

COMPASSION FATIGUE AND SELF-CARE EVALUATION

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**National FRC
Mental Health
Promotion Project**

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Introduction

Strategic and Policy Context

The Family Resource Centre (FRC) programme is Ireland's largest family support programme delivering universal services to families in disadvantaged areas across 120 communities, based on a lifecycle approach. The National FRC Mental Health Promotion Project is part of the whole FRC programme covering nine regions and 120 FRCs and is funded by the National Office for Suicide Prevention and Tusla. It promotes a shared responsibility and a shared response to the action of suicide and endeavours to raise awareness and reduce stigma associated with mental health.

The project strives towards utilising the strengths and resilience of communities to create awareness, educate, break down barriers, and offer solutions to the complex issue, which is mental health. Prevention can be supported through training, guidance, building relationships and consolidating supports for both communities and for the staff within each FRC.

The project works in partnership with HSE Suicide Prevention Resource Officers nationally to deliver Suicide Prevention Code of Practice Training and to support the implementation of Connecting For Life, Ireland's National Strategy to Reduce Suicide 2015-2020. 'Self-care in the aftermath of an intervention' is a key step in the implementation of the FRC Suicide Prevention Code of Practice. Development of awareness and skills in relation to self-care was identified by the FRC Mental Health Promotion Project as needing to be addressed on an ongoing basis if this step was to be achieved.

Compassion Fatigue, Staff Mental Health and Self-Care

Workplace health programmes have been identified by the World Health Organisation (WHO) as one of the 'best buy' options for mental health and wellbeing. The Irish Government has identified the workplace an important element in driving the Healthy Ireland agenda recognizing that "workplaces directly influence the physical, mental, economic and social wellbeing of workers and in turn, the health of their families, communities and society". Public consultation with interested stakeholders has taken place and The Healthy Workplace Framework is currently being developed (as of October 2019).

Workplaces where staff are providing care and support to vulnerable people are often a context for the development of compassion fatigue. Compassion fatigue has been described as "the overall experience of emotional and physical fatigue that people who care for others experience due to chronic use of empathy when engaging with service users who are suffering in some way"¹. It is a type of burnout specific to those who are emotionally invested in others, particularly others who may be experiencing trauma.

Compassion Fatigue occurs when caregivers focus on others and lack their own practice of self-care (Smith, 2013 cited in Reidy 2015).

Signs and symptoms of Compassion Fatigue can include²:

- Reduced feelings of sympathy or empathy
- Dreading working for or taking care of another and feeling guilty as a result
- Feelings of irritability, anger or anxiety
- Depersonalization
- Hypersensitivity or complete insensitivity to emotional material
- Feelings of inequity toward the therapeutic or caregiver relationship
- Headaches
- Trouble sleeping
- Weight loss
- Impaired decision-making
- Problems in personal relationships
- Poor work-life balance
- Diminished sense of career fulfillment.

Compassion Fatigue can be managed through awareness, positive social support, organisation support such as supervision and prioritising self-care, which are all recognized as having a helpful impact on a person's mental and physical well-being.

Compassion fatigue training aims to **enhance understanding and awareness of the signs and symptoms of compassion fatigue**, look at **how to prevent the initial burn out** and **identify steps to prevent and/or minimise risk** of experiencing compassion fatigue, as well as **providing participants with a self-care toolkit to aid resiliency in professional practice**. It is proposed that when an organisation begins to prioritise their staff with effective support, training opportunities, well-being days, effective informed support and overall more positive communication, the organisation, as a whole, becomes more productive and develops a positive working environment³.

¹ Jason M. Newell and Gordon A. MacNeil 'Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue: A Review of Theoretical Terms, Risk Factors, and Preventive Methods for Clinicians and Researchers'. Best Practices in Mental Health, Vol. 6, No. 2, July 2010

² https://integration.samhsa.gov/pbhci-learning-community/Compassion_Fatigue_Office_Hours.pdf

³ Reidy, J 'Compassion Fatigue/Vicarious Trauma and Burnout' 2015

Development of Compassion Fatigue and Self-Care Training for FRCs

The FRC Mental Health Promotion Project worked with Compassion Fatigue Ireland to develop Compassion Fatigue and Self-care Training. The training was funded by the National Office for Suicide Prevention and Tusla. This training was piloted in three locations - Limerick, Athlone and Sligo. The training was positively received and on the basis of feedback from participants some amendments were made to the sessions (including the incorporation of more mindfulness activities) before being implemented across the country from November 2018.

Aims and Objectives

The overall aims of the training were:

1. To improve wellbeing and productivity of FRC staff.
2. To enable staff to make changes in own self-care practice.
3. To support implementation of COP, particularly Step 3: Self-care in the Aftermath of an Intervention.

The specific objectives were:

1. To empower and upskill FRCs in self-care through training in compassion fatigue and self-care.
2. To improve self-awareness, self-reflection and individual responsibility for self-care and wellbeing.

Delivery of the Training

From November 2018 to June 2019, 23 training sessions were delivered to over 220 participants (mostly female) in 17 locations across the country. Training was delivered off-site as it was felt to be important for participants to be away from their work environment so that they could focus on their own wellbeing without the distractions of work related issues.

