



PEERTA
COMBATTING COMPASSION FATIGUE PODCAST TRANSCRIPTION
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Bright: Hello, and welcome to the "PeerTA Podcast." My name is Bright Sarfo, and I'm a member of the PeerTA team where we facilitate information sharing across state and local agencies, implementing TANF and other programs to provide technical assistance, facilitate dialogue, and help programs learn about effective strategies to support families. I'll be your host for this podcast. And in this episode, we'll be discussing a key and essential resource that TANF agency staff use across the country when working with clients. And that resource is compassion.

Compassion can be defined as feeling for others who are in pain with warmth, empathic concern, and capacity to understand their perspective and intentions. Compassion can be necessary in human service settings to effectively engage clients, understand the context surrounding their journey and personal goals, and to accurately identify appropriate supportive services. But if we consider compassion as a finite resource, what happens if it runs out?

In this episode, we'll be discussing a condition called compassion fatigue which experts have defined as a combination of physical, emotional, and spiritual depletion associated with caring for those in significant pain. Based on this definition, TANF staff and administrators can be especially at risk for compassion fatigue as they provide one-on-one support to individuals that may be experiencing crisis, trauma, or economic challenges causing emotional distress.

Today, we'll be joined by three guests. You'll hear from Anna Tekippe who is a clinician at a workforce development organization in Denver, Colorado called the Center for Work Education and Employment. She works specifically with community partners to provide support and responding to trauma. She has over 20 years of experience working with survivors of trauma, with much of that time focused specifically with TANF recipients. We also spoke to Santa Molina-Marshall who has been working with survivors of sexual assault and domestic violence through her private practice for over 20 years. She has worked with

organizations that address violence and trauma, and has hosted webinars on preventing compassion fatigue. We also spoke to Gerrie Cotter, a project manager for the Ohio Department of Job & Family Services. She works for the Office of Workforce Development and runs the Comprehensive Case Management and Employment Program, or CCMEP.

Our guests will share what compassion fatigue is, the risks surrounding it, and what TANF agencies and staff can do about it. So to start off, we asked our guests to tell us what exactly is compassion fatigue. First, we'll hear from Anna.

Anna: My name is Anna Tekippe, and I am the clinician at the Center for Work Education and Employment. I really think of compassion fatigue as being the stress or suffering hardship that we experience as a result of serving in a helping capacity. The most important thing, I think, to pull out of compassion fatigue is that it is a natural outcome of knowing about trauma and being exposed to trauma. So if you really have analysis where we think of poverty and financial stress as being a form of trauma, of traumatic stress, then when we're working in TANF, and we're working into private organizations, and we're exposed to that trauma, it is a natural outcome because the impact that it has on us is expected and natural. But it is the stress that we start to feel in a number of ways in response to our helping work. Our work is impactful. You will be impacted.

Bright: We heard a similar description from Santa Molina-Marshall.

Santa: My name is Santa Molina-Marshall. And I have been in the field of mental health for about 30 years now. Compassion fatigue is the experience that we have when we are overexposed in having to provide compassionate services, be it at an employer or in our own personal life.

I would say that the very first sign is feeling like you're vehicle running out of gas, feeling like you just don't have enough energy, having limited opportunities or exposures to anything other than what has to be done. And I said limiting opportunities and exposures, and really what I mean is lack of desire. So the opportunities are there, but when you begin to have a lack of desire, just losing interest of things that you ordinarily do because you're running out of gas, and your body knows that and your body starts to preserve whatever little bit is there.

Bright: Sometimes compassion fatigue can get lumped in with other conditions associated with the helping professions such as burnout, secondary trauma, or vicarious trauma. So we asked our guests if there was a distinction between these concepts, and if so, how do they relate to one another? Anna offered some insight into these differences.

Anna: So hard. They're cousins, right? Or siblings, maybe. They're all in the same family, and where one begins and the other ends can be really hard to distinguish. I think when we think about compassion fatigue, we're talking really about that expected natural, relatively low-level constellation of responses and behaviors.

