other professionals. Unremitting, intense hours and large, demanding caseloads can be directly related to the development of Compassion Fatigue. Like other helping professionals, the very nature of client confidentiality can isolate the sufferer further, making him/her feel alone without an adequate professional support system.

Benjamin Sells, in his book, "The Soul of the Law," wrote that lawyers are four times more likely to suffer from depression than the general public, have a high rate of suicide, experience high levels of serial marriage/divorce and abuse substances at a rate of two times the national average. Every one of these symptoms can be traced back to the potential effects of secondary trauma and/or burnout.

The experts are recommending more ongoing education concerning the risk of Compassion

Fatigue and the symptoms that lead to an accurate diagnosis. Like most disorders, secondary trauma is easier to prevent than to actually treat. Attorneys require specific tools to enhance their ability to identify and maintain healthy boundaries with clients, even the neediest ones. Forums and ongoing support groups would encourage the professional to identify symptoms early and decrease the feelings of isolation that complicate the picture. Peer support and supervision would go a long way in minimizing the deleterious effects.

Barbara Rhode has been a Licensed Marriage & Family Therapist since 1988 and closed a successful private practice in 2004 to focus on workshops and trainings. She is a regular presenter to professionals through the Juvenile Welfare Board and is an independent contractor for Goodwill Industries. She is a wife, mother of three and new grandmother!

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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.					

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PROQOL SELF SCORING WORKSHEET

This worksheet helps you to get an estimate of your score on the ProQOL. To make it easy for you to use on your own, scores are grouped into high, average and low. If your score falls close to the border between categories, you may find that you fit into one group better than the other. The scores are estimates of your compassion satisfaction and fatigue. It is important that you use this information to assist you in understanding how your professional quality of life is, not to set you into one category or the other. The ProQOL is not a medical test and should not be used for diagnosis.

What is my score and what does it mean?

In this section, you will score your test and then you can compare your score to the interpretation below.

Scoring

1. Be certain you respond to all items.
2. Go to items 1, 4, 15, 17 and 29 and reverse your score. For example, if you scored the item 1, write a 5 beside it. We ask you to reverse these scores because we have learned that the test works better if you reverse these scores.

You Wrote	Change to
1	5
2	4
3	3
4	2
5	1

To find your score on **Compassion Satisfaction**, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.

The sum of my Compassion Satisfaction questions was	So My Score Equals	My Level of Compassion Satisfaction
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Burnout**, add your scores questions 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29. Find your score on the table below.

The sum of my Burnout questions	So My Score Equals	My Level of Burnout
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Secondary Traumatic Stress**, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Find your score on the table below.

The sum of my Secondary Traumatic Stress questions	So My Score Equals	My Level of Secondary Traumatic Stress
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCALE

Based on your responses, your personal scores are below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of compassion fatigue. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. You may see or provide treatment to people who have experienced horrific events. If your work puts you directly in the path of danger, for example due to your work as a emergency medical personnel, a disaster responder or as a medicine personnel, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, such as providing care to people who have sustained emotional or physical injuries, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

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Burnout: Prevention and Cure

Dr. Archibald D. Hart

Burnout! Burning out! Burned out!

What do these words mean to you? What fears do they evoke? What visual images do they create? Do they conjure up pictures of charred and ruined homes on a hillside that have been ravaged by a run-away fire? Do *you* see majestic mansions once ornate and resplendent in architectural detail now scarred by black soot and empty? Or perhaps you see a truck abandoned on the side of a country road with its paint seared black, its metal rusting. All perfectly legitimate images, but they barely capture or describe the syndrome that inflicts all “people helpers” – the final penalty for those who must care too much as a part of their job: Burnout!

Burnout has been defined as a “syndrome of emotional exhaustion. Depersonalization, and reduced personal accomplishment that can occur among individuals who do ‘people work’ of some kind.” It is a response to the chronic, emotional strain of dealing extensively with other human beings. If these human beings are troubled, then burnout can be particularly rapid and devastating.