Steps in Delivery of Compassion Fatigue and Self-care Training for FRCs

1. Design of the Training Programme – Day 1: Full Day training and Day 2: Follow-up Half Day 6 months later.
 2. Planning delivery schedule, nationwide locations and management of logistics.
 3. Advertising training prospectus to all FRCs.
 4. Recruitment of participants - open to all FRC staff.
 5. Delivery of the Training Sessions - Full Day + Half Day 'Refresher'.
 6. Feedback from trainer on participant evaluations, venue suitability, key highlights and any issues arising.
 7. Debrief and future planning by the FRC Mental Health Promotion Project.
- Ongoing** Training materials and resources on www.familyresource.ie

Format and Content

Day 1 ran from from 10 am to 4 pm and the Refresher from 10am to 1pm. The methodology for both was a mix of presentation, group work, individual reflection and planning. The learning objectives were for participants to:

- Gain awareness and understanding of the key terms, i.e. burnout, compassion fatigue and self-care
- Identify activities and practices to support their wellbeing
- Help enhance health and wellbeing through self-reflection and self-awareness
- Recognise the importance of goal setting and creating a self-care plan
- Know the importance of individual organisational skills
- Broaden understandings of well-being frameworks used in self-care.

Frameworks used in the training included:

- Stephen Covey Framework – 7 Habits of Highly Effective People
- Five Ways to Wellbeing
- Self-care wheel using 8 elements
- Mindfulness, meditation and gratitude practices.

Evaluation

Evaluation was built into the training programme through evaluation forms distributed by the trainer at all sessions delivered between November 2019 and June 2019. Additionally an independent evaluator was commissioned to analyse that data and to design a follow-up online survey supplemented by a small number of in depth interviews (June – July 2019). The evaluator also explored with project staff how the training was developed and implemented.

Methods	Respondents
Analysis of Training Day 1 evaluation forms	200 (91% response rate)
Analysis of Refresher Day evaluation forms	18 (95% response rate)
Follow-up Online Survey of all participants	79 (36% response rate)
Individual Interviews with participants	6

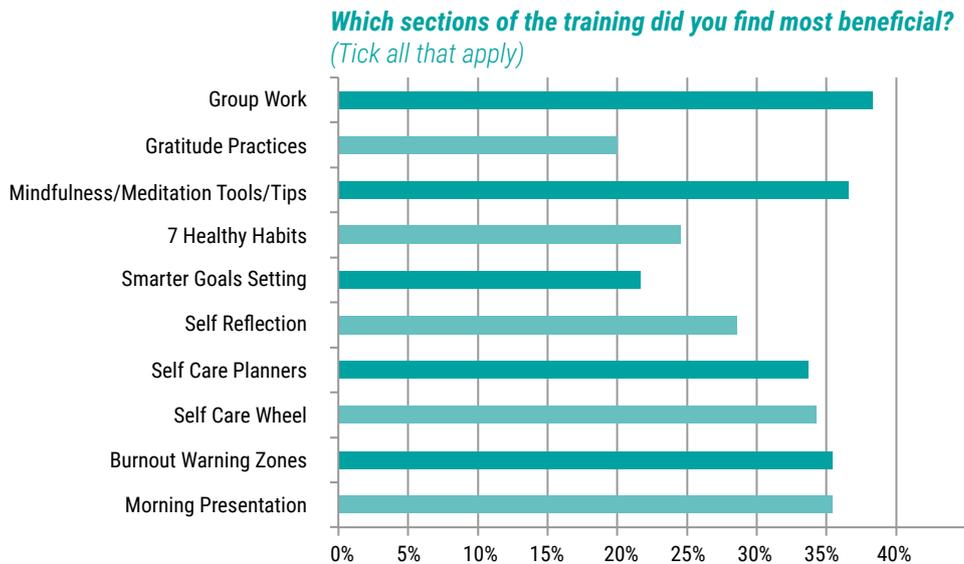
Responses to onsite evaluation forms and follow up online survey, by Region

Region	Onsite Evaluation	Follow Up Online Survey
Cork	11	6
Eastern	25	8
Kerry	20	10
Mid-West	19	6
North East	21	10
North West	18	10
South East	18	9
Western	24	14
Address not given	37	4
Total	200	81

Evaluation Findings by Theme

Evaluation Theme 1: High Level of Satisfaction

All respondents rated their experience of the training, the full day and the refresher day, very highly in terms of the quality of the trainer and the training indicating that they felt welcomed, heard and encouraged to interact where possible. While all respondents found beneficial elements in the training, the most popular aspects were the group work followed by the mindfulness and meditation tips and tools.



Respondents valued the 'time out' aspect of the training and the preventative nature of the training in terms of shared learning about how to recognise the warning signs of burnout.

I found that the group discussion, shared experiences, validated me, and I was not alone in my stuff.

