

Identifying and Addressing Compassion Fatigue Within TANF Programs



A Guide for Staff

Acknowledgement

This publication was made possible through support from Prime Contract Number HHSP233201500111I through funds from the Temporary Assistance for Needy Families (TANF) Peer-Based Training and Technical Assistance contract with the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Family Assistance (OFA) (2022). Special acknowledgement to the TANF administrators, staff and other professionals who shared their experiences to inform the development of this brief.

Contributors include: Gerrie Cotter, Project Manger, Ohio Department of Job and Family Services' Office of Workforce Development, which gets much of its support through TANF funds. Anna Tekippe, who is a clinician for the Center for Work Education and Employment in Denver CO. She worked directly with TANF participants and has contributed her expertise in secondary trauma for TANF directors. And Santa Molina-Marshall is a psychotherapist with 20 years of experience assisting trauma survivors and is a national and international speaker on women, trauma, mindfulness, compassion fatigue, neurobiology of trauma, and other topics. A special thank you to Mr. James Butler, the Contracting Officer's Representative (COR) for the PeerTA contract, the entire Self-Sufficiency Branch at OFA for direction and guidance on this brief, and staff from Manhattan Strategy Group (MSG) Mary Roberto and Helga Luest, and MEF Associates Valerie Benson and Jayla Hart, who researched, wrote, edited, and designed this brief.

Learn More About PeerTA

PeerTA provides evidence-informed training and technical assistance to state, local and tribal TANF programs and their partners. PeerTA also facilitates the sharing of timely and practical information on innovative practices, emerging challenges and opportunities, and application of lessons learned to the broader TANF field. To learn more about the PeerTA network and the available resources, publications, and tools, please visit: <https://peerta.acf.hhs.gov/>. To make a request for technical assistance, please visit: <https://peerta.acf.hhs.gov/technical-assistance>.





Compassion Fatigue

Working in the human services field and with individuals receiving Temporary Assistance for Needy Families (TANF) can be incredibly satisfying for staff. It is gratifying to assist individuals and families in need build a better life and future for themselves and for generations to come, but it can take a toll. Staff who are repeatedly exposed to the trauma of others in this work are at risk of developing Compassion Fatigue (CF).

Research indicates that CF is made up of two main components: burnout and secondary traumatic stress.¹ Those experiencing burnout often feel like no matter what they do, they are not effective or are a failure. Signs of secondary traumatic stress, a more severe symptom of CF, presents as becoming wary of situations and a feeling that others' trauma is yours.

Compassion – A Finite Resource

Staff who support families through the TANF program recognize compassion as a key and essential resource when working with clients. These unprecedented times remind us that compassion can be a finite resource.

Therefore, it is important that TANF staff learn how to recognize and respond to the symptoms of CF so they can prevent further development of symptoms and the possibility of those symptoms worsening and impacting family and life.

In the process of overcoming personal adversity, we learn traits and helpful skills that build compassion for others and those we engage with and assist in human services settings. Managing the symptoms of accumulating CF is vital not only for work productivity and client rapport, but also for personal well-being and feeling a sense of satisfaction in our work. Protecting the personal assets that TANF staff bring to the work, such as empathy and compassion, is a critical for them to effectively facilitate client assessments, guide individuals to appropriate resources, monitor employment and self-sufficiency plans, and celebrate success. Several strategies mitigate the effects of fatigue, including connecting with colleagues, talking with supervisors, and incorporating self-care into daily routines.



The Cost of Care

TANF service providers play a pivotal role in making a difference in the lives of individuals and their families. They often put the needs of others before their own. Particularly for client-facing or frontline service providers, there is also exposure to a wide range of client experiences, including various forms of trauma such as homelessness, domestic violence, and poverty – and more recently, a global pandemic, natural disasters, political unrest, and increased racial tensions.

Research shows that this capacity for empathy – that is, the ability to relate to and support others – is strongly linked to improved client outcomes across human service settings.² Still, empathy can place a heavy toll on service providers and their families. Some call this fatigue the “cost of care.”

Further, the traditional and natural challenges of human services work, such as high caseloads, have been further exacerbated by the COVID-19 pandemic. On top of typical responsibilities, service providers may be managing additional stressors that arise from shifts to remote or hybrid work and virtual client engagement. These challenges, coupled with work-related trauma exposure, can lessen the ability to empathize and connect with clients and lead to compassion fatigue.