But a definition doesn’t adequately capture the essence of our concern here. No amount of theorizing will help us to appreciate how destructive and debilitating the care of others can be. See the pastor once vibrant with power and enthusiasm, able to motivate others to service and godly living, given to caring and concern, become reduced to useless ineffective rubble emotionally exhausted and deeply fearful – and you’ll understand the ravages of emotional burnout. See the spouse of the pastor, once the perfect hostess able to calm troubled waters and apply the soothing balm of comforting words and listening ears, become jittery when the telephone rings, panicked by any hint that the doorbell clanging and desperately wanting to be left alone – and you’ll recognize the exhausting tentacles of the burnout monster. Or see the pastor who once patiently and kindly plodded her way through the prejudice and projections of ignorant and insensitive parishioners become a lonely, isolated, deeply depressed recluse who cannot get out of bed in the morning and who conceals her secret siestas like a closet alcoholic – and you’ll glimpse the reality of burnout.

I know because I’ve seen each one of them in the flesh. They are as real as the air I breathe.

A pattern of emotional overload with little reward or appreciation in the context of feelings of helplessness is at the heart of the burnout syndrome. Why are pastors particularly prone to burnout? Because:

- (1) They have not been taught to care for others in the right way.
- (2) They care too much out of guilt.
- (3) They care too much and feel helpless about providing solutions.
- (4) They care too much all of the time.
- (5) They do not care enough about their own self-recovery.

Pastors tend to get overly involved emotionally. They tend to overextend themselves and then feel overwhelmed by the emotional demands imposed by others. And the more people there are to “feel responsible for” the greater the opportunity for burnout. One pastor described it this way:

“There are just too many people to care for. It’s just too much. I’m spread too thin and there is not enough caring to go around. Every day I pray to God for an abundant supply of his love to give to others, but it’s as if the pipe isn’t large enough for it to flow through.”

Once burnout sets in, pastors don't believe they are able to give of themselves to others. It's not that they don't want to help; they can't. The gas is gone. The barrel is empty. It has also been called "compassion fatigue". The muscle of their loving heart goes weak and limp. No longer is it able to pump life-giving care and love to the rest of the needy body. The rhythm of the love-beat becomes erratic and irregular. Short bursts of compassion cease at the most inopportune times. The love machine is powerless and eerily silent waiting for a miracle to bring it to life again. For many the miracle never happens. It is then called "burnout".

But is all this talk about burnout for real? Could it be that our gullible Western minds have such a propensity for the faddish that we may be in danger of creating a monster simply by giving it a name? Will we not rush to excuse every moment of laziness or touch of incompetence simply as a symptom of burnout? Will it not take away responsible behavior? Will the cry "burnout" not become a smoke screen for "cop-out"? One pastor, in writing on the topic of burnout, claims he is becoming "bombed out" by all the talk of "burnout" and suggests that the present preoccupation with burnout creates the danger of being "sold out". He believes it becomes an excuse for going contrary to the very things the Gospel stands for. Burnout becomes an excuse to leave the ministry, abandon a marriage, or give up on any activity that demands persistent, unrelenting dedication.

I agree! Discipleship was never, is never, nor ever will be easy. The servants of God must not be deterred by fake disasters, invented obstacles, or exaggerated weaknesses. But burnout is none of these for the majority of pastors. It is real hazard, produced in well-meaning and dedicated to people-caring, whose motives are pure and Holy Spirit-dependence sound. They simply discover that the human frame has its limits, like every machine. When these limits are exceeded, the price is "burnout".