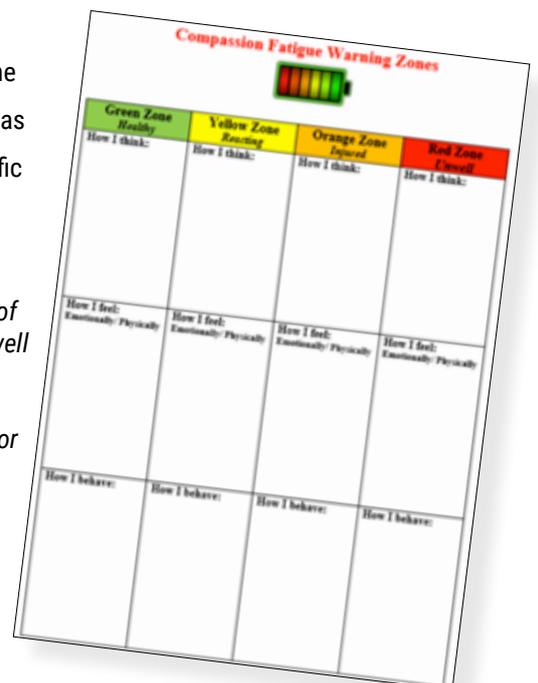
It was an important reminder to use tools and skills in maintaining a healthy state of mind. The joy you feel when all is well, under control, manageable.

Overall there was a very high level of satisfaction with the format and content of the programme with most people expressing gratitude for the experience and how it was facilitated. Some suggestions were made in relation to having more time for specific activities, particularly group work and mindfulness/meditation.

Great insight plus discussion. Excellent presentation, trainer came with lots of self-care tips. Well prepared, lovely voice to listen to. Lovely group working well facilitated. Numbers were just right.

It was very informative and fun. Happy and healthy staff is really important for productivity.

In their initial evaluation forms, all respondents indicated that they felt they would continue with self-care practices as a result of the training.



Evaluation Theme 2: Impact of the Training

Application of Learning

Respondents were asked about the application of what they had learned from each area that was covered in the training. Almost all were applying learning in relation to self-reflection and self-care planning and there was a high level of application of learning from all areas covered.

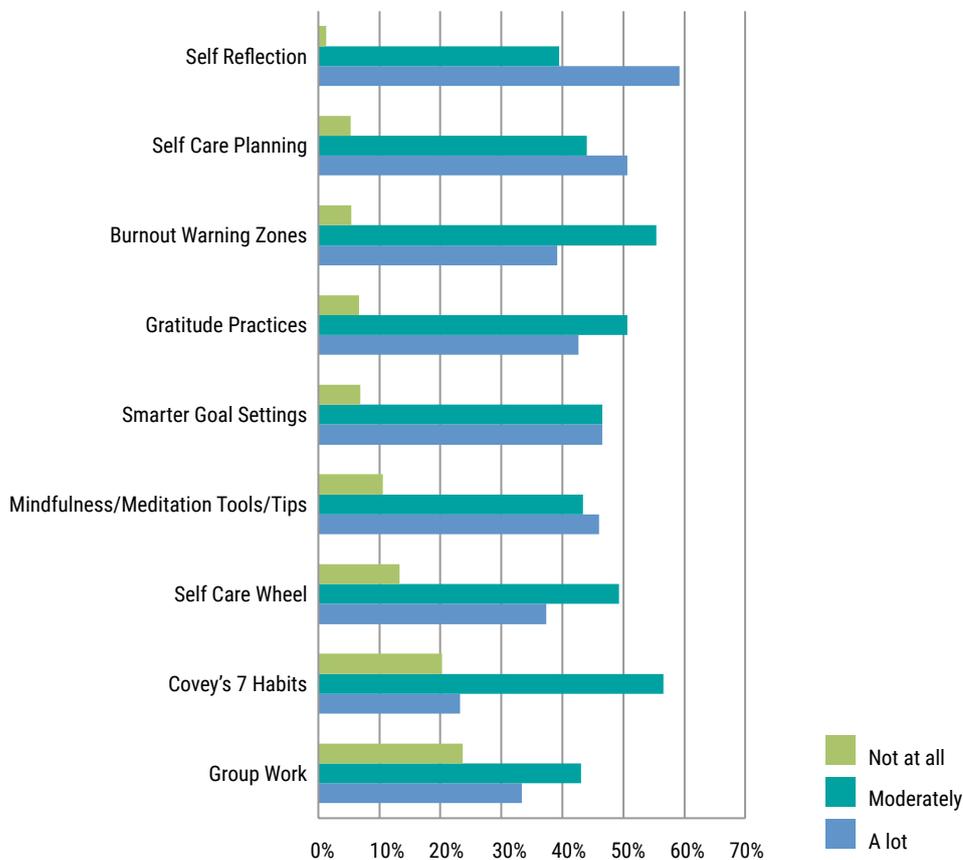
There was evidence of the training having an impact on participants' personal responsibility for their own self-care.

I need to take responsibility and prioritise this.

I need to continue this process for my own mental health and personal self-care.

I've adopted stuff around night time, putting phones away and I have started the colouring.

How much of the learning have you applied?



