Accelerated Recovery Program

For Compassion Fatigue
J. Eric Gentry, MA (Ph.D. Candidate), LMHC, CTS, CAC

- Co-developer of the Accelerated Recovery Program for Compassion Fatigue and the Certified Compassion Fatigue Specialist Training Program
- Director of Training for Corporate Crisis Management, Inc.
- Owner of Compassion Unlimited
- Former Associate Director of the Traumatology Institute
- Former Co-Director of the International Traumatology Institute
- Current Consulting Distance Director of Traumatology Institute Canada
- Author/co-author for entire Traumatology Institute certification curricula
- 23 years of clinical services to trauma survivors; 10+ years private practice
- Taught Traumatology courses to over 10,000 students since 1997
Accelerated Recovery Program

That which is to give light

...Must endure Burning

-Viktor Frankl (1963)
Compassion Fatigue

Trajectory

• The Zealot Phase
• The Irritability Phase
• The Withdrawal Phase
• The Zombie Phase
• Pathology vs. Renewal/Maturation
Compassion Fatigue

Phase I:
The Zealot Phase - Idealistic

• We are committed, involved, and available…
• …ready to problem solve…
• …ready to make a difference…
• …we willingly put in extra hours…
• …our enthusiasm overflows…
• …we volunteer…
• …we are willing to go the extra mile and often do so without prompting….
• I’ll do that!!
**Phase Two: The Irritability Phase.**

- We begin to cut corners…
- We begin to avoid patient/client contact
- We begin to mock our colleagues and patients/clients…
- We talk unfairly about their medical or mental health problems…
- We denigrate their efforts at wellness.
- The use of humor is sometimes strained.
- We daydream or become distracted when patients/clients are speaking with us…
- We make efforts to avoid conversations with our clients/patients…
- Oversights, mistakes, and lapses of concentration begin to occur…
- We begin to distance ourselves from our friends and coworkers…
Compassion Fatigue

**Phase Three: The Withdrawal Phase**

- Our enthusiasm turns sour and our bubble bursts.
- Our patients/clients become a blur and run together......we lose our ability to see our patients and clients as individuals rather they become irritants.
- Complaints may be made about our work and possibly there are problems in our personal life as well.
- We are tired all the time......we no longer wish to talk about work and may not even admit to what we do so as to avoid talking about our work.
- We neglect our family, our coworkers, our patients/clients, and ourselves.
- Our shield gets thicker and thicker......it blocks our pain and sadness.
Phase Four: The Zombie Phase

- Our hopelessness turns to rage.
- We begin to hate people...any people and all people...
- ...we even hate our coworkers if they dare question us.
- Others become incompetent or ignorant in our eyes.
- We develop a disdain for patients and clients.
- We have no patience... we lose our sense of humor...and have no time for fun
Compassion Fatigue

Phase Five: Transformation

Pathology and Victimization vs. Maturation and Renewal

Overwhelmed and Leaving the Profession
Somatic illness Perpetuity of Symptoms
or Hardiness Resiliency Transformation
Treating Compassion Fatigue
(Figley, 2002)

Accelerated Recovery Program for Compassion Fatigue
Treatment: ARP

- Developed in early 1997 in response to Dr. Figley’s book
- Incestuous birthing
- Alpha tested with S. African Trauma Therapist, Bosnian relief worker and several MFT’s
- Presented at ISTSS in Montreal, November, 1997
- FBI adopts protocol in Fall 1998
- Certified Compassion Fatigue Specialist, Jan., 1999
- Published in *Treating Compassion Fatigue* (Figley, 2002)
Treatment: ARP

- Five (5) session protocol
- Draws from Narrative Therapy, EMDR, CBT, Time-Limited Trauma Therapy, NLP/Hypnotherapy, Though Field Therapy, Video-dialogue, Steven Covey’s “7 Habits of Highly Effective Leaders,” Burnout Interventions, Stress Resiliency Research, Anxiety Management Skills, & Common Sense
Accelerated Recovery Program

An Overview
Meeting I: Assessment

Goals

• Overview of Compassion Fatigue
• Strong Therapeutic Alliance
• Assessment/CF Evaluation
• Informed Consent/Contract
Meeting I: Assessment