When we talk about vicarious trauma, we're moving into kind of more of a clinical subset where people might actually start experiencing symptoms similar to post-traumatic stress disorder, or experience post-traumatic stress disorder itself.

And I think burnout, I think, we could talk about in a lot of different ways. Burnout really becomes the inability to do the work, right? It's just a complete depletion. So we really wanna think about compassion fatigue as kind of this lower level indicator of the response that, again, you know, we don't wanna pathologize it. We wanna really think about it as a typical and expected response to the work. It's also how much is affecting your work. People who are experiencing compassion fatigue are able to still do their jobs, just not as fully and as richly and as effectively as we hoped. And that's where we start to see systems that are just turning the wheel of the machine, and ultimately risking causing harm to people they're trying to serve. Bright: Santa described similar distinctions between burnout and compassion fatigue, as well as vicarious trauma.

Santa: The burnout has nothing to do with compassion. You can get burned out, you know, making ice cream or whatever, I don't know. That's probably stressful too. But the burnout is more demand than there are resources. Now, these resources are outside resource, whereas when we talk about compassion fatigue, they're your internal. The tank inside is empty versus the tank outside, right? Which is what burnout is.

Burnout leaves an individual feeling perhaps frustrated, abused, done to. And you know what? And I can just pick up somewhere else where they have enough resources for me to do my task and recover very easily. Is the demand that creates the burnout. Whereas compassion fatigue, I am the resource. And when my resource is emptied out, then there's nothing left. Nothing left. I can't go to another place and say, "Oh, just give me more equipment." My ability to be compassionate is on very low, probably non-existent if it's pretty extreme.

Another big distinction is that in burnout, I still have a full life. I could still be happy, and joyful, and free, and, you know, have family and friends, and want to have joy. For compassion fatigue, it is hard to be with people we love and care about, and not have some sense of compassion.

Vicarious trauma resembles more compassion fatigue than burnout. Vicarious trauma is the experience that we have, again, when you work with...when you're in an environment where there are a lot of people with trauma. You vicariously, through the experience, through the witnessing, through the exposure, because you are being attentive and compassionate and caring, you now become traumatized yourself.

Bright: We also asked our guests to share some of the symptoms of compassion fatigue and why they matter. Anna offered some insight as she compares compassion fatigue to muscle fatigue.

Anna: I think an analogy that can feel helpful when we talk about expected fatigue is we can think about a runner. You know, a runner is gonna prepare to go for a run. They're gonna get the vitamins they need, the fuel that they need to do the work, to take the run, and they're gonna experience exhaustion after the run. They're not gonna ignore the muscle fatigue. They're not gonna ignore the exhaustion. They're gonna stretch. They're gonna take an ice bath. They're gonna take some ibuprofen. I don't know.

So we think about it as nothing that we wanna ignore. The whole goal is to attend to it and assess compassion fatigue as it's happening, as expected kind of doing the work, right? We ran the race. We're running the race every day probably. Right? And so how do we really attend to how it affects us? What are the strategies that we use? What are the resources that we provide to our staff in our organizations to heal...to be able to sustain the work so we can get up and go again the next day? Physically, you see impaired immune systems, chronic exhaustion, just the inability to kind of recover and heal as quickly as we might otherwise from illness or injury. You know, so this kind of sense of depletion and exhaustion physically. I think there's some behavioral responses to withdrawal, you know, inability to sleep, inability to kind of listen, deliberate avoidance. You know what I mean? We're thinking about how that impacts our relationship with our participants, with our consumers that we're trying to serve, as well as with each other, with our colleagues and our teams.

Bright: She goes on to tell us some of the emotional and cognitive effects of compassion fatigue.

Anna: So we might see some folks really kind of numbing out, losing their ability to empathize, sadness, feeling kind of helpless, especially when we're doing work that is tackling really, you know, big problems, or looking at the systems and legacies of financial stress and we're really try to tackle these big problems. But that emotional response can also be the activation piece, right? So cynicism and anger, sort of that guilt or the feeling that you just can never do enough, right? Like this kind of not being able to let it go.