One thing was really useful was Journaling. I found that really good. Even if I don't have much time, I sacrifice a moment every day to think about what happened and think about what was good. Just to praise myself a bit and then think about what could I make better.

Value to Self and Value to Organisation

98.5% of respondents found the training to be of value to themselves and 96.1% felt it was of value to their organisation.

I got very emotional at the refresher. This is me they are talking about. I wasn't looking at it for me. I went to sample it to sell it to other people but it ended up being a life saver for me. And I don't know where I'd be if I hadn't done it.

I told our Board that we have to implement something for ourselves. We had a day each just for our self-care. I had a one-to-one session with someone. It was great to get that time. Great to feel appreciated, that 'you are of value to us'. That brings it home - looking at how we value people. We had that conversation as a team.

When I saw it advertised I thought this is nice that the FRCs are saying 'look after yourself'. There are lots of new issues coming into the centre. More demands, listening to people.

There were plenty of examples of tools being put into use when participants returned to work:



I brought stuff into the crèche for them to use – Big Stop, the Red Button - if they are busy.

Within the team we have put the traffic light system in place.

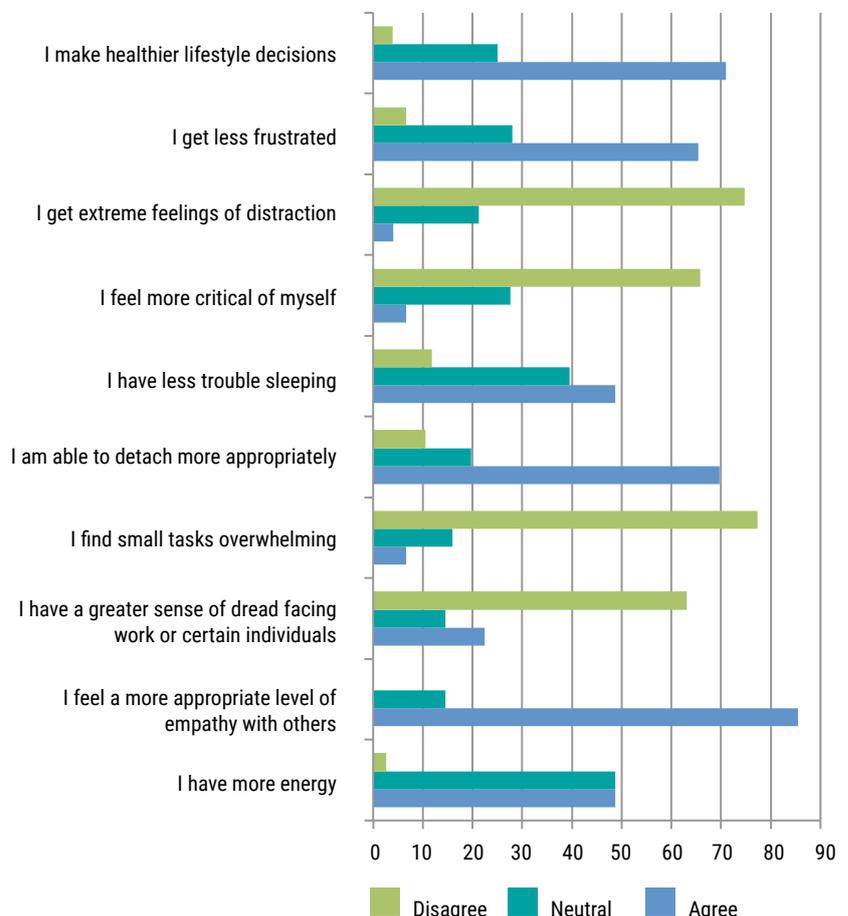
I brought colouring books into our own kitchen. We started doing that. And I have been doing it at home. I do my yoga.

I'm prioritising my work - these have to be done tomorrow. It takes the panic out.

