“I could never do your job.
I love animals too much”

I think you meant to say:
Thank you for your service

~ Keeping me and my loved ones healthy.
~ Ensuring that Laboratory Animals are well cared for.
~ Supporting development of new discoveries.
You Created a Compassion Fatigue Program – What’s Next?

Wednesday, October 31, 2018
2:45PM – 5:00PM
Baltimore Convention Center
Ballroom IV
• **Reintroduce** the topic of compassion fatigue as it applies to staff

• **Share** progress and pitfalls of established programs from around the country

• **Present** powerful ways to take control and learn how to change the image of our work

• **Explore** and discuss strategies for establishing compassion fatigue awareness at a national level
Acknowledgments

• Dr. Eva Corey, Dr. Colm Morissey, Dr. Robert Vessella and the Department of Urology at the University of Washington
• Dare 2 Care (D2C) Committee
• Texas Biomedical Research Institute
• Southwest National Primate Research Center (SNPRC)
• PEACE Committee
• ULAR Staff and Leadership
• University of Washington and Washington National Primate Research Center (WaNPRC) Leadership
• AALAS

• Anneke Keizer, Co-Owner & Founder, COPE+
Speaker Panel

Sally Thompson-Iritani, DVM/PhD, CPIA
Director, Animal Welfare & Research Support, Washington National Primate Research Center
University of Washington

Holly Nguyen
Pre-Clinical Director
GU Cancer Research Lab
Department of Urology
University of Washington
Speaker Panel

Elizabeth Clemmons, DVM, DACLAM
Assistant Veterinarian
Southwest National Primate Research Center
Texas Biomedical Research Institute

Andreanna Pavan
Staff Training & Development Coordination
The Ohio Statue University
Office of Research ULAR
Ken Gordon
Executive Director
Northwest Association for Biomedical Research

J. Preston Van Hooser
Review Scientist & Compliance Manager
Chair, D2C Compassion Fatigue Committee
Office of Animal Welfare
University of Washington
Compassion Fatigue and How it Applies to Laboratory Animal Professionals and Administrative Support Staff

Holly Nguyen
PreClinical Director, GU Cancer Research Lab
Department of Urology, University of Washington
What is Compassion Fatigue?
“Compassion Fatigue is a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a secondary traumatic stress for the helper.”

Charles R. Figley, PhD
Tulane University, New Orleans
Characterization

- Physical, emotional, and psychological depletion
- Secondary or vicarious trauma
- Parallels post-traumatic stress disorder
- Varies in severity
- Not a form of burnout, but oftentimes co-exists
- Occupational hazard
- Cumulative exposure to traumatic events or stories
- **It is common and can affect anyone at any time**
The Trajectory of Compassion Fatigue

Zealot Phase → Irritability Phase → Withdrawal Phase

Pathology

Zombie Phase

Jan Spilman, MEd, RCC
The Trajectory of Compassion Fatigue

- **Committed, excited, willing, enthusiastic**
- **Irritability Phase**
- **Withdrawal Phase**
- **Pathology**
- **Zombie Phase**
The Trajectory of Compassion Fatigue

- Committed, excited, willing, enthusiastic
- Increase of mistakes, poor communication, distancing
- Withdrawal Phase
  - Pathology
  - Zombie Phase
The Trajectory of Compassion Fatigue

Committed, excited, willing, enthusiastic

Increase of mistakes, poor communication, distancing

Exhausted, increase of complaints, relationships neglected

Pathology

Zombie Phase
The Trajectory of Compassion Fatigue

- **Committed, excited, willing, enthusiastic**

- **Increase of mistakes, poor communication, distancing**

- **Exhausted, increase of complaints, relationships neglected**

Pathology

**Anger, decline of patience, blame**
The Trajectory of Compassion Fatigue

Committed, excited, willing, enthusiastic → Increase of mistakes, poor communication, distancing → Exhausted, increase of complaints, relationships neglected

Illnesses, absences, leaving profession → Anger, decline of patience, blame
The Trajectory of Compassion Fatigue

Committed, excited, willing, enthusiastic → Increase of mistakes, poor communication, distancing → Exhausted, increase of complaints, relationships neglected

Suicide

Illnesses, absences, leaving profession → Anger, decline of patience, blame
Laboratory Animal Professionals (LAPs)
Causes of Compassion Fatigue for LAPs

- Working with animals within the research field
- Induction of disease in research animals
- Helping or wanting to help animals in distress
- Large animal numbers
- Unsuccessful outcomes
- High levels of responsibility
- Strict rules and regulations
- Long hours and isolation
- Negative press

- Animals will ultimately be euthanized
Administrative Support Staff
Causes for Administrative Support Staff

- Program size and complexity
- Large animal numbers
- Protocol and grant congruency reviews
- Post-Approval Monitoring
- System failures
- Negative press
- **Animals will ultimately be euthanized**
Causes for All

• Human-animal bond
• Unable to talk about work
• Limited self-care strategies

“I had never been told that empathy is a finite resource. You can run out. As a normal, psychological response, you cannot give of yourself again and again and again without replenishing.”