Both [inaudible 00:10:28] the same person or we might be managing a team, which with some people move towards that withdrawal piece, and some people are overexerting and activated and unable to kind of withdraw from the work in a way that's helpful. Cognitively, we see lower concentration, apathy, can be a preoccupation with trauma.

Bright: Anna also talked about how compassion fatigue can diminish creativity in favor of compliance.

Anna: One thing that I really like to pull out when we're talking about some of the cognitive responses and compassion fatigue is diminished creativity. And we can see folks really moving into a focus on compliance over innovation. I think that

there are really so many ways that that kind of pull towards compliance or innovation can show up in the work.

Rules can create safety. And so when we're feeling exhausted and we're feeling overwhelmed, we can fall back on these kind of existing rules in the structure that exists. And so that rule can be, "Did you turn on your timesheet on time or not?" And in a place where we might be more innovative, we might have more energy, we might be able to think about, "How do I support people getting their timesheet to me? Do I provide reminders? What is the window we provide?"

When I'm feeling this pull towards compliance or rigidity, it's like, "Well, sorry, you didn't meet the limit, right? You didn't meet the deadline." We start focusing on deadlines. We start focusing on the numbers. And we lose sight of the real lived experience of both our participants, the consumers, and our team, and our staff, and we lose some of that ability to be nimble in our response and creative in how we support engagement.

And so when we think about the ways in which we're trying to support people in, you know, a bit of a system that has a compliance component already, how are we able to meet people where they are and provide really creative and innovative types of support when we ourselves are feeling that diminished creativity in that shift to compliance over innovation?

Bright: Similarly, Santa shared how those experiencing compassion fatigue may become more irritable and reactive towards clients.

Santa: Yeah. Well, we all have, all of us have a certain degree of capacity to have discernment, right? To be able to pull from our experiences, to be more available, more compassionate. I have the ability to bring in those what I call filters, which are just awarenesses that say, "You're here serving this person. This has nothing to do with your judgment and your memories or whatever." Right? I have the ability to assess that for myself, discern, and no matter what my beliefs or judgments are, to bring myself back to, "I'm here. This is a job. My job is simply to offer service." But if I'm tired, if I'm on empty, I have nothing else to give, I don't have as much of a ability to bring in that discernment, right? To set that boundary for myself. And so now, I'm more sensitive or I am more defensive, right? Because of let's protect what you feel, but more likely I will feel attacked.

Bright: We also asked our guests to talk about some of the risk factors for compassion fatigue. Anna provided some insight into how exposure to trauma can be a key risk factor.

Anna: People who are hearing specific stories about trauma will have a greater risk in expressing compassion fatigue. So we think about the different roles in our organizations and in our programs, the length of employment. So the longer we're doing the work, you know, it can be accumulative impact. And then this pull that is often part of our work specific to our roles, this need to kind of always...this

expectation that we're always empathetic, right? And the skills that we have built around being empathetic and expressing empathy also can make it harder for us to turn away from the work, to withdraw from the work in ways that are intentional and helpful, and help us to contain. And so that kind of need to be empathetic all the time, and this expectation that I need to always kind of be on, be this person that listens and has empathy can make us more vulnerable.

Bright: Santa talked about how compassion fatigue may lead to a response cycle of disconnection and escapism that does not effectively replenish energy.

Santa: Well, the isolation is just given that if I'm on empty, I'm gonna go home and hide out. But if you have compassion fatigue, you're ready to sleep, you're ready to self-medicate with food, with alcohol, drugs, sex, whatever, binge television, you're ready to escape. But I also am not refueling. So you're on empty. You don't even have the energy to go to the gas station and get filled up. And, you know, a TANF social worker, staff person of any case, case manager also has a life, right? So that means that they have their own experiences of challenges that are going out that are not about work. But guess where those end up, right? They end up taking fuel from the same empty tank. And so it gets exacerbated, right? So it's not just the impact that work is doing, it is the impact of the history, the impact of work, the history of that, and then also managing my own life, which probably has some challenges as we all have.