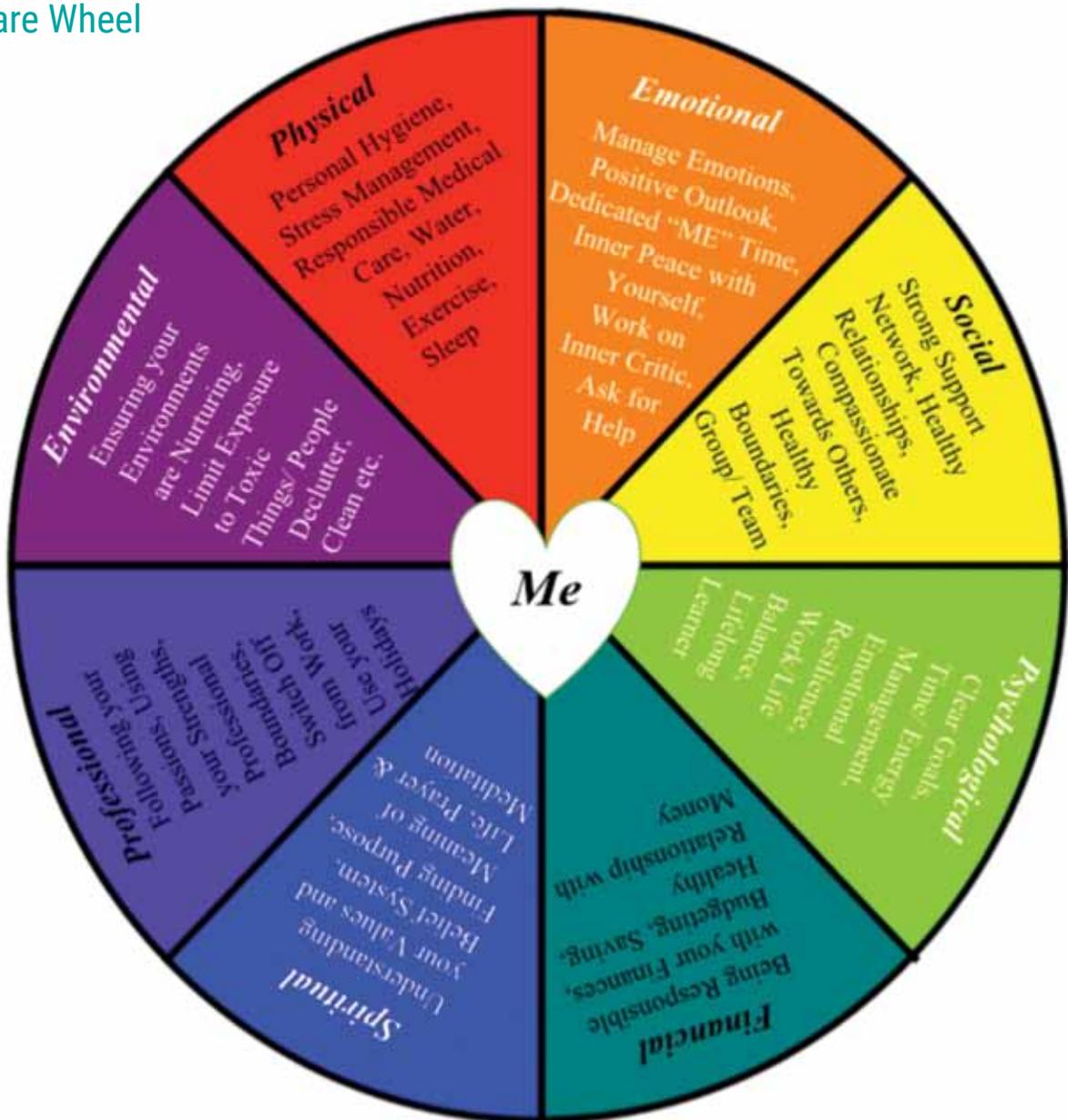
Prevention of Compassion Fatigue

The chart on the right shows a significant impact of the training on areas that are important to the management of one's own mental health and the prevention of compassion fatigue. Emotional and physical fatigue and the chronic use of empathy are key features of compassion fatigue. Respondents indicated that since the training they felt a more appropriate level of empathy with others and were able to detach more appropriately. Areas such as sleep and lifestyle also showed improvement.

Since I attended the training ...