The warning not to allow the idea of "burnout" to be an excuse for a 'cop-out' is well heeded. But, on the other hand, prevention is better than cure. A thorough understanding of the phenomenon of burnout can help to pinpoint the pitfalls of this devastating and debilitating problem. My concern here is not so much that a discussion of the inevitable potential for burnout among pastors will provide a convenient cover-up for incompetence, but so that a few readers will readily acknowledge the reality of the syndrome and that they are victims of it. It is a lot easier to understand that machines reach a stage of lifelessness and uselessness by being overworked than it is to convince so many well-meaning and dedicated ministers and people-helpers that this could happen to them. There is something strangely paradoxical about believing you are a "servant of God" and acknowledging that you are on the road to burnout! Too many see it as a sign of failure rather than as a warning signal from an over-extended physique or psyche.

Is burned-outness the inevitable price one must pay for caring too much? Is it the ultimate penalty for being a channel of God's grace? Must it inexorably and unrelentingly take its toll when the motive for service is so pure and the purpose so transcending of worldly considerations? I think not. In fact, I would say "ABSOLUTELY NOT." There is a vast difference between wasting out (in which one careens headlong into a meaningless and wasteful use of energy), and controlled burning out where you deliberately and by design give of yourself to the maximum of your ability so that when your life is over you have a sense of having given all you can give. The first is self-destructive. The second is Christ – glorifying.

Our commitment to Christian ministry and service is to be a model to others, no matter what their calling. As we shall see in the pastes that follow the true servant of God does not have to be prematurely destroyed by ignorance of the basic principles that govern the physiological and spiritual aspects of our

existence, nor by unsanctified motives and guilt. We CAN be effective “people-carers” without burning out if we heed the fundamental principles I will describe.

Test Yourself: The Burnout Checklist

(NOTE: This focuses only on burnout: it is not a stress questionnaire)

Review the past 12 months of your TOTAL life-work, social situations, family and recreation. Reflect on each of the following questions and rate the emphasis on change that has occurred during the past six months.

Use the following scale and assign a number in the rating column that reflects the degree of change you have experienced. BE HONEST; the value of this self-assessment is negligible if you don't.

1	2	3	4	5
No or little change	Just noticeable change	Noticeable change	Fair degree of change	Great degree of change

RATING

1. Do you become more fatigued, tired or ‘worn out’ by the end of the day?
2. Have you lost interest in your present work?
3. Have you lost ambition in your overall career?
4. Do you find yourself becoming easily bored (spending long hours with nothing significant to do)?
5. Do you find that you have become more pessimistic, critical, or cynical of yourself or others?
6. Do you forget appointments, deadlines, or activities and don't feel very concerned about it?
7. Do you forget appointments, deadlines, or activities and don't feel very concerned about it?
8. Has any increase occurred in your general level of irritability, hostility, or aggressiveness?
9. Has your sense of humor become less obvious to yourself or others?
10. Do you become sick more easily (flu, colds, pain problems)?
11. Do you experience headaches more than usual?
12. Do you suffer from gastrointestinal problems (stomach pains, chronic diarrhea or colitis)?
13. Do you wake up feeling extremely tired and exhausted most mornings?
14. Do you find that you deliberately try to avoid people you previously did not mind being around?
15. Has there been a lessening of your sexual drive?
16. Do you find that you now tend to treat people as “impersonal objects” or with a fair degree of callousness?
17. Do you feel that you are not accomplishing anything worthwhile in your work and that you are ineffective in making any changes?
18. Do you feel that you are not accomplishing anything worthwhile in your personal life or that you have lost spontaneity in your activities?
19. Do you find that you spend much time each day thinking or worrying about your job, people, future or past?
20. Do you feel that you are at the “end of your tether” – that you are at the point of “breaking down” or “cracking up”?

TOTAL SCORE:

INTERPRETATION:

Please remember, no inventory is absolutely accurate or fool-proof. Your score on this “Burnout Checklist” is merely a guide to your experience of burnout. Take it as an indication that your life may be out of control. If your score is very high take steps toward finding help by consulting your family, physician, psychotherapist, spiritual counselor or personal advisor – the first step toward relief from burnout is to acknowledge, without being self-rejecting, that you have a problem.