Bright: Santa talked about how reminders of any past trauma or struggles faced by human service staff can be triggered by clients.

Santa: A trigger is an experience that actually remind you of an experience. And that reminder comes in a lot of different ways. And what it reminds me of, specifically if we're using the word trigger, is something that was upsetting, hard to challenge, anxiety-provoking. I can be triggered by individual that comes in need, particularly when I'm already vulnerable and I'm reminded of the experiences that I may have had. And so I can get triggered by what you're asking me to do. If I have had experience of feeling disempowered most of my life, and I cannot assist a client who comes in asking for services or requesting, I may feel I'm tired, I have nothing to give, I feel helpless and hopeless. And that may remind me, right? So it triggers a memory. That may remind me of times in my life when I was hungry, and perilous, and etc., etc. It may also remind me of the times when I was judged for not having financial security, or for not working hard enough.

Bright: One of the possible contributing factors to compassion fatigue we were curious about was the COVID-19 pandemic and the subsequent changes it made to the way people engage with their peers and networks. Anna shared the complex ways in which COVID-19-related client challenges have exposed human service workers to more trauma.

Anna: I mean, one, people are experiencing a higher level of hardship writ large, right? People are experiencing increased trauma in their own lives, loss, and grief, and fear, and anxiety in their own lives. They're also experiencing that with people they serve who are experiencing increased loss, and grief, and stress, and worry, and financial hardship. And both have a new environment and an environment that has really, actually, highlighted and really brought home the discrepancies that already existed in our communities, right, prior to COVID and prior to the pandemic. There's like an increased exposure to increased stress. So there's just that piece of it.

Now, I think specifically about the isolation component or the shift to remote work. You know, so I think there's several layers to that. It's not being able to move away from my work by going to a break room for a cup of coffee and seeing somebody else. There is not this kind of, like, you know, sisterhood and brotherhood of shared experience and shared knowledge in the same way as tangible. I mean, I think many of us are working our best to have great meetings and connections over Zoom and over phone calls. And, you know, as we're really thinking about that kind of less formal peer support that happens in a work environment where you have shared workspace, the loss of that piece is there. And then I think the inability to leave work behind in the same way that we did if we went to the office, and then left the office. If we're doing the work in our living rooms, in our bedrooms, in our home offices, and maybe we're doing the work with our family right there and we're doing this...you know, there's this loss of kind of the boundaries and the separation from work both in terms of time management, we can now turn on the computer and do some emailing at midnight if we've... You know, this kind of inability to kind of be away from work in the same way has a huge impact.

Bright: Anna also talked about the loss of what she called coping systems as also being a COVID-related contributor to compassion fatigue.

Anna: We've seen less access to some of our usual coping systems, right? And so some of the things that we might have done to help mitigate our compassion fatigue weren't available to us. And that may be then be some of the peer support. That may be some of the, like, actual physical separation from work. And we just haven't had access to the social lives that we've had. We haven't had access to gyms. We haven't had... And so some of those low-hanging fruit, some of our support resources also haven't been available to us. And so I think we may start to see an increase in some of that compassion fatigue develop loss of support resources.

Bright: Next, we'll hear from Gerrie Cotter.

Gerrie: My name is Gerrie Cotter, I am the CCMEP project manager for the Ohio Department Job & Family Services, to Comprehensive Case Management and Employment Program.

Bright: Gerrie shared a perspective that appeared consistent with Anna's in her observation of her own staff.

Gerrie: You know, obviously, everybody has been a little bit more stressed out overall, and we're all experiencing stress related to the pandemic. But I think, especially when staff have been working remotely who hadn't been in the past, you know, suddenly, they were more remote. And I think, you know, what we heard, and certainly, I experienced myself, I hadn't worked remotely in the past either, is people feel, I think, more isolated than they had in the past. And they had more opportunities to sort of, like, you know, talk to their co-workers about things that were going on, or issues they may have been having, or even their supervisors, they could, you know, just pop by, and now everything is remote. So, you know, almost every interaction is a meeting. People are much less likely to just, you know, call somebody that's a co-worker, or supervisor, I think, and everything has to kind of be scheduled. So I think, yeah, that isolation, not really having that avenue to sort of, you know, get a release in talking to others immediately who are around you, that sort of went away during the pandemic.