Interventions

• Informed Consent
• Compassion Fatigue Interview
• Assessment Instruments
  *ComFat/Sat Scale
  *TRS
  *Silencing Response
  *Global Check Set
• Psychoeducation
• Mission Statement Visualization

Homework

• Mission Statement
Meeting II:  
Time-Line Narrative/  
Telling the Story

**Goals**

- Development of personal/professional Mission Statement
- Creation of video-taped chronological narrative (story) which catalogues participant’s professional history contributing to Compassion Fatigue
- Overview of present-day problems associated with work and work history
Meeting II: Time-Line Narrative/
Telling the Story

Interventions

• Reading of Mission Statement
• Facilitation of narrative script...bearing witness
• Exploration of present-day difficulties.

Homework

• Graphic time-line
Meeting III:
Desensitization & Reprocessing

**Goals**

- Selection of 1-3 memories from professional time-line which negatively effect present-day functioning for desensitization & reprocessing;
- Creation of individualized self-management plan utilizing *in vivo* anxiety reduction strategies (TFT);
- Desensitization and reprocessing of work-related memory(ies) to enhance present-day functioning and resolve compassion fatigue.
Meeting III: Desensitization & Reprocessing

**Interventions**

- Review of Graphic Time-Line;
- Creating of explicit individualized self-management plan;
- Thought Field Therapy (simple phobia/anxiety algorithm);
- Desensitization & reprocessing of work-related memory(ies) using one or more brief trauma treatments (e.g..., EMDR, TIR, V/K-D, CBT)

**Homework**

- Letter from “The Great Supervisor”
Meeting IV: Self-Supervision

Goals

• Addressing and resolving cognitive distortions and negative self-referencing beliefs;
• Development of more affirming self-supervision style;
• Movement away from past problems and toward future resiliency and prevention;
• Introduction of PATHWAYS, a self-directed program for building resiliency and prevention of Compassion Fatigue
Meeting IV: Self-Supervision

Interventions

• Review and reading of “Letter from the Great Supervisor”
• Video-dialogue with “critical part” and “affirming part” toward resolution of internal conflict(s);
• Cognitive-behavioral therapy with critical cognitive distortions which diminish personal and professional functioning;
• Exploration of PATHWAYS with participant.

Homework

• PATHWAYS
Meeting V: Closure & Aftercare

Goals

• Re-evaluation of remaining problems/difficulties to be addressed and resolved during this, the final session;

• Completion of a comprehensive and circumspective solution-oriented plan for the participant to address and resolve remaining symptoms of Compassion Fatigue;

• Review of goals achieved and skills developed;
Meeting V: Closure & Aftercare

**Interventions**
- Review of PATHWAYS and completion of all areas;
- Co-Construction with participant the goals and interventions of this last session;
- Implementation of above;
- Closure ritual (optional)
- Aftercare plans.

**Homework**
- Completion of assessment battery (post-test)
- Arrangement for follow-up evaluation.
PATHWAYS:  
A Self-directed Program for Compassion Fatigue  
Resiliency & Prevention

Goals

• Development of a “self-help” method for addressing and resolving Compassion Fatigue symptoms;

• Development of skills necessary to maintain resiliency and prevent future occurrence of Compassion Fatigue;

• Enhanced integrity and professional/personal differentiation.
PATHWAYS: A Self-directed Program for Compassion Fatigue Resiliency & Prevention

Interventions

• PATHWAYS Workbook
• Development of pro-active plan;
• Connecting professional/personal growth towards resolution and prevention of Compassion Fatigue with personal integrity.