Emmett Fitzgerald
Director, CBR Project
How it Affects the Workplace

- Decreased compassion
- Increase in errors
- Low quality of care
- Loss of productivity
- Low morale
- Poor attendance
- High turnover
- Leaving profession

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.” Rachel Naomi Remen, Author
It Affects the Entire System

- Principal investigators and researchers
- Lab staff, student helpers, and volunteers
- Veterinary staff
- Husbandry, animal caregivers, vivarium managers
- IACUC, AUTS, OH&S, EH&S, animal purchasing
- Building management
- Facility services
- Custodial services
- Organizational compassion fatigue
Summary

- Beyond knowledge and skill, empathetic and caring personnel provide humane and respectful care.
- Emotionally supported individuals who are caring and respectful toward animals are best suited to promote and provide an enriching experience for animals.
- Compassionate animal care is a pillar of good science.
Acknowledgements

With many thanks to Dr. Eva Corey, Dr. Colm Morrissey, Dr. Robert Vessella and the Department of Urology at the University of Washington.

The support of the committee members of *Dare 2 Care: Compassion in Science* and J. Preston Van Hooser.

Finally, for AALAS’s gracious hosting.
Understanding and Recognizing Compassion Fatigue Symptoms

Elizabeth Clemmons, DVM, DACLAM
Our compassion fatigue program

- **Progress**
  - Enthusiastic and diverse committee
  - Developed a name and logo
  - Needs assessment performed (Anneke Keizer)
  - Resources added to our library
  - Employee onboarding/orientation
  - Discussions throughout the institution
  - Creation of “quiet rooms” in progress

- **Pitfalls**
  - Everyone has a full-time job already
  - Some staff unsure about the program
  - Difficult to prioritize ideas
The “cost of caring”

- The field of psychotraumatology is young
- PTSD concept introduced in DSM-III (1980)
- DSM-V (2013) includes both direct and indirect causes
- Secondary traumatic stress disorder/syndrome (STSD) concept is under development
- STSD symptoms are similar to PTSD:
  - Re-experiencing, Vigilance, Memory avoidance, Numbing
- Most favored term for STSD in caregivers is compassion fatigue
- “Occupationally related stress response syndrome”*

*Courtois and Ford, 2009
Not a disease but rather a set of symptoms

TABLE 1.2
Examples of Compassion Fatigue Burnout Symptoms

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Emotional</th>
<th>Behavioral</th>
<th>Spiritual</th>
<th>Personal Relations</th>
<th>Somatic</th>
<th>Work Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowered concentration</td>
<td>Powerlessness</td>
<td>Inpatient</td>
<td>Questioning the</td>
<td>Withdrawal</td>
<td>Shock</td>
<td>Low morale</td>
</tr>
<tr>
<td>Decreased self-esteem</td>
<td>Anxiety</td>
<td>Irritable</td>
<td>meaning of life</td>
<td>Decreased interest</td>
<td>Sweating</td>
<td>Low motivation</td>
</tr>
<tr>
<td>Apathy</td>
<td>Anger/rage</td>
<td>Withdrawn</td>
<td>Loss of purpose</td>
<td>in intimacy or sex</td>
<td>Rapid heartbeat</td>
<td>Avoiding tasks</td>
</tr>
<tr>
<td>Rigidty</td>
<td>Survivor guilt</td>
<td>Moody</td>
<td>Lack of self-</td>
<td>Mistrust</td>
<td>Breathing</td>
<td>Obsession about</td>
</tr>
<tr>
<td>Disorientation</td>
<td>Numbness</td>
<td>Regression</td>
<td>satisfaction</td>
<td>Isolation from</td>
<td>headaches</td>
<td>details</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>Fear</td>
<td>Sleep disturbance</td>
<td>hopelessness</td>
<td>others</td>
<td>Aches and pains</td>
<td>Apathy</td>
</tr>
<tr>
<td>Minimization</td>
<td>Helplessness</td>
<td>Nightmares</td>
<td>Anger at God</td>
<td>Overprotection as</td>
<td>Dizziness</td>
<td>Negativity</td>
</tr>
<tr>
<td>Preoccupation</td>
<td>Sadness</td>
<td>Appetite changes</td>
<td>Questioning of</td>
<td>a parent</td>
<td>Increased</td>
<td>Lack of</td>
</tr>
<tr>
<td>with trauma</td>
<td>Depression</td>
<td>Hypervigilance</td>
<td>prior religious</td>
<td>Projection of</td>
<td>number and</td>
<td>appreciation</td>
</tr>
<tr>
<td>Thoughts of self-</td>
<td>Emotional</td>
<td>Elevated startle</td>
<td>beliefs</td>
<td>anger or blame</td>
<td>intensity of</td>
<td>Detachment</td>
</tr>
<tr>
<td>harm or harm to others</td>
<td>roller coaster</td>
<td>response</td>
<td>Loss of faith in</td>
<td>Intolerance</td>
<td>medical maladies</td>
<td>Poor work</td>
</tr>
<tr>
<td></td>
<td>Depleted</td>
<td>Accident -</td>
<td>a higher power</td>
<td>Loneliness</td>
<td>Other somatic</td>
<td>commitments</td>
</tr>
<tr>
<td></td>
<td>Overly sensitive</td>
<td>proneness</td>
<td>Greater skepticism</td>
<td>Increased</td>
<td>complaints</td>
<td>Staff conflicts</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Losing things</td>
<td>about religion</td>
<td>interpersonal</td>
<td>Impaired</td>
<td>Absenteeism</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>conflicts</td>
<td>immune system</td>
<td>Exhaustion</td>
</tr>
</tbody>
</table>