Bright: Now that we heard how compassion fatigue can pose a threat to workers, particularly with the increased isolation spurred by the pandemic, what can agencies and organizations do about it? We asked Anna to tell us a little bit about how agencies can effectively assess compassion fatigue amongst their staff.

Anna: It's where we start, it's so important to think about assessment. How does our assessment support a culture and residual culture in which we, again, normalize and expect compassion fatigue? So I think there are two really concrete and tangible ways I like to talk about talking about assessment. One is that there's this wonderful tool called the Professional Quality of Life Scale. You can google the Professional Quality of Life Scale, and it has its own website. And it's a free tool. It's a tool that's been made free and it's very user-friendly. And it's a very quick assessment. Individuals can take the assessment and it will help kind of put them on a spectrum from compassion satisfaction to compassion fatigue. It's just a clue, right? It just gives us information about how we're doing. It has a very targeted assessment question. So I highly recommend that tool and thinking about ways to integrate that tool with a regular cadence into supervision.

Bright: We also talked about ways to address compassion fatigue. One initial step that our guests appear to agree on is the importance of acknowledging and normalizing compassion fatigue. First, we will hear from Anna who also acknowledges how it's important to think beyond client-facing staff alone.

Anna: We know that we say, "How are you doing?" Most people say fine, right? And that is especially true if we haven't really invested in creating a culture of vulnerability and transparency, and being able to share how we're really doing. So I like to really think about a couple of ways of asking about how people are doing that intend to also normalize the expectation that the work will impact us. So literally just saying, "How has the work been impacting you today? How has the work been impacting you this week?" You know, whatever your kind of check-in schedule and check-in cadence is with your team, asking about impact. Just asking about impact. This is information back when I used to do more intimate partner violence assessments, and we asked about behaviors not labeled, right? So what is the impact? We normalized it by using the word impact. That we expected to impact you.

Bright: Gerrie also agreed with the importance of building a space for discussion. Gerrie: I mean, if I had to pick one thing, I'd say talking about it and talking about it on a regular basis, and bringing it up as a valid topic of discussion. People don't wanna admit that they may have some kind of, you know, in their mind, weaknesses. Taking care of yourself is really important, and especially in the helping professions. I think sometimes, you know, folks have a tendency to take care of everybody else. And so I think the more you can talk about it, remind folks that, "Yeah, you need to take care of yourself too. And that's really important. If you can't take care yourself, you're not able to really take care of other people as well." But you really need to prioritize self-care.

Bright: Anna also offered some insight into what normalizing compassion fatigue as an expected part of the job could look like in human service settings.

Anna: The other thing I think can be really helpful is really thinking of a model of ramping up to the work, sustaining the work, and ramping down from the work. And again, that might be on a weekly check-in where we're really asking, "What are you doing? What is your weekend [inaudible 00:25:33] like? How are you preparing for that week? How are you preparing for the work? During the week, how do you plan to sustain the work? What are your plans?" Right? And these plans may be about time management, they may be about task management. But we need to not only be focusing on tasks, but also focusing on those resourcing behaviors, right? "I'm going to make sure I end my day by 5:00. I'm gonna pack my office up and put it in a bag. You know, I'm going to make sure I take a lunch break."

Bright: Now that we heard about the importance of normalizing compassion fatigue, what else can TANF agencies do to create safe spaces to effectively address compassion fatigue? Anna mentions the importance of creating trauma-informed spaces.

Anna: What the assumption of trauma means is that we have an awareness that trauma is in the world, that it's very common. And it's probably more common in our communities that we're serving, who are receiving TANF or public benefits because we know that financial stress can be traumatic, right? So it assumes trauma. And that means it assumes trauma exposure for our teams and for our staff. Now, this is really important that we... Two things here. When we're talking about the assumption of trauma, one thing it does is it frees us from having to know about specific trauma. This is a protective thing for our frontline staff. If we can assume that trauma is likely to be present in the lives of the people we serve and in the lives of our staff and teams and organizations, then we don't need to ask specific questions about it because we're going to have a trauma-informed response regardless.