20-30 There is not burnout. **YOU** may be taking your life or work too casually.

31-45 This is a normal score for anyone who works hard and seriously. Make sure you do relax periodically.

46-60 You are experiencing some mild burnout and could benefit from careful review of your lifestyle.

61-75 You are beginning to experience burnout. Take steps to better control your life.

76-90 You are burning out. You should seek help, reevaluate your present life and make changes.

Over 90 You are dangerously burned out and need immediate relief. Your burnout is threatening your physical and mental well-being.

Understanding Burnout

Whenever one hears or reads a discussion about burnout it soon becomes obvious that there is, in the minds of many, confusion between what constitutes burnout and what constitutes stress-or rather “distress” which is the damaging consequence of stress. There are some similarities between burnout and stress. There are also many differences. A few similarities are legitimate and real. Many are erroneous.

Why should we differentiate between burnout and stress? For three very important reasons:

1. The CAUSES of burnout are quite different from those of stress.
2. The CURES for burnout are significantly different from those for stress.
3. The acceptance of the essential differences between burnout and stress can help delineate more effective preventive mechanisms.

Not only is it common to confuse stress problems with those of, but many also confuse problems of depression with burnout. Pastors who are experiencing a simple (though quite painful) and straightforward depression could be inappropriately seeing it as a problem of burnout. This tends to complicate the problem unnecessarily since the blame is placed on the wrong cause. Many who should be seeking treatment for the problem of depression are left bewildered and confused by esoteric and confusing rationalizations concerning their alleged burnout. If the problem is depression the cure lies clearly in seeking treatment for the depression. But if the problem is burnout, the cure may require much more complex and significant life changes to be made. If the problem is depression, particularly of the endogenous type, effective relief may be only weeks away through appropriate medication. Burnout may require many months or even years of adjustment for effective recovery.

To assist the reader in developing a clearer understanding of the differences between stress, depression and burnout let me describe the essential features of each.

Stress

Hans Selye, the father of stress research, has defined stress as “the NONSPECIFIC response of the body to any demand.” He emphasized that the body can respond in the same manner to many types of pressure—both good and bad. The excitement of preaching a good sermon or watching your home football team play a winning game can be as stress-producing as meeting a publisher’s deadline or facing an angry member of your church board after a meeting. Although the one causes good stress (called “eustress”) and the other bad stress (called “distress”), both make the same demand on certain parts of your body system and move you away from your normal resting equilibrium. Too much of either type can work havoc in your body.

The most devastating form of stress is that caused by the “fight or flight” response. This is the emergency response system of the body that prepares you to deal with any threat physical or psychological. When you get very angry you trigger this response. When you become very afraid you trigger it. Complex changes within the body prepare you to either fight (including many variations of the anger response) or flee.

Unfortunately, this state of distress can be stimulating for many pastors. They literally become addicted to the high level of adrenaline in their blood stream and even find it stimulating and pleasurable. For them stress is the road to excitement. It is also the road to self-destruction.

While we cannot eliminate stress completely (you are only stress-free when you are dead), every effective leader needs to know how to recognize “overstress”; that is, when your physiology is unable to recover quickly from the over-demand. The symptoms of distress are designed to warn you of the excessive “wear and tear” and they provide complex self-regulating checks and balances to restore optimum functioning. These symptoms include headaches, teeth grinding, insomnia, muscle tension, gastric disturbances, high blood pressure and rapid heartbeat. The reaction of so many pastors is to see these symptoms as obstacles to be overcome, rather than as signals to be heeded. They either ignore or obliterate them with medication. These may relieve the symptoms but they don’t stop the excessive wear and tear of the body.

Burnout is qualitatively different. It is much more protective than destructive. It may intervene when you are on the road to stressful destruction and take you out of the stressful environment. When it does it is often a blessing. It instantly slows you down and produces a state of lethargy and disengagement. In this sense it may even be functional. The system “gives out” before it “blows up”.