Empathy is a finite resource: the more time we spend caring for others, the less we have for ourselves and our families. Researchers examining the trade-offs associated with showing empathy at work and at home found that people who reported taking “time to listen to coworkers’ problems and worries” and helping “others who have heavy workloads” felt less able to connect with their families at the end of the day.³ Research also shows that empathy in human service settings involves much higher emotional demands relative to other occupational settings.⁴



Compassion fatigue is a natural outcome of human services work that can impact staff at all levels of an organization.

As Anna Tekippe, a clinician at the Center for Work Education and Employment, explains:

“if our work is to be impactful, we will be impacted.”



Recognizing Symptoms

The ways in which CF symptoms manifest vary by person, and understanding the contributing factors is often a personal journey.⁵

Symptoms can manifest in different ways, including negative impact on job performance, personal behavior, job satisfaction, and most of all, a sense of numbness, distancing, and difficulty providing an appropriate level of care to TANF clients and others.

Additionally, experiences and triggers of compassion fatigue can depend on a person's background and life experiences. Characteristics such as racial identity, gender expression, sexual orientation, trauma history, and socioeconomic status can interact in unique ways that influence how client experiences are perceived, and even how compassion fatigue is expressed. Common signs and symptoms of compassion fatigue:

- Secretive self-medication/addiction (alcohol, drugs, work, sex, food, gambling, etc.)
- Having disturbing interactions with clients intrude into thoughts and dreams
- Perceiving the resources and supports available for work as chronically outweighed by the demands

Assess your Symptoms

Compassion fatigue is detectable. TANF staff interested in deepening their knowledge of their personal symptoms are encouraged to integrate assessments into their routines and workflows.

[Compassion Satisfaction/Fatigue Self-Test for Helpers](#)

[Professional Quality of Life Measure](#)

- Becoming demoralized and questioning one's professional competencies
- Becoming pessimistic, cynical, irritable, and prone to anger

Increasing the self-awareness in TANF staff about the parallels between their own life experiences and their clients can help develop a greater understanding of the emotional demands of their work and how it may affect their overall well-being. This understanding places TANF staff in a better position to recognize the early signs of CF.



Marcia is a survivor of domestic violence and is employed as a TANF case manager in a large county in California. Because Marcia understands the intersection between poverty and domestic violence and is effective in her trauma-informed approach with her clients, her entire caseload is made up of individuals who are survivors like she is. Marcia recently began waking up in the middle of the night and is unable to go back to sleep, which is impacting her ability to get to work on time and perform her job. She remembered an in-service meeting she was in with colleagues recently and a discussion about the parallels between staff's lived experiences and those of their clients and the impact that can have. She approached her supervisor and explained that she's having trouble sleeping because she is thinking about her clients' safety and well-being, worried that some of them might be experiencing violence like what she has experienced. Marcia and her supervisor discussed several ways for Marcia to get the support she needs. One of the first steps they are going to take is to diversify her caseload so she is serving individuals with a range of needs and experiences, not just individuals with trauma histories.



Compassion Satisfaction

What is Compassion Satisfaction?

Compassion satisfaction is the sense of fulfillment and other positive feelings one has about the work they do based on feelings of hope, strength, and resilience. In the TANF context, this fulfillment comes from helping individuals and families move from public assistance to economic independence.

Reconnecting, Recharging, and Re-engaging.

There is no one-size-fits-all model for CF, but several studies show that reconnecting to meaning in work can mitigate the effects of compassion fatigue.⁶ The opportunity to help others – to be empathic – is what draws many TANF service providers to this life-changing work. Reconnecting with the sense of purpose that brought staff to the work in the first place, coupled with strategies to manage feelings of distress, can help alleviate CF.⁷

Reconnect to meaning by sharing experiences and reflections with colleagues and other trusted supports.

CF can be an expected aspect of impactful human services work. However, some may be reluctant to

share their experience with CF with others, especially if a culture of vulnerability and transparency is not present in their work environment.⁸ However, talking with a colleague to share challenges, seek advice, or simply connect with one another can help prevent feelings of distress from becoming overwhelming. Holding space to do so also provides an opportunity to reflect on, and reconnect with, the motivation and meaning of this work with others while also fostering a culture that normalizes CF.

Talk with your supervisor.

TANF service providers should talk with their supervisor if they are experiencing CF. Starting this conversation can be difficult for some, but there are some steps that can help to prepare for a supportive and productive meeting with a supervisor:

- Explore your comfort level.
- Find the right time.
- Meet with a trusted colleague, friend, or relative to collect and organize your thoughts and feelings before talking with your supervisor.
- Write down specific cases or clients whose trauma adversely impacts you before the meeting. List out symptoms, duration, and intensity.
- Communicate how risk factors, like excessive caseloads, long work hours, and limited resources, have a direct impact and collaborate to determine specific alternatives that are more supportive.