We're going to maintain a space for curiosity about what might have happened to this person that's informing this behavior rather than what's wrong with this person that's informing this behavior, right? So there's a real shift. Now, we're gonna pull that shift from supervision too, not, "What's wrong with you, why can't you do the work," but, "What's happening to you as you do the work?" And so we're really creating that shift. And it hopefully creates this protective barrier, again, from not having to know about specific traumas and saying, "What really did happen to you?" But just being able to create the space for empathic curiosity to join people where they are.

The other really important trauma-informed approaches, I think, is really essential when we talk about an organizational response to compassion fatigue, or a culture that is going to normalize compassion fatigue, is that healing happens in relationship. And so our response about how we're supporting our teams and our staff is about, how do we create opportunity for relationship building? And that's when we really look at some of that messaging and the language we use, and how we assess, and how we check in with our teams and our staff.

Bright: Santa talked about creating actual physical spaces for staff to replenish.

Santa: I think that organizations can create space for their staff to have breaks or rest by having physical space in a particular room where the phone is not gonna ring, or you're not gonna hear a speaker, or clients can't come in that's comfortable. Where there may be coffee, tea, maybe even snacks, where there are coaches, where there's a spirit of heal, whatever that means for that organization, institution, or the spirit of healing. Maybe there's a television that has elevator music going on with beautiful scenes just all day. And people can go in there and say, "Let me just go into the room and sit for a minute and breathe." That room can be filled with all kinds of things like essential oils, and affirmation books, and reminders of the human race, and just things that motivate and uplift. Something that says we care

and we know that this work is triggering, right? That it's going to bring up a lot of experiences of just feeling depleted at times.

Bright: In addition to creating an environment that allows staff to replenish as a way of preventing compassion fatigue, there are also ways human service staff can effectively work with clients in ways that may reduce exposure to trauma. Gerrie described one example of this in relation to an assessment program providers implemented as part of their intake process.

Gerrie: So the prior assessment asked things like, you know, whether, you know, the client had experienced domestic abuse, whether their children had been abused. And so we're trying not to ask that specific question. So, you know, more like asking them, you know, "What's your housing situation? What's your family like?" You know, instead of asking those specific like, "Were you abused? Did you experience abuse?" Those kinds of very specific questions, I've gotten feedback, were not very helpful.

And so we definitely pare that down quite a bit and move to another assessment that's more focused on, I think, the future and goals so that there's less of a chance that it'll bring up some of those traumatic experiences and conversation. Not that we, you know, don't ever want clients talking about that, but we don't want to be promoting those conversations if they're not absolutely necessary.

Bright: Anna had some insight to share about how typical practices regarding assessment and intake forms can play a role in exposing human service staff to trauma.

Anna: I think when we think about the direct service practice or the kind of client-facing practices that might mitigate compassion fatigue for the helper and retraumatization for the client, right? And so it's such an important invitation to be looking at all of our assessment and intake forms and conversations and really strictly and critically examining, what do we need to know and why. When we start to hear about people's hardship, it activates us, it pulls us into wanting to help more. And that can often get confused with needing to know more. And finding really concrete ways to resist that kind of detective urge, this kind of, "Tell me everything."

And it's hard because we think of ourselves as safe and helpful and well-intended people. And that's where we're coming from but that's not always our impact. We know that there can be a large distance between intent and impact. And we need to have very critical eyes on our forms and our expectations, especially at intake when the trust is yet to be built, and the safety and the container have yet to be established, that we're not asking for information we don't need.

Bright: In addition to shifting the way they do assessments at CCEMP, Gerrie also described some of the methods they use to coach and support their clients to reduce exposure to trauma.

