

The Fatigue of Compassionate Social Workers: An Introduction to the Special Issue on Compassion Fatigue

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Abstract The paper introduces the special issue by first discussing its purpose for the reader and the field of social work. Each article, in the order it appears, is discussed in terms of its contribution to the special issue and the field and linking conceptually each with others in the collection. These articles discuss the special challenges of social workers working with clients who live with the traumatic effects of disasters—both natural and human-caused or human-contributed, war combat, HIV/AIDS, and substance abuse. It is noted that far more research, education, and practice innovation should be devoted to compassion fatigue. The article ends with a final plea not only for such attention but also standards of self-care in addition to standards of professional practice.

Keywords Compassion fatigue · Compassion satisfaction · Self-care · Social support · Disasters · War combat · HIV/AIDS · Substance abuse · Social work education

“We never got this in graduate school!” We hear this frequently when presenting to front-line social workers. We will address some reasons for this at the end. But it is clear from all indicators—both scholarly and practical—that there is a need to focus on the care of social workers and others in direct practice; that despite the lack

of social worker compensation, social status, higher and higher case loads and paperwork, social workers are one of the most dedicated and inspiring professions who tend to notice their own personal care needs before their clients. This special issue focuses on those special needs of a special group of professional social workers in direct practice.

The newly designated Editor of the Clinical Social Work Journal recognized the need for a special issue and applied her considerable resources to make it happen. Together we assembled a truly outstanding group of practitioners who have experienced first hand the toll of the work of social work. We hope that the reader will read this article first before turning to the others in the special issue. This first article will better prepare the reader for interpreting the lessons provided in the subsequent ones. These articles address the myriad of challenges faced by social workers in a variety of contexts. These include natural and human-caused disasters, including working with survivors of the September 11th terrorist attacks.

The first article following this one is by the special issue editors, Bride and Figley, plus Melissa Radey. All three are social work professors. Their article, *Measuring Compassion Fatigue*, reviews the extant literature on how secondary trauma is conceptualized and measured which includes but is not limited to compassion fatigue. The authors orient the reader to the standard ways of evaluating the utility of these and all instruments. Although designed for screening professionals for the risk of secondary trauma in the context of research and particularly epidemiological studies, the measures, the authors explain, should be useful to practitioners in several ways. First, they can help themselves by alerting them to their own risk of secondary trauma. Also, these measures would be useful if the reader is working with other helpers to detect and mitigate the

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unwanted effects of secondary trauma in the course of their work with the suffering.

The next article is by Laura Campbell, a very experienced licensed social worker in private practice in Louisiana, is aptly titled *Utilizing Compassion Fatigue Education in Hurricanes Ivan and Katrina*. Here she provides a fascinating and personal description of her experiences in responding to the mental health needs of hurricane survivors. She first discusses Figley's model of compassion fatigue and her deployment to Florida as part of the Green Cross assistance to survivors of Hurricane Ivan living in Pensacola. Yet, that experience was just a prelude to her months of involvement in her own home town of Houma, Louisiana in the wake of Hurricanes Katrina and then Rita. She is able to talk about human responses to hurricanes both as a social worker and as a survivor, contrasting reactions in her own home town in contrast to those hundreds of miles away responding to a different storm's wake. The article is even more useful because Campbell has been a long-time advocate of social worker self-care and has received training and certification in compassion fatigue education and treatment. At the end she makes a passionate plea for social work education—both degree and post-degree programs—to include far more on secondary trauma and self-care. We hope she is successful.

Another article focusing on disaster-related secondary trauma is written by April Naturale. She recently completed her duties as the Statewide Director for Project Liberty, the Crisis Counseling Program that was founded in response to the World Trade Center attacks of September 11th. In her article, "Secondary traumatic stress in social workers responding to disasters: "Reports from the field," she draws from her years of experience in coordinating mental health services to the survivors of the New York terrorist attack of September 11th by identifying three extremely relevant and diverse case reports. She notes that social workers, more than any other profession, were in the front lines of providing direct services to the survivors and, as a result bore the brunt of secondary trauma. Prior to introducing the case examples she notes the models of intervention in the wake of a disaster—be it natural or human-induced—primarily focus on stress management to restore one's ability to cope effectively with the consequences of the disaster. She describes these as crisis counseling, psychoeducation, narrative exercises, stress management exercises, self-care instructions, post-deployment orientation, and evaluation.

Naturale then presents three case studies: (1) Peg. O, a young bachelor's level social worker who worked at Pier 90 in NY in the wake of the September 11th attacks; (2) Patty C. a 32-year old LCSW who left her practice to help in the wake of Hurricane Katrina through a Disaster Recovery Center, and; (3) social workers responding to a

school shooting. Each case illustrates how the personal and professional lives of social workers are affected by their work; how experiencing symptoms of secondary traumatic stress are similar no matter what traumatic event were associated with client suffering that in turn affected the helper. Yet, by anticipating these reactions, social work as a field can both prevent and quickly mitigate the unwanted effects through education, training, and supervision programs.