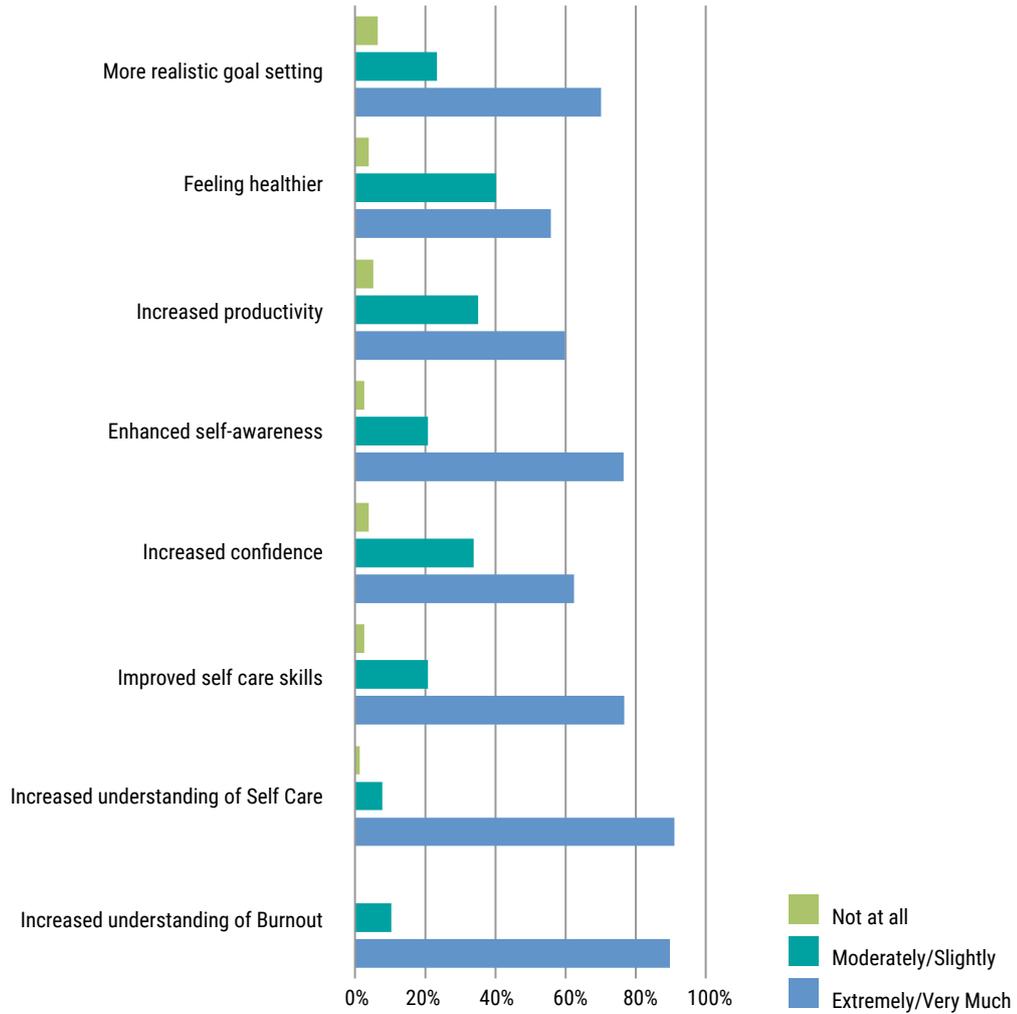
Self-Care Wheel



Capacity for Self-Care

Respondents reported that their capacity for self-care was positively impacted in a number of areas that support resilience in professional practice and thus reduce the risk of compassion fatigue. This included practical areas such as more realistic goal setting and increased productivity. Enhancing understanding and awareness of the signs of compassion fatigue and understanding of self-care was a key objective of the training. Responses indicate that this has been achieved.

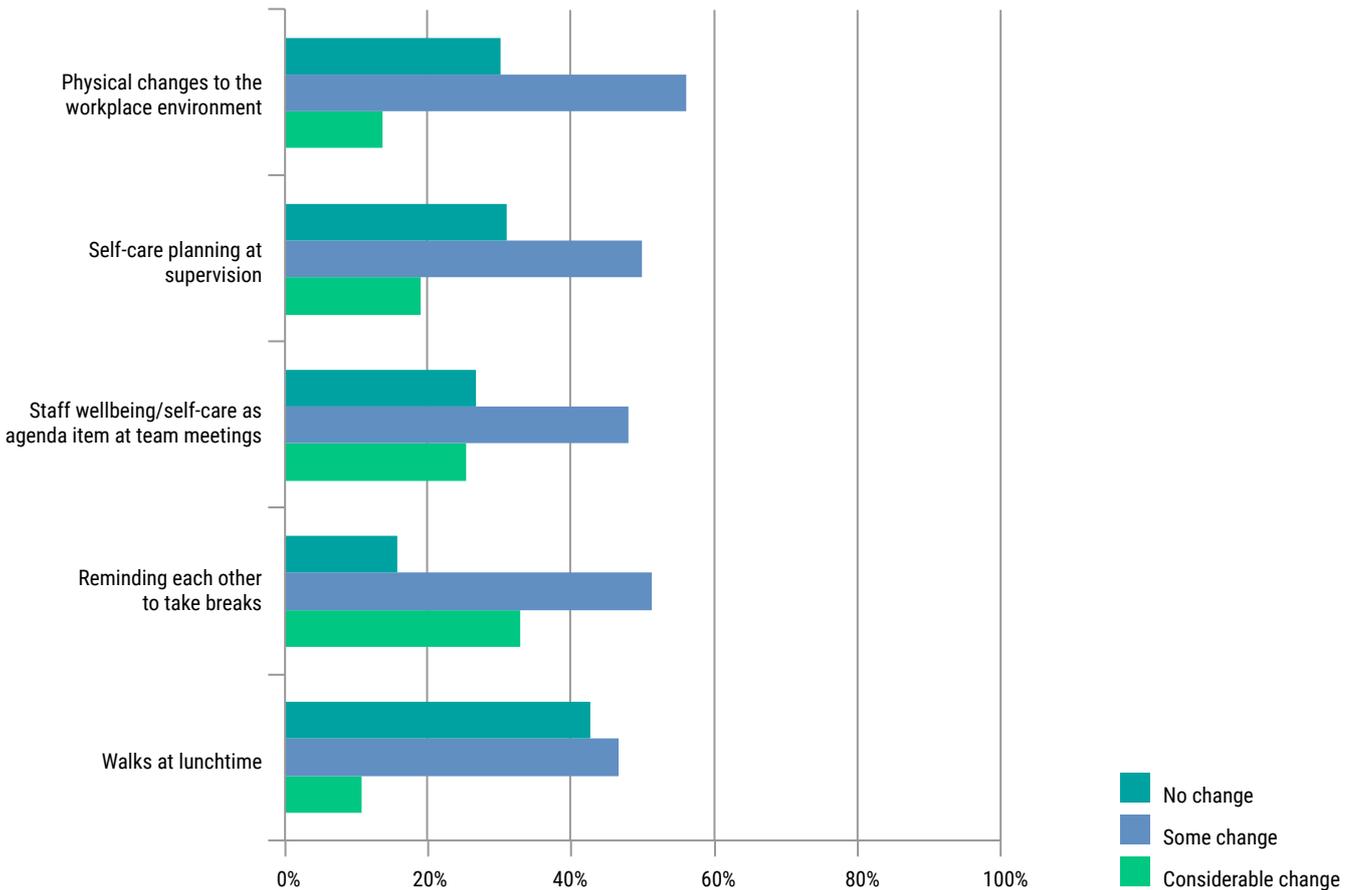
I believe that for me, the training has contributed to...