Figley, Treating Compassion Fatigue, 2002
Many professionals “originally felt a strong pull to help alleviate suffering and illness in animals…

…but many of these same people have become disillusioned.

They are disappointed by the difference between what their dream was and the reality of the work that confronts them daily.”
Four Phases of Career Evolution

- Phase 1 Honeymoon
- Phase 2 Depression
- Phase 3 Anger
- Phase 4 Resilience

Doug Fakkema (referenced in Smith, To Weep for a Stranger, 2009)
Phase 1 (Honeymoon)

- Red hot and raring to go, we are out to change the world. We are high on life. We know we can make a difference.

- Our enthusiasm overflows, our capacity for challenges is limitless.

- We think we understand the problem and we know we can fix it if only people would get out of our way.
Phase 2 (Depression)

- Our enthusiasm has turned sour.
- We’ve lost the boundless energy.
- We no longer wish to talk about work — don’t even want to admit where we work.
- We seem powerless to affect change.
- Somehow we’re to blame for our failure.
- Our wall of isolation gets thicker.
- Every now and then we get a spark of Phase 1 energy.
Phase 3 (Anger)

- Our Phase 2 depression has turned outward and we’re mad as hell.
- Hopelessness turns to rage.
- Everyone is a target for our anger and derision.
- We have lost our perspective and our effectiveness.
- We’re unable to connect with life.
- Even the animals we come in contact with seem somehow distant and unreal.
Phase 4 (Resilience)

- New determination and understanding of what our mission really is
- It is big picture time.
- We realize that we have been effective — we have made a difference.
- We realize that work is not our whole world.
- We reconnect with the animals.
- We understand that sadness and pain are a part of our job.
- We are, little by little, changing the world.
# Survival Strategies

<table>
<thead>
<tr>
<th>Must…</th>
<th>Strategy</th>
<th>Adaptive Response</th>
<th>Maladaptive Response</th>
<th>Trauma Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>save others</td>
<td>Rescuing</td>
<td>Empathy, nurturing, ↑oxytocin</td>
<td>Resentment, burden, symp/parasymp arousal</td>
<td>Survivor guilt</td>
</tr>
<tr>
<td>be saved by others</td>
<td>Attaching</td>
<td>Reaching out, ↑opioids</td>
<td>Clinging, ↓opioids</td>
<td>Cast out</td>
</tr>
<tr>
<td>achieve goal</td>
<td>Asserting</td>
<td>Strength, control, ↓cortisol</td>
<td>Frustration, failure, ↑blood pressure</td>
<td>Burn out</td>
</tr>
<tr>
<td>surrender goal</td>
<td>Adapting</td>
<td>Hope, acceptance, ↑cortisol</td>
<td>Helplessness, despair, ↑cortisol</td>
<td>Vulnerability</td>
</tr>
<tr>
<td>remove danger</td>
<td>Fighting</td>
<td>Frighten, deterrence, ↑sympathetic arousal</td>
<td>Hatred, persecution, ↑↑sympathetic arousal</td>
<td>Horror, murder</td>
</tr>
<tr>
<td>remove oneself from danger</td>
<td>Fleeing</td>
<td>Hiding, escape, symp/parasymp arousal</td>
<td>Paranoia, panic, norepinephrine depletion</td>
<td>Inescapable shock</td>
</tr>
<tr>
<td>obtain scarce essentials</td>
<td>Competing</td>
<td>Winning, dominance, ↑testosterone</td>
<td>Defeat, envy, greed, ↓testosterone</td>
<td>Marginalization</td>
</tr>
<tr>
<td>create more essentials</td>
<td>Cooperating</td>
<td>Generosity, creativity, ↑opiates</td>
<td>Exploited, robbed, ↓opiates</td>
<td>Alienation</td>
</tr>
</tbody>
</table>