Depression

Depression is nearly always present in burnout. It may only be present in some stress disorders. When it is present in burnout it is a SYMPTOM of the disorder and not necessarily a problem in and of itself.

The depression of stress is always the consequence of “adrenal exhaustion”. In other words, the body produces a state of depression in which the low mood, disinterest in regular activities, and physical fatigue is designed to pull the victim out of the rat-race and produce a state of lethargy. The lethargy, in turn, allows the body to rest and recover from the over-stress.

Sometimes stress will bring out an underlying endogenous depression. The depression is produced by complex disturbances within the body's chemistry that are in some way (which is not yet clearly understood) related to some weakness or defect in the neurotransmitters of the nervous system. When subjected to prolonged stress, depression of the biochemical sort may set in. Much depression seen in high-pressured, over-worked and ambitious people (including ministers), may be of this sort. It may be a precursor to burnout and may even hasten the final "giving up" that characterizes burnout. But it can also be free standing and independent, never producing the burnout syndrome.

Burnout

I have tried to show that stress and depression are different from burnout. While these maladies may finally converge on the burnout road they could just as easily be taking different routes entirely. Obviously, a body system exhausted by overwork, pushed beyond reasonable endurance and depleted of resources could become "burned out". But, we shall see, burnout can also be reached by roads quite different from those of stress and depression.

In essence, extreme states of burnout will compromise most if not all of the following

Demoralization – a belief that you are no longer effective as a pastor

Depersonalization – a treating of yourself and others in an impersonal way

Detachment – a withdrawing from all responsibilities

Distancing – an avoidance of social and interpersonal contacts

Defeatism – a feeling of being "beaten" and a giving up of any hope of being able to avoid defeat.

The following table describes more succinctly the essential differences between burnout and stress.

Differences Between Burnout and Stress

- Burnout is a defense characterized by disengagement.
- Stress is characterized by over engagement.
- In Burnout the emotions become blunted.
- In Stress the emotions become over-reactive.
- In Burnout the emotional damage is primary.
- In Stress the physical damage is primary.
- The exhaustion of Stress affects motivation and drive.
- The exhaustion of Stress affects physical energy.
- Burnout produces demoralization.
- Stress produces disintegration.
- Burnout can best be understood as a loss of ideals and hope.
- Stress can best be understood as a loss of fuel and energy.
- The depression of Burnout is caused by the grief of lost ideals and hope.
- The depression of Stress is caused by adrenal exhaustion and the body's need for self-protection and conservation of energy.
- Burnout produces a sense of helplessness and hopelessness.
- Stress produces a sense of urgency and hyperactivity.
- Burnout produces paranoia, depersonalization and detachment.
- Stress produces panic, phobic, and anxiety-type disorders.
- Burnout may never **kill** you but your long life may not seem worth living.
- Stress may **kill** you prematurely, and you won't finish what you started.

Who Suffers From Burnout?

Anyone and everyone is capable of experiencing burnout. However, in a culture it tends to occur more frequently in those vocations that involve “people helping”. Ministers are particularly vulnerable to burnout because they experience the greatest exposure to the needs of people and often have the least resources, from a human standpoint to offer.

The emotional antecedents of burnout in the “people helping” professions include situations in which emotional demands are made over long periods of time. High ideals are held by the helper and an excessive personal expectation that cannot tolerate failure. There is also a lack of adequate social support to aid the helper to accept the limitations of resources – both personal and organizational. Almost every minister I know could be rated as very high on every one of these antecedents. If it were not for the resources of the Gospel, the task of ministry would be an impossible one. It is not a reflection on the ineffectiveness of the Gospel when a pastor succumbs to burnout. It is merely an acknowledgement that the glory of the Gospel is contained in very earthen vessels. Don’t be surprised if now and again they tend to show the signs of weakness.

The Cure

As in the treatment of all diseases, the cure begins with an acknowledgment of the problem. Burnout should never be seen as a sign of failure. Sometimes burnout is God’s plan for your life. It is the only way He can get your attention!