Changes to FRCs in relation to self-care

The changes which respondents reported implementing in their FRC as a result of the training suggest an increased awareness of the importance of self-care as a personal, professional and organizational responsibility. The level and nature of the changes suggest the possibility for even greater impact as more staff receive the training and all staff receive ongoing support in this area.

Have you made any changes in your Centre as a result of the training?



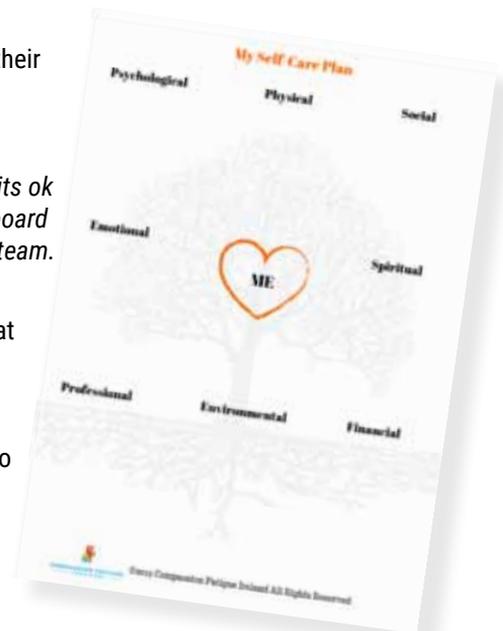
Many participants highlighted changes they had made in relation to staff wellbeing in their Centre:

Now we can talk about it as a team. It's the first time we have permission to say its ok to take time to look after ourselves so that is bringing the wellness to everyone board team etc. We are hoping more will do it and I have presented it to the rest of the team.

We are looking at having closed times when office isn't open to the public so that we have paperwork time.

Some participants found that the training gave them an opportunity to bring self-care to team and Board meeting agendas and to discuss self-care ideas within the team.

Once other staff do it we can put together a proposal around self-care to the Board that comes from the team.



Evaluation Theme 3: The training is addressing a significant need in relation to staff mental health

Respondents' high level of satisfaction with the training indicated that the training is meeting a significant need.

Demands of FRC work

Compassion fatigue is often found in workplaces providing care to vulnerable people. Respondents spoke about the nature of their work in a way that suggests that increased awareness about self-care was needed in FRCs.

I was a receptionist and meeting so many people every day it made me feel like I was responsible for everyone. It was difficult. I think it should be mandatory.

Participants highlighted how changes in workload and the nature of their work have had an impact on personal wellbeing.

We are working a lot more with families. Before we would have been working with all members of the community, now families for play therapy, meitheal, working with more difficult cases. Personally I wouldn't have had that experience before. Good to having little techniques to destress and how not to bring it home with us.

Awareness of own mental health needs

Some participants indicated that they had come to the training because of their interest in providing information on self-care to others but that the training had a major impact on their own self-awareness.

As I was sitting there, there was a lot of stuff I was familiar with coz it's the job I do. I was saying yeah I do this and that, goal setting etc., but I realized that I hadn't internalised it.

It has raised my awareness of mental health and appreciation. I realise the effect it has on you. Since doing the course I feel appreciated, my humour is different, my outlook is better.

Dealing with people morning to evening, you don't take stock for yourself. It's always good to have someone on the periphery to check in are you looking after yourself. Our Board are good but they have their own full time work but for me it was a call of duty for myself.

The training also raised awareness in relation to the behavior of colleagues.

We have a new coordinator and they want you in the office all the time. I think self-care is important; some people don't place as much value on it.

I'd be more open to work colleagues about feelings etc. I would have identified that one or two colleagues would need a bit of support and I would have been an ear. I'm noticing how people are in their own personal life.

An appetite for more training

Many participants were interested in having access to more training in this area. Suggestions ranged from three monthly to annually. In particular, respondents were keen that more of their colleagues should receive the training.

My own workload is too much. My own ability to say no is not very good. At that time I was working 70-80 hours a week ... looking after everyone, 20 very vulnerable families in one week. It was only when I crashed I realized this training was supposed to be about me. Only then did what I did that day come into play. So I took an extra week of annual leave after Christmas ... started to walk to work... started putting different tools in place ...I'm managing time better.