Individual Symptoms

- Mental
  - Mentally exhausted and tired
  - Apathy
  - Difficulty concentrating
  - Nightmares and flashbacks
  - Bottled up emotions
  - Preoccupied
  - Feeling hopeless
  - Feeling immune to the suffering of others
  - In denial about problems
  - Violent thoughts
Individual Symptoms

- Physical
  - Physically exhausted, tired
  - Insomnia
  - Chronic physical ailments
  - Substance abuse
  - Compulsive behaviors (overspending, overeating, gambling, sexual addictions)
- Poor self-care
Individual Symptoms

- Social
  - Excessive blaming
  - Isolation from others
  - Receives unusual amount of complaints from others
  - Voices excessive complaints about administrative functions
  - Legal problems, indebtedness
Institutional Symptoms

- Absenteeism
- Changes in relationships
- Poor teamwork
- Rule breaking
- Aggressive outbreaks
- Inability to complete tasks
- Lack of flexibility
- Negativity towards management
- Reluctance to change
- Pessimism
- Lack of a vision
Symptoms of Compassion Satisfaction

- The pleasure you derive from being able to do your work
  - Feeling positive about your colleagues and those you care for
  - A feeling of contributing to the work setting or the greater good
- Look forward to going to work
- Work-life balance
- Self-care

https://www.nc3rs.org.uk/3rs-resources
Summary

- Compassion Fatigue is a concept still under development.
- It is not a disease, but a set of symptoms that may occur as a natural consequence of caregiving.

- Individual Symptoms
  - Mental
  - Physical
  - Social

- Institutional Symptoms

- Compassion satisfaction - the pleasure you derive from being able to do your work
References

- Smith R. To Weep for a Stranger: Compassion Fatigue in Caregiving. 2009.

Acknowledgements

Assessing Oneself for Compassion Fatigue and Treating it in the Workplace

Andreanna Pavan
RVT, BS, MPH
My Background
Biomedical Research, A Unique Setting
Biomedical Research, A Unique Setting

What we actually do

What the Public Thinks we do
Compassion Satisfaction
• Compassion Fatigue Self Test (CFST)
• Compassion Satisfaction Fatigue Test
• Compassion Fatigue Scale
• Professional Quality of Life Scale (ProQOL)
• Secondary Traumatic Stress Scale (STSS)
• Impact of Even Scale (IES/IES-R)
• Trauma and Attachment Belief Scale (TABS)
• World Assumptions Scale (WAS)
Professional Quality of Life Scale (ProQOL)

- Created by Dr. Henry Stamm, Craig Higson-Smith, Amy Hudnall, Dr. Neill F. Piland, and Dr. Beth Hudnall Stamm
- Measures Compassion Satisfaction and Compassion Fatigue (Burnout + Secondary Traumatic Stress)
- Provides a final score and a description of what that score means

Professional Quality of Life Scale (ProQOL)

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.

Compassion Satisfaction
Compassion Fatigue
If your Compassion Fatigue Scores are high

• Reflect about what at work makes you feel like you are not effective
• Take some time off
• Examine how you feel about your work and the work environment
• Cause for concern? Ask for help!
Professional Quality of Life Scale (ProQOL)

Not a Medical Test!
Addressing Compassion Fatigue at ULAR

OSU Wellness Model

- Career
- Creative
- Emotional
- Environmental
- Financial
- Intellectual
- Physical
- Social
- Spiritual
Utilize Institution’s Resources

- Free
- Self Help Tools
- 5 Complimentary Counseling Sessions
- Health Coaching
- Buckeye Wellness Innovators