Personally, I see it as a very important protective system – a warning signal telling us that we have lost control of our lives. Do not fear the cure of your burnout. If anything, give yourself permission to experience it – recognizing that it is protecting you from a far worse fate.

Pray for the wisdom and courage you will need to malign your life with God’s purpose and plan. Heeding the warning signals of your system’s disintegration is only the first step. Determinately following the remedy will require much patience and perseverance. I will explore the steps of the remedy in the next section.

Preventing Burnout

The cost of burnout can be high – both for the pastor and the church. Recovery is not without its price. All those involved in the life of the pastor – family, parishioner, and friends, will be affected by it. Sadly, many burnout victims exist in churches, the mission field, “people-helping” agencies, offices, and factories, but they go unrecognized and therefore unhelped. This often leads to drug or alcohol abuse (often secretive), or isolation depression that will eat into the psyche of the sufferer like a cancer. The Spirit of God may not find an eager and effective response from the hearts of these burnout victims. Prayer will seem like a nightmare; the Scriptures will sound hollow and even the thought of “fellowship” will evoke feelings of panic. What is even more unfortunate is that many will not even acknowledge that they could have such a problem. They will deny it, refuse to accept it, even blame others or circumstances for it, but not take the first step toward being honest with themselves and admitting that they are in a state of burnout.

A Friend in time of Need

Sometimes it may be necessary for a spouse or friend to confront the victim with some honest feedback. In fact, I have not encountered many pastors or missionaries who have themselves taken the initiative in seeking help for their burnout problem. Invariably it is in response to another's caring concern that they have taken action. "You see," the customary pastor will say to me during the first visit, "my spouse is very worried about me. I don't think the problem is that serious but to please her (or him) I'm here." Bravo! Doing it for a spouse is better than not doing it at all.

Is Burnout a sign of failure?

Since Most burnout situations are more that product of bad circumstances than of bad people the pastor needs to be reassured that his or her burnout is not necessarily a sign of personal failure. Unfortunately, given the sensitive nature of the guilt mechanisms most of us are heir to, we are more likely to attribute burnout to defects in ourselves than to the circumstances or our work. This can lead to a great sense of personal loss and a deep depression. In such a depression the victim is hardly likely to seek help without persistent prodding by a caring spouse or friend. Reassurance that there is a way out of the abyss, without provoking further guilt feelings should open the door for further help.

Should you seek professional help?

Severe cases of burnout, where the pastor is in a state of emotional turmoil, extreme fatigue, negative, depressed and withdrawn, should be treated y a professional. Burnout can be the cause or consequence of so many other problems that self-help in severe cases will only aggravate-no help it. In fact wherever possible don't hesitate to seek the counsel of a competent professional.

For most, though, burnout will be a less serious problem. Attention to some basic principles could prevent it form worsening and could bring about relief and restoration of a vital, spontaneous and dynamic personal, spiritual and professional life. Since no two burnout situations are identical coping needs to be tailor-made and is most effective when it occurs at several levels. Attention must be given not only to personal aspects of the burnout but also to social and institutional aspects as well.

Personal Coping

It is important to realize that burnout begins slowly. This is good news and bad news. The good news is that you have plenty of time to take preventive steps. The bad news is that it can creep up so slowly you won't recognize it. It is an insidious disease. It does not strike like a bolt of lightning out of the sky – it creeps up on you like a snake in the grass. If the problem does develop quickly, say over a few days, it is more likely to be an endogenous depression than burnout.

Since burnout begins slowly, steps to effective prevention can be taken very early in the process. Prevention is effected by implementing the techniques of coping at an earlier stage in the burnout process.

"Coping" refers to efforts that are made to master the conditions causing the burnout when automatic responses are not readily available. Coping, in itself, does not demand success – just to make some effort to change the circumstances of the burnout. This can dramatically restore a sense of hope, even when the effort is not altogether successful. Helplessness seems to vanish when the smallest of attempts is made to control the cause.