At our regional managers meeting this morning I asked does anyone here get support and supervision. It is not a thing in our region and yet the work we do exposes us to very vulnerable human beings. Maybe that compassion fatigue training could be evolved into support for people who work with vulnerable people. It's a lonely role. You might go to someone on the Board or to a colleague. Sometimes you aren't sure you are doing the right thing. Reassurance is important. It's very expensive to pay for support yourself. This gives me access to a forum. I am able to share what is hard for me.

Evaluation Theme 4: Roll out of the Training

Location

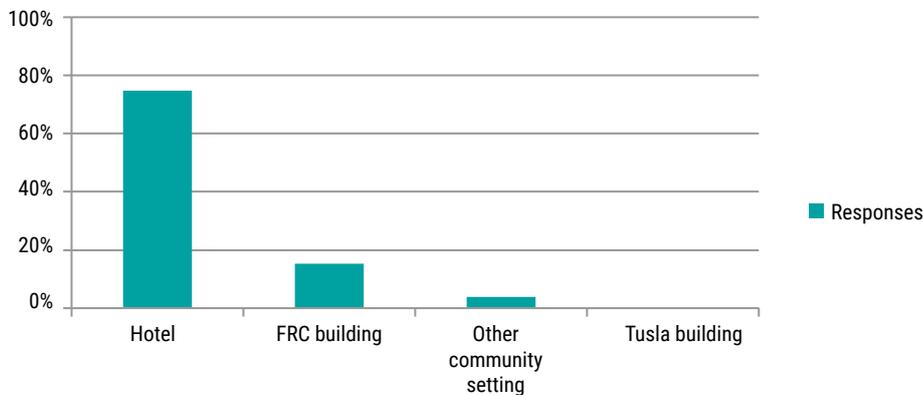
Most participants indicated that the location of the training was very important to their overall participation with the vast majority indicating a preference for a hotel location. A venue outside of the work setting was felt to be particularly important:

Outside of work as people felt more open and relaxed when they didn't have to be a host.

In another venue it is easier to switch off and focus on the training.

A smaller number did suggest that having the training in their place of work would facilitate participation by all staff. The value of participation by all staff and board members or at least a number from each centre was also highlighted. Its important to include all FRC staff, so possibly a cluster session so people can be released on a staggered basis.

Which of the following would be your preferred location for future workshops?



Mainstreaming

89% of respondents indicated that others in their Centre had taken part in the training and there was a strong feeling that it was important for colleagues to receive the training.

Several organisations had all or some of their staff come to the one training day. I was really sorry I didn't just shut down the centre for the day and say we are going. I feel it would have been worth it. So I feel we didn't benefit as much as we could have if three of us had been there. Staff meetings get swamped by timetabling, it's not always easy to share it there.

We don't have a big core staff so it's vital that the three do it together, the learning is so much better rather than just the one person attending alone.

Respondents spoke about having greater awareness in among their team about the importance of self-care.

As a team, we still talk about it We are trying to help each other and support each other so if I am slipping she sees it and we will text each other. We will look at rolling out for more of our staff, we have that on the agenda for our senior management meeting.

Value of Ongoing Support from FRC Mental Health Promotion Project

Participants valued continued communication from the FRC Mental Health Promotion Project and suggested ongoing sharing of tips and reminders about self-care through online and print format. Suggestions for the future include:

More input from the project as encouragement to "press pause" "ground and centre" would be helpful.

NATIONAL MINDING OURSELVES DAY! A day where all FRC's do self-care activities for staff and volunteers.

A network of reflective supervisors might be helpful.

More Workshops but with Board members made aware of their importance to you and your family and for better outcomes for the FRCs.

More follow-ups for self-care (workshops, in Centres or same county meet ups for workshops.

The flyers and posters for key public awareness regarding health and well-being are very helpful and continuation of these is very positive

Conclusions and Recommendations

Family Resource Centres are settings where staff are providing care and support to vulnerable people and are therefore at risk of compassion fatigue and in need of support in good self-care practices.

The evidence gathered through evaluation forms, online survey and interviews indicated that the specific objectives of the training - to empower and upskill FRCs in self-care and to improve self-awareness, self-reflection and individual responsibility for self-care and wellbeing – were achieved. This suggests the training programme was appropriate and effective.

There are still 46 FRCs and many staff in all centres who have not received the training. It is recommended that the FRC Mental Health Promotion Project carry out the following:

1. Develop a three year plan for the sustainable roll out of this training programme including a train the trainer element.
2. Promote take up across all FRCs, across all staff and Boards and improve levels of male participation.
3. Reframe the training from Day 1 and Refresher Day 2 to Stage 1 and Stage 2 in order to increase participation in the second day and to more accurately reflect the content.
4. Develop a draft Self-care Policy that can be embedded into the HR and Health and Safety policies of each FRC. An information pack should be developed for the Boards of FRCs a) defining Self-Care and Compassion Fatigue, b) identifying the benefits of supporting self-care and c) offering suggestions as to how that can be done.
5. Run a national campaign on self-care for employees of FRCs to align with the launch of this report.
6. Produce a toolkit that will capture the learning from this programme so that it can be implemented in other organisations.