CF can affect staff at all levels of an organization, including managerial and executive leadership. Acknowledging and normalizing the reality of CF is not only important to alleviate symptoms, but also to build a healthy, trustful working relationship across an organization.

What You Can Do!

- Create a Facebook group.
- Join an in-person group.
- Facilitate weekly or monthly compassion coffee talks.
- Become a compassion companion.
- Develop an “I believe” board for clients and for yourself. Include how you believe you can succeed and let clients write down how they believe they can succeed.
- “Just like me” conversation starters at meetings. For example, “my client Sue has two young children who are struggling, just like me.”



Practice self-care.

Good self-care means developing a routine that includes adequate sleep, physical activity, eating well, relaxation, and social connection. Despite the benefits of self-care practices on well-being, it can be challenging to incorporate practices into daily routines. Even small doses of positive emotion throughout the day help replenish the energy needed to help others.⁹ Spending time each morning to do a quick check-in with yourself on the kind of physical and emotional support you need that day can also help reduce stress.

Remember, CF is more than only practicing self-care. Working through CF can be easier when staff and management work together to create a culture of care. A caring network can include trusted colleagues, relatives, and mentors who provide support both in and out of the office. In cultivating safe, compassionate professional and personal environments, staff are in a better position to continue providing impactful services without forsaking their well-being.

Compassion Resource Station

The Resource Link	The Reason
<u>Compassion Fatigue Awareness Project</u>	High levels of compassion fatigue can be managed with several authentic, sustainable strategies. This site has numerous resources for caregivers working in many professions. The Compassion Fatigue Awareness Project also offers original training materials, workbooks, and texts.
<u>Understanding Compassion Fatigue Within TANF Programs: A Guide for Managers</u>	TANF administrators play a central role in cultivating an organizational culture that promotes awareness about compassion fatigue and its risk factors. This brief provides strategies for strengthening organizational knowledge about compassion fatigue.
<u>Thrive Global</u>	Includes cutting-edge behavior change technology and tools that will help people live and work with less stress, more productivity, and greater well-being.
<u>Compassion Resilience Toolkit</u>	The content of this toolkit has been strongly informed by research and best practices related to resilience, positive psychology, compassion fatigue, organizational psychology, and mindfulness.
<u>Self-Care Toolkit</u>	This toolkit, developed by psychologist Shawn Goldberg, provides simple ways to reduce tension and guides readers through ways to decrease their vulnerability to compassion fatigue.
<u>Your Healthiest Self: Wellness Toolkits</u>	The National Institutes of Health offers a collection of toolkits to help support overall well-being.

End Notes

- ¹ Huggard, P., Stamm, B. H., & Pearlman, L. A. (2013). Physician stress: Compassion satisfaction, compassion fatigue and vicarious traumatization. In C. Figley, P. Huggard, & C. Rees (Eds.), *First do no self-harm: Understanding and promoting physician stress resilience*. Oxford University Press.
- ² King, S. H., Jr. (2011). The structure of empathy in social work practice. *Journal of Human Behavior in the Social Environment*, 21(6), 679–695.
- ³ Halbesleben, J. R., Harvey, J., & Bolino, M. C. (2009). Too engaged? A conservation of resources view of the relationship between work engagement and work interference with family. *The Journal of Applied Psychology*, 94(6), 1452–1465. <https://doi.org/10.1037/a0017595>
- ⁴ Lamber, E. G., Altheimer, I., & Hogan, N. L. (2010). Exploring the relationship between social support and job burnout among correctional staff. *Criminal Justice and Behavior*, 37(11), 1217–1236.
- Larson, E. B., & Yao, X. (2005). Clinical empathy as emotional labor in the patient-physician relationship. *JAMA*, 293(9), 1100–1106.
- ⁵ Manhattan Strategy Group & MEF Associates (Hosts). (in press). *Identifying and addressing compassion fatigue in TANF agencies* [Audio podcast].
- ⁶ Ekman, E., & Halpern, J. (2015). Professional distress and meaning in health care: Why professional empathy can help. *Social Work in Health Care*, 54(7), 633–650.
- ⁷ Ibid.
- ⁸ Ibid.
- ⁹ Showalter, S. E. (2010). Compassion fatigue: What is it? Why does it matter? Recognizing the symptoms, acknowledging the impact, developing the tools to prevent compassion fatigue, and strengthen the professional already suffering from the effects. *American Journal of Hospice and Palliative Medicine*[®], 27(4), 239–242. <https://doi.org/10.1177/1049909109354096>