Homework

• PATHWAYS: A Self-directed Program for Compassion Fatigue Resiliency & Prevention
Accelerated Recovery Program

The data
Accelerated Recovery Program
ARP
Accelerated Recovery Program
ARP
ARP: Compassion Fatigue

(Stamm, 1998; Figley, 1995)

N = 9  (sig. = .000)

Mean
COMFAT: Pre (59.4)  COMFAT: Post (34.8)
ARP: Compassion Satisfaction

(Stamm, 1998)

N = 9  
(sig. = .001)

Mean

COMSAT: Pre (84.2)  
COMSAT: Post (108.9)
ARP: Burnout

(Stamm, 1998; Figley, 1995)

N = 9  (sig. = .001)

Mean

50
40
30
20

BURNOUT: Pre (46.3)  BURNOUT: Post (29.7)

N = 9
ARP: Trauma Recovery Scale

(Gentry, 1996; 1999)

N = 9  
(sig. = .005)

Mean

TRS: Pre (74.7)  
TRS: Post (92.7)
ARP: Silencing Response

(Baranowsky, 1996)

N = 7

Mean

SILRES: Pre (53.0)  SILRES: Post (37.1)

(sig. = .006)
ARP: Global Check Set

General Psychiatric Symptoms

(Dep; Substance; Suicide; PTSD; GAD; Somat; Dissoc)

N = 9

GCS: Pre (51.4)

GCS: Post (37.3)

(sig. = .004)
ARP: Index of Clinical Stress (Abell, 1991)

N = 8  (sig. = .001)

ICS: Pre  (58.8)  ICS: Post  (32.5)
Certified Compassion Fatigue Specialist Training
Training-As-Treatment

Tallahassee (n = 20)         Oklahoma City (n = 23)

Compassion Fatigue
(Stamm, 1998; Figley, 1995)

Mean

N = 43

COMFAT: Pre (36.5)  COMFAT: Post (28.8) (sig. = .000)
Compassion Satisfaction

(Stamm, 1998)

N = 43   (sig. = .000)

COMSAT: Pre (93.6)

COMSAT: Post (104.4)
Burnout
(Stamm, 1998)

Mean

Burnout: Pre (33.5)  Burnout: Post (29.8)

N = 43  (sig. = .000)

N = 43
Treatment: ARP

Active Ingredients

• **Acceptance**
  • acknowledgement of sx
  • association with work-related experiences
  • need for help

• **Intentionality**
  • decision to address & resolve sx
  • meaning of sx: pathology vs. evolution
  • professional development
  • personal development (self-of-the-therapist)
  • systemic self-care
  • balance
Treatment: ARP
Active Ingredients

• Therapeutic Alliance
  • Emotional bond
  • Mutual goals
  • Completion of therapeutic tasks
  • “Differentiating” empathy
  • Non-anxious presence

• Assessment - Quantitative
  • Compassion Fatigue Evaluation (semi-structured clinical interview)
  • Compassion Satisfaction/Fatigue Self-Test for Helpers
  • Trauma Recovery Scale (with trauma history)
  • Silencing Response Scale
Treatment: ARP
Active Ingredients

• **Assessment - Qualitative**
  - Compassion Fatigue Evaluation
  - De-pathologizing
  - Psychoeducation
  - Strength-based

• **Goals**
  - Personal
  - Professional
  - Mission Statement

• **Anxiety Management/Self-Regulation**
  - Development of self-directed *in vivo* protocol towards development and maintenance of a non-anxious presence
  - Skills building (where necessary)
  - Thought Field Therapy
Treatment: ARP

Active Ingredients

• **Exposure/Resolution of STS/PTS**
  - Specific events relative to STS
  - Neoteric approaches (NLP, EMDR, TIR, TFT, TLTT) or CBT

• **Cognitive Restructuring**
  - Supportive and self-validated self-supervision
  - Letter from the “Great Supervisor”
  - Video-dialogue with “Critical Supervisor”

• **Resiliency Skills: PATHWAYS**
  - Internal locus of control
  - Problems=challenge
  - PMA
  - Non-reactivity to emotions
Treatment: ARP
Active Ingredients

• non-reactivity to others (field)
• Self-validation
• De-triangulation
• Self-soothing
• Spirituality

• PATHWAYS
  • Skills acquisition
  • Self care
  • Connection with others
  • Resolving conflicts (internal & external)

• Resolution of Primary Traumatic Stress
Treatment: ARP
Active Ingredients

- **Prevention**
  - Self-validated care-giving
  - Non-anxious presence
  - Connection/Supervision/Support
  - Balancing systems
  - Intentionality vs. reactivity
  - Self-care (including aerobic exercise)
  - Continued training
  - Personal therapy

- Resolution of any active primary traumatic stress
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