Richard Lazarus, a prominent stress researcher, has suggested two general types of coping that can be applied to the problem of burnout:

1. Direct action and
2. Paliation or indirect action.

In direct action the person actively tries to change the source of the problem by confronting it and finding positive solutions. When the source of the problem is ignored or avoided the likelihood of burnout is increased.

In indirect action, the person tries to understand the source of the problem by talking about it adapting to the source by making adjustments to it, and by diverting attention from it by getting involved in other activities.

Neither of the above coping strategies is better than the other. Both are necessary for successful prevention or recovery from burnout. Needless to say, all coping is carried out in a spirit of dependence upon the source of all our strength. God alone knows the depth of our despair, and he can give us the power to rise from it if we would trust him for it.

From my experience in working with pastors I have found that particular attention should be given to three important areas of personal functioning if one is going to prevent burnout. These are: assertiveness, role conflicts, and the pitfalls of sympathy.

Assertiveness

Much stress and burnout in pastors and Christian workers can be caused by a misunderstanding of how to be assertive and yet have a Christ-like spirit. Consequently they have great difficulty in dealing with interpersonal conflicts, manipulative people, bossy or demanding superiors or powerful authority figures. They cannot say “no” to the many demands made of them and often feel abused, hounded, ridiculed, criticized and humiliated, but do not know how to handle either their feelings or their abusive situation. Suppressed anger and passive aggressive behaviors then emerge as a lifestyle that can predispose the pastor to burnout. The antidote is clear: learn how to be assertive in a manner consistent with your Christian spirit.

Role conflicts

I doubt if any other vocation has as many diverse roles attached to it as ministry. The pastor is expected to be a good preacher, teacher, counselor, administrator, business manager and friend to many. A multitude of expectations are imposed on the average pastor. Many of these can cause conflict and stress that can be very debilitating. Research in industrial settings has repeatedly demonstrated that role conflict leads to stress and burnout. This is also true of ministry. The following steps can be helpful in preventing role conflict:

1. Know what your goals are for your ministry. Clarify your internal expectations by talking them over with a trusted confidant. You will experience enough ambiguity from others as to what you should be doing-at least ensure that you are clear about your own goals.
2. Clarify the expectations others have of you and decide which you believe are consistent with your calling. Be assertive and ask this: “What do you expect of me?” Then be assertive in accepting or rejecting those you want to negotiate changes in these expectations so as to fulfill your calling.

3. Focus your roles. Scattered goals doth produce scattered people. Identify your strengths and the talents God has given you, and then concentrate on these. Since you must give an account to God of your own ministry and not to your congregation or any other institution, make sure you are free to exercise that ministry.
4. Educate your congregation in the complex issues of being a minister, the diversity of roles you must play, and in the debilitating effects of these. If they know what you experience they will be a lot more understanding and less demanding than if they don't know.

The pitfalls of sympathy

Much burnout in “people helpers” is due to an inability to keep personal emotions sufficiently detached to avoid over-involvement in the pain of others. Stated very bluntly, the issue is: How much can a pastor take of the emotional or spiritual pain of others before it starts to burn him or her out?

The Christian minister or missionary is particularly vulnerable here. He or she is called to “all things to all people”. They are supposed to “bear one another’s burdens” and “weep with them that weep”. But how much contact with troubled people can be tolerated if one must become emotionally involved with all of them? While not becoming indifferent to the pain of others, it is necessary for the minister to develop an appropriate degree of self-protection so that he or she does not become emotionally destroyed.

There are many reasons why ministers are overly affected by the pain of others. They may be guilt prone and use their own “weeping” over the pain of another as a way of alleviating their guilt feelings. Paradoxical, isn't it? Especially since they preach a Gospel that offers forgiveness. Or they may become overly involved with the pain of another to satisfy some deep personal need (conscious or unconscious). It can also be an excessive need for attention, recognition or appreciation. In some strange way the vicarious pain helps to alleviate these needs and may even be a boost to self-esteem.