Gerrie: I think that the foundation of the coaching model is motivational interviewing. It's also about focusing on participant motivation and participant goals. So the participant, or I call them participants, so I know we've been talking about clients, but so the clients are really more in the driver's seat as far as, like, identifying their goals, and the case managers are more facilitators and helping the clients identify goals, and then supporting them in achieving those goals. So it also takes, I think, some of the feeling of responsibility for case managers and whether the client succeeds or doesn't succeed off them. It takes that weight off of them as well, which I think helps with compassion fatigue. And then because the client is in the driver's seat, you know, more of the responsibility is on them and the case manager is sort of supporting them and coaching them to get to their goal, if that makes sense.

Bright: Gerrie described the training and educational material she sends out to implementation partners of the CCEMP program focused on compassion fatigue, and self-care.

Gerrie: So we've been trying to offer regular trainings on compassion fatigue, and we've also been sending out resources on a regular basis to try and help combat compassion fatigue, and encourage folks to, you know, sort of take that time for self-care and refresh. We've sent probably messages out. We include it in our trainings. We include information about it in our newsletter. We really try and regularly remind everyone, probably at least twice a month, if not more often, to take time out for themselves for that self-care and to make sure that they, like I said, are able to replenish their own energy and positivity by taking time to rest, do things that they enjoy doing, and then talk to others if they are experiencing secondary trauma.

So definitely taking time out. We've, you know, provided some resources on trying to combat negative thinking patterns and how to sort of change the direction of your thinking. Sure, we've all experienced that we're...you know, something comes up and you just keep thinking about it. And so if you, you know, experienced a situation where you're kind of getting that secondary trauma, trying to give them strategies on ways to sort of break that thinking pattern and, you know, do something else that could be more positive.

For example, I know when we've done some training, some folks have said that things that they like to do to try and change their, you know, mindset would be someone who enjoys reading, they can read some type of a book to try and change, again, that mind pattern when we keep thinking about the same thing, especially if it's something traumatic.

Bright: Anna talked about organizational policies agencies can consider to mitigate the negative impacts of compassion fatigue.

Anna: There are policies, there are opportunities that we can think about on organizational levels for sure. We think about schedules and PTO, right? So we think about, how do we mitigate the impact of strategy, you know, before we know whether it's really a problem or not? Because we're gonna, again, assume that this is part of the work. So we think about, at what levels do we provide paid time off? Do we have a model that supports wellness? Do we just have sick time or do we have wellness time? Is there a way to encourage people to be proactive and preventative in their healthcare strategies and their wellness activities? Social service providers are actually the third...have the third-highest rate of burnout in the country just after physicians and nurses, right? This is a real thing. And we know, we have seen firsthand both the organizational and programmatic cost of turnover and the impact it has on people who we are trying to serve, right? If they lose their helper on a regular basis, and they don't have that connection, that tie to your program, to your organization, we are able to serve and provide help as effectively as we could. And so this idea of really trying to prevent that burnout and that cost, so we wanna invest in those wellness practices, we wanna invest in time off, we wanna shift some of the narrative around how we use and spend our money. We need to have a narrative where we say, "We invest in our staffs' wellness." Because investing in our staffs' wellness is investing in our community, is investing in our programming, is investing in our participants and our consumers.

Bright: So there are a few takeaways to keep in mind based on what our guests shared today. First, compassion fatigue can be defined as the stress that comes with serving in a helping profession which can lead to diminished creativity, withdrawal, sleeplessness, and irritability. Acknowledging the reality of compassion fatigue can be a first step in creating an organizational culture within TANF agencies where staff can feel comfortable sharing their struggle and providing human services. This can allow TANF agencies to assess compassion fatigue, and also receive feedback from their staff on organizational structures that may be contributing to it as well.

Strategies for mitigating the negative impacts of compassion fatigue can include creating spaces for refueling and replenishing, providing self-care tools and resources, and considering changes to organizational policies that promote wellness among staff. I hope these strategies have given you an idea of how you can recognize and address the negative effects of compassion fatigue within yourselves and organizations. And a special thanks to our guests, Anna Tekippe, Santa Molina-Marshall, and Gerrie Cotter.

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