The next article focuses on the potential emotional costs of social workers working with war veterans. In her article, "The Risks of Compassion Fatigue in the Treatment of Combat-Related Trauma During War-Time," Jeni M. Tyson notes that this population is particularly provocative in inducing compassion fatigue. Tyson is a licensed social worker at the Department of Veterans Affairs' Vet Center. Social workers may be especially susceptible in this population because the clients are often young, patriotic, self-sacrificing, and exposed to horrors that are difficult to imagine by most practitioners. Moreover, it is likely that social workers are personally familiar with at least one member of the military or a veteran from a previous war and more vulnerable to compassion fatigue. As a way of representing the consequences of this work, Tyson presents a composite clinical case vignette of a clinician working with vets who developed compassion fatigue. Like Campbell, Tyson urges the field to take this risk seriously and to do more to educate social workers about the challenges of secondary trauma and guidelines for preventing and overcoming the unwanted symptoms.

The next article focuses on social workers who work with people diagnosed with HIV/AIDS. Sifting through Trauma: Compassion Fatigue and HIV/AIDS, by Dr. Bryce D. Smith, who worked for many years with this population and is now in private practice in Atlanta. Like the previous articles, Smith talks about how susceptible he and his graduates were to compassion fatigue through their work with HIV/AIDS survivors and with those who did not survive this deadly disease. As a way of conceptualizing the process by which compassion fatigue emerges in this work, he offers the metaphor of a "sifter," a practitioner who must sift through the complicated and heart-wrenching client presentations to avoid and manage compassion fatigue. Smith presents several useful vignettes of service providers to this population. Together these case studies promote a careful examination of the transmission of trauma from client to practitioner. Like most of the authors in this special issue, Smith pleads for additional research in this area and the application of this research to save the lives of the social workers who work with HIV/AIDS and other traumatized populations.

The next article introduces the reader to a group of social workers working with another population of clients. In

“The Unbearable Fatigue of Compassion: Notes from a Substance Abuse Counselor who Dreams of Working at Starbuck’s,” Annie Fahy notes that the research and practice literature focusing on compassion fatigue has ignored the special stress of social workers who assess and treat those with Substance Use Disorders. This is remarkable given the number of social workers who work in this area. Fahy cites current labor statistics that nearly 20% of social workers have a primary role in working with substance abuse clients. She argues that burnout, a catch-all concept applied to explain why substance abuse counselors leave the field, has not lead to effective retention programs. According to Fahy it is too vague and can have a blaming component to it that is comparable to what relapse does for the addict (i.e., if you are burned out it’s already too late). She makes an excellent argument that treatment models that appear effective in helping substance abuse clients may also be effective in helping to prevent or treat compassion fatigue among those who treat these clients. Among those noted are Harm Reduction, Motivational Interviewing, and Narrative Therapy. These approaches deserve the attention of compassion fatigue treatment specialists and researchers.

The final paper, *The Social Psychology of Compassion*, by Radey & Figley, provides a counterpoint to the articles that precede it. The authors acknowledge the negative consequences of the work of social work and the place these struggles in a larger context. They recognize the movement toward a more positive approach in psychology and suggest a similar paradigm shift in social work towards identifying the factors that lead clinical social workers toward human flourishing. They argue that such a shift is well overdue and in keeping with other trends in the field. Consistent with the model discussed by Campbell in this

issue, Radey & Figley promote a more positive paradigm that recognizes the protective features of acknowledging and embracing the awareness of the extraordinary good we do as social workers. They introduce a model for creating “compassion satisfaction” or feelings of fulfillment with clients. Their model represents and accounts for this valuable sense of compassion satisfaction by taking note of the worker’s positive affect, work resources, and self-care: The more the better in increasing compassion satisfaction. Fortunately they provide some good suggestions for how to translate this new paradigm and model for investigators and educators, as well as front-line, direct practice social workers.

Together these articles provide a wake up call to the field of social work about the corrosive, destructive effects of secondary traumatic effects such as compassion fatigue. Surely a field so dedicated to helping the poor, the victims of injustice, and mistreatment must first assure that its workers’ needs are adequately addressed. It is the clear consensus of the authors of this special issue that far more must be done by social work educators to prepare future generations of social workers in understanding, preventing, and mitigating secondary traumatic stress through improved screening, education, and supervision. However, far more is needed about the theory of the secondary trauma induction and reduction process and the role of the individual worker, her work support network, and the policies and procedures associated with worker well-being. Finally, it is clear that there needs to be not only clear and measurable standards of care for the clients of social workers, there needs to be such standards of self-care for the workers themselves. We trust that this special issue contributes to these important efforts that will reverse the tide of the corrosive effects of compassion fatigue.