Perhaps the most important reason **is that pastors are not taught to differentiate sympathy from empathy**. They erroneously believe that they are required to feel “sympathy” for all who hurt. Psychologists prefer the concept of “empathy” as a special form of sympathy because it describes a way of relating to another that shows care and love but does not produce a reciprocal pain.

To understand the difference, consider the following: **Sympathy** (as it is most commonly experienced) is a way of comforting another by showing that you also feel their pain. It too easily becomes patronizing. It robs others the right to feel their own pain and does not diminish the importance of what they feel. The vicarious suffering with another in sympathy can easily become selfish and self-satisfying. Sympathy in effect says: “I know how you feel because I feel that way also” **Empathy** says “I can never know what you feel because your pain is unique. But I do want to understand how you feel. Clinical research has shown that empathy is much more helpful and comforting than sympathy. Hurting people only hurt more if they see that their hurt causes others hurt also. Hurting people are healed by understanding, not by someone else becoming emotionally affected by their hurt.

Conclusion

Although burnout can be a traumatic, devastating, depressing and even life threatening experience, it can also be the beginning of true maturity. It can be the start of true maturity and the discovery of what God really wants to do with your life.

TWELVE STEPS TOWARD RECOVERY FROM BURNOUT

1. Learn at least one relaxation technique and practice it on a regular basis. This helps to rest critical components of your body's emergency system.
2. Balance your life by exercising regularly. Good physical conditioning strengthens the body's immune system and increases endorphins that are the brain's natural tranquilizers.
3. Get proper rest. Allow adequate time for sleep. Contrary to what we have been taught in a previous generation, most of us need more sleep than we get. Adrenal arousal reduces our need for sleep – but this is a trap since we will ultimately pay the penalty for it.
4. Learn to be flexible. Only the Gospel is unchanging. Your ideas and priorities may need to change. Flexibility reduces the likelihood of frustration.
5. Slow down. Remember: God is never in a hurry. "Hurriedness" is a human characteristic caused by inadequate planning and poor time management. Hurry speeds up the "wear and tear" of our bodies and minds and increases the production of destructive adrenaline.
6. Learn constructive ways of dealing with your anger. Our Gospel is a Gospel of forgiveness – dispense it liberally to all who hurt you. Remember that anger is a 'signal' telling you something is wrong with your environment, or it is evidence that you are in a "fight or flight" mode. Identify the source and confront it assertively.
7. Pay attention to "little hassles" – they are more likely to kill you than the big ones. It is the everyday, minor irritations that are the deadliest. Keep them to a minimum.
8. Develop your ability to be empathetic in your care of others and keep sympathy under control. Understand your own neurotic needs so that they can be kept out of the way of your pasturing.
9. Focus your ministry on essentials. Reduce redundancies, eliminate unnecessary activities, avoid demands that will stretch you too thinly and learn how to say "NO" kindly, without giving offense and without experiencing a sense of guilt.
10. Stay in touch with reality. Do not let your ambitions outrun the limits of your capabilities. Seek honest feedback from trusted friends on your talents, then pray for wisdom and set your sights accordingly. Aiming too high at unrealistic goals to satisfy an unsanctified ambition will only lead to burnout.
11. Avoid states of helplessness by taking control and implementing a coping strategy no matter how minor. Helplessness is often an "erroneous belief" that you are trapped and no solutions are possible. Exercise faith, believe that solutions are possible, and you can break out of the helplessness cycle.
12. If you cannot resolve a major conflict area in your life, leave it. Move on if necessary. Notions of being super-human often keep us in severe conflict situations. We believe we should be able to master every circumstance and this can lead to a persistence that is destructive. Even Jesus was hindered in what he could do (Matt. 13:58) and had to move on. Why not you?

Finally, don't be afraid to seek professional help when you need it.