COMPASSION FATIGUE: When You Can’t Give Anymore

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M*A*S*H: THE LATE CAPTAIN PIERCE

CF is a stress response: depleted cortisol, adrenaline, noradrenaline

Feeling discouragement and being ineffective

Feeling overwhelmed, small and helpless

Cynicism - take this job and shove it - doing your best to doing the bare minimum
TWO TYPES OF STRESS

EXPLOSION (ACUTE):
TRAUMA

EROSION (CHRONIC):
COMPASSION FATIGUE

At Risk Population X 3
CAUSES OF BURNOUT

1. OVERWORK

2. CONTROL

3. NO REWARD

4. NO COMMUNITY

5. NO FAIRNESS

6. VALUES CONFLICT
PTSD and Compassion Fatigue

- Exposure to traumatic even or extreme stressor
- Respond with fear, hopelessness, or horror
- Frequent mood changes - irritability
- Sleep disturbances or nightmares
- Depression or withdrawal
- Avoidance
- Moral injury
Three Critical Ingredients

PRIMARY TRAUMA: “exposure to actual or threatened death, serious injury, or sexual violence”

SECONDARY TRAUMA: indirect exposure to or witnessing of extreme human suffering and observe the emotions of fear, helplessness and horror registered by survivors on a consistent basis.

ORGANIZATIONAL STRESS: often the tipping point
Where We Are At

- UNDERSTANDING
- EDUCATION
- DETECTION
- INTERVENTION
- REMEDIATION
Where We Need to Go

It’s not enough to treat...
We must prevent

We need to change
the culture
2017 HARVARD STUDY FOUND THAT POSITIVE SOCIAL SUPPORT (UNIT COHESION) WAS A NEGATIVE PREDICTOR OF COMBAT SOLDIERS DEVELOPING PTSD (20% VARIANCE)

2017 STUDY FOUND SELF BLAME AMONG COMBAT SOLDIERS WAS A POSITIVE PREDICTOR OF PTSD – SHAME BASED CULTURES = SELF BLAME
Shame Based Culture

- CYNICAL
- NEGATIVE
- UNTRUSTING
- SHAME BASED

“You guys have no idea how hard you work to ensure that we are going to be as miserable as you are in our occupations”
The first problem is that in the absence of any other approach, clinical and academic information has permeated the Canadian curriculum for workplace mental health... The information is factual and evidence-based, but it’s not what people truly need to change how they deal with mental health in the workplace.

The second problem is that philosophically, many of the workplace mental health trainers adopt the approach of providing the tools to deal with mental health issues. On the surface, this seems like a good approach, but what is unfortunate, is that it assumes that people have no tools in the first place.
Becoming Sanctuary

- Move from shame based to learning based
- Reward the good more than punish the bad
- Don’t look after them—partner with them
- Take time to celebrate and mourn well
- Make trust a priority
Beyond the Programs and the Professionals
We Must Make the Culture More Humane

UNIT COHESION = 20%