Compassion fatigue, secondary trauma stress, and burnout among licensed mental health professionals.

Colloquium Presentation
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Boscarino, Figley, and Adams (2004) stated, “Mental health professionals are an important human resource asset in the frontlines of our health care system and warrant our oversight and surveillance” (p. 7).
Problem Statement

- When caring professionals treat traumatized clients they may experience emotional exhaustion, which is a phenomenon known as compassion fatigue (Adams, Boscarino, & Figley, 2006; Craig & Sprang, 2010).

- Counselors who are stressed, distressed, or impaired are not able to offer high quality services to clientele and experience a decline in their quality of life (Lawson, 2007).

- “Few epidemiological studies exist regarding compassion fatigue or secondary trauma among the various groups of helping professionals routinely exposed to trauma in the course of their work” (Sprang, Clark, & Whitt-Woosley, 2007, p. 261).
The purpose of this study was to examine the levels of compassion fatigue, secondary trauma stress, burnout, and career-sustaining behaviors among licensed mental health professionals in order to recommend possible mechanisms for ameliorating the well-being of clinicians.
Literature Review

- Professionals must be informed of the potential dangers of working with traumatized clients (Salston & Figley, 2003).

- Over time, the boundary between helping others and taking care of oneself becomes unclear because the care provider remains attentive on the needs of the client (Bruce, 2009).

- Bush (2009) put these three phenomena in perspective, she stated, “they reinforce one another; burnout is emotional exhaustion, compassion fatigue is loss of self, vicarious trauma is a change in cognitive schema, and secondary trauma has symptoms similar to posttraumatic stress disorder” (p. 26).
Counselors who take care of their emotional, social, physical, and spiritual needs are healthier and in a better position to provide competent mental health services to their clients (Lawson, 2007).

Spirituality appears to have a relative moderating impact against compassion fatigue and might improve the overall quality of life of helping professionals (Newmeyer et al., 2014).

Moran (2002) claimed humor assists the immune system and can contribute to emotional bonds between colleagues; thus possibly improving work settings, which may strengthen resolve and lower compassion fatigue (Harr, 2013).
In order for the mental health professional to obtain optimal working results, he or she must participate in life fulfilling measures.

- Self compassion (Neff, 2003)
- Mindfulness (Brown & Ryan, 2003)
- Self-care (Bowen & Moore, 2014)
- Resilience (Ward, 2003)
- Posttraumatic growth (Brockhouse et al., 2011)
Significance of the Study

- Exodus 18:17

- Due to the damaging effects of overwork and unmanaged compassion fatigue (Trippany, White Kress, & Wilcoxon, 2004) further investigation of the phenomena among mental health professionals is highly desirable to increase job satisfaction and the overall well-being of counselors (Lawson, 2007).
Significance of the Study

- Past researchers (Lambert & Lawson, 2013; Lawson, 2007; Orht & Cunningham, 2012; Richards, Campenni, & Muse-Burke, 2010) have expressed the importance of continued studies into the overall wellness of psychotherapists in order to preserve and nurture well-being within individual professionals.

- “It is, therefore, up to all of us to elevate these issues to a greater level of awareness in the helping professions. Otherwise we will lose clients and compassionate psychotherapists” (Figley, 2002, p. 1440).
To what extent are compassion fatigue, secondary trauma stress, and burnout present in the work of licensed mental health professionals?
Research Question 2

What risk factors appear predictive of compassion fatigue, secondary trauma stress, and burnout in licensed mental health professionals?
What relationship exists between career-sustaining behaviors and compassion fatigue, secondary trauma stress, and burnout?
RQ1
To what extent are compassion fatigue, secondary trauma stress, and burnout present in the work of licensed mental health professionals?

• **Data**
  The Professional Quality of Life Scale
  The Burnout Measure
  Demographic Questionnaire

• **Analyses**
  Descriptive analyses with mean and standard deviations with exploring the results across key demographic variables
  Categorical responses were analyzed using frequency counts and percentages
RQ2

What risk factors appear predictive of compassion fatigue, secondary trauma stress, and burnout in licensed mental health professionals?

• Data

  Demographic Questionnaire – predictor variables
  Career-sustaining Behaviors Questionnaire – predictor variables
  The Burnout Measure – total scores
  Subscales of the Professional Quality of Life – total scores

• Analyses

  3 regression analyses
RQ3

What relationship exists between career-sustaining behaviors and compassion fatigue, secondary trauma stress, and burnout?

• **Data**
  
The Professional Quality of Life Scale
  The Career-sustaining Behaviors Questionnaire – Revised
  The Burnout Measure

• **Analyses**
  
Pearson Product Moment Correlations – correlations of subscales and total scores between measures
Participant Demographics

- 37 participants = 27 females; 8 males; 2 did not disclose
- Average age = 41
- Average years in profession = 8.5
- Average hours worked per week = 31.75
- Percentage of clients with trauma = 56.4%
- Average supervision hours received per month = 2.5
- Average caseload = 19
Limitations

- Budget cuts & Low morale
- Agency stressors
- Religiously affiliated
- Researcher’s ministry

- Small population (95)
- Survey completion gap & timing
- Western Michigan
- Researcher bias
Overall Scores

- Low to average in burnout
- Low in secondary trauma stress
- Average in compassion fatigue
Multiple regression analyses predicting burnout from the variables in the demographic questionnaire.

Overall, the regression was significant,

\[ F (6, 24) = 2.67, \ p < .05, \ R^2 = .40. \]

Of the predictors investigated, hours worked was significant.
RQ3 FINDINGS

- Not feeling responsible to solve client problems was found to have a significant positive relationship with secondary trauma stress, \( r(35) = .387, p < .05 \)

- There is a significant positive relationship between not being responsible to solve client problems and burnout, \( r(35) = .462, p < .01 \)

- There is a significant negative relationship between maintaining objectivity with client problems and burnout, \( r(35) = -.472, p < .01 \)
Conclusions

• The phenomena were present.

• Participants produced a mean score of 6.03, out of a possible 7.0, with the career-sustaining behavior of “maintaining a sense of humor about their work”. A score of 7 meant humor is, to a great extent, important.

• Participants’ mean score for “if they have beliefs that sustain them” was 4.62, out of a possible 5.0. A score of 5 meant very often.
Two career-sustaining behaviors as significant with all three of the phenomenon of this study.

- maintaining objectivity regarding your clients’ problems
- feeling responsible for solving your clients’ problems
Implications

- Statistically significant in eight different career-sustaining behaviors on at least one of the three phenomena.

- Two of the behaviors scored significantly in all three areas.
  - maintaining objectivity regarding your clients’ problems
  - feeling responsible for solving your clients’ problems
Recommendations

- Job security: Awa, Plaumann, and Walter (2010) made the assertion that clinicians will not always be honest with supervisors regarding their overall health in fear of losing their jobs.

- Longitudinal study: How does teaching future clinicians about the risks of compassion fatigue, secondary trauma stress, and burnout affect their careers?
Recommendations

Future studies focus on two topics:

- Humor
- Spirituality