YOUR PLAN FOR HEALTH (YP4H) AND THE OHIO STATE EMPLOYEE ASSISTANCE PROGRAM (EAP)

https://yp4h.osu.edu/
In House Survey

Survey

Assess Staff Awareness

Gauge Knowledge of Resource

Determine Staff Needs
Employee Recommendations

**Work Environment**
- Trust
- Open discussion
- Free expression
- Trained help

**New Experiences**
- Job rotation
- Interaction with other staff members

**Positive Feedback**
- ULAR’s impact
- Increase staff appreciation
- Leadership support
What Have We Done with the Survey Results?
Zumba & Yoga
Meditation
Bake-Offs
WWAG Program
Sentinel Superstar
Community Outreach
Group Health Coaching

• Meal Prep for Success

• Relax to Recharge

https://osuhealthplan.com/members/personal-health-coaching
Program Pitfalls

- Scheduling
- Participation
- Finding the time
Progress:

• Committee formed
• Study endpoint notifications
• Improved breakroom environments
• Reflections, Seminar Series
• Someone to talk to
• The Box Project
• Budget (public donation site)
• Outreach efforts
• Acknowledgements
• D2C website https://sites.uw.edu/d2c

Pitfalls:

• Limited resources
  o $ 
  o FTEs
  o Member volunteers
  o Running on empty
• Raising awareness (not absolutely defined yet; no metrics, ROI)
• Limited training modules
• WE don’t realize we are the experts to help each other
Future Plans

• More surveys
• Grant submission
• Including more participants
• Volunteer Opportunities
• And much more!
Additional Resources For Treating at Work
Wellbeing
Health and wellbeing is an essential component to thriving individuals and practices. It’s critical that we take steps to care for our own emotional and mental health. Get started with our self-assessment tool, and then use the following resources to begin nurturing your emotional wellbeing.

TAKE THE SELF ASSESSMENT

WORK & COMPASSION FATIGUE
STRESS MANAGEMENT
FINANCIAL WELLBEING
WORK-LIFE BALANCE
PHYSICAL HEALTH
LEARN ABOUT SELF-CARE
SET UP A WELLBEING PROGRAM
GET HELP
Acknowledgements

ULAR Staff and Leadership!
My own background
Trust Index
A World of Distrust

Average trust in institutions, general population, 2017 vs. 2018

Global Trust Index remains at distruster level

20 of 28 countries are distrusters, up 1 from 2017

Source: 2018 Edelman Trust Barometer. The Trust Index is an average of a country’s trust in the institutions of government, business, media and NGOs. General population, 28-country global total.
Animal Research

Perceived Moral Acceptability of Medical Testing on Animals, by Age

% Morally acceptable

- 18 to 34
- 35 to 54
- 55 and older

Trend based on annual Gallup Values and Beliefs poll, conducted each May

GALLUP®
We have to start telling our stories
Compelling Stories

- Create a narrative, be human
- A story needs to be short
- Have a beginning, middle and end
  - E.g. background, problem statement and outcome.
- You need to tell people that part of your role is to ensure the ethical treatment of animals in research
- We need to do this a lot!
Start with Your Personal Role

- I work for XYZ our mission is ..... 
- My job is to do ..... 
- My work is important because .....
Tips for being compelling

- Be human
- You are an expert. Establish your authority.
- Use short concise sentences.
- Use emotional links.
- Science is good! Animal research works.
- Make eye contact, smile.
- Use humor (but …)
- Be kind
- Do not be defensive
- Don’t throw anyone else under the bus.
- Once you say your thing – listen.
- Don’t argue!!!
Leveraging social media for real impact

Ken Gordon
Executive Director Northwest Association for Biomedical Research
Seattle, Washington

The NWABR works to promote the public's trust in biomedical research. My role at NWABR is to advocate for ethically conducted biomedical research in the Pacific Northwest and to also ensure that people working in research has access to the information that they need to conduct their research ethically. I do this work because of the vital importance of biomedical developments for all animals and humans.
Tips for Social Media

- Power in numbers
- Focus everything on what is being achieved
- Talk about what you are proud about
- Have stock photos that can be used
- 1:4 ratio of your own vs shared content ([https://twitter.com/tonyapalermo?lang=en](https://twitter.com/tonyapalermo?lang=en))
- Facebook for personal, LinkedIn and Twitter for work
- Don’t engage with Trolls – hide, block, ban and report.
- Monitor yourself (Hootsuite, TweetReach, Buzzsumo)
Exploring ideas and strategies for establishing CF awareness at a national level......
It is better to have a Compassion Fatigue Program and not need it –

.......than to need a Compassion Fatigue Program and not have it.

~ Anthony Gray, 2017
References

• Ayl K. When Helping Hurts: Compassion Fatigue in the Veterinary Profession. AAHA Press. 2013.
• Smith R. To Weep for a Stranger: Compassion Fatigue in Caregiving. 2009.