Compassion Fatigue and Burnout: A Staff Manual and Presentation

by

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The procedures in this staff training manual are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Dedication

To my loved ones, for your infinite love, support, and encouragement throughout this journey. To my parents for being the light that guides me down a path of opportunities. I would not be where I am today if I did not have faith and mindfulness bestowed upon me by those who love me.
Abstract

In recent years, researchers are observing a rise in compassion fatigue and burnout levels within the helping profession but specifically within the correctional environment. Researchers also note that it is of the utmost importance for the helping profession to be well informed and educated on the associated risks and the overall impact that compassion fatigue and burnout has on mental health. This thesis reviews empirically supported literature regarding compassion fatigue, burnout, correctional mental health professionals, as well as the proponents and criticisms of manualized approaches. The purpose of this research project was to develop a correctional staff manual on compassion fatigue and burnout and create a presentation of the material for a psychoeducational group session. The objective was to increase professionals' knowledge and understanding of compassion fatigue and burnout. It was hypothesized that a presentation regarding the manual content will provide staff at the institution with a useful academic resource on compassion fatigue and burnout. This thesis used a non-experimental design because there were no independent or dependant variables to be manipulated. The thesis resulted in the creation of an 11-chapter educational staff manual and two-hour presentation on compassion fatigue and burnout. The Student Feedback Survey used a 5-point Likert scale and was comprised of two categories, evaluation of the facilitator and of the presentation. Overall, the results from the Student Feedback Survey demonstrated positive outcomes. One recommendation for future research is examining the diverse effects of compassion fatigue and burnout on numerous occupational groups. Another recommendation is to investigate the differences between minimum, medium, and maximum-security institutions and the rates of compassion fatigue and burnout. Overall, the hypothesis was supported in that the presentation regarding the manual provided staff at the institution with an academic resource on compassion fatigue and burnout based on the benefits, creditability, and information. Moreover, the information was limited by minimal research on psychoeducational sessions for correctional staff, facilitator's notes were not added to the presentation materials, and the Student Feedback Survey did not incorporate questions specifically pertaining to the manual. Furthermore, the substantial evidence on compassion fatigue and burnout point towards an increasing problem within the helping profession. Therefore, the need for education, awareness, and a general understanding regarding this topic is crucial.
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Chapter I: Introduction

Compassion Fatigue and Burnout: A Staff Manual

As evidence continues to grow in regard to the role of caregivers, many researchers are observing an increase of associated risks and higher levels of compassion fatigue and burnout. Compassion fatigue has been described as the caregivers’ reduced interest in being an empathic provider for clients (Rossi et al., 2013). Compassion fatigue can arise in many forms; therefore, it is important for caregivers to be well informed of the symptoms and the impact it can have on an individual’s life (Rossi et al., 2013). Regular experiences of tension and preoccupation are a result of compassion fatigue (Rossi et al., 2013). Symptoms of compassion fatigue can cause an individual to experience intrusive imagery, body numbness, anxiety, irritability, outbursts of anger, and re-experiences of events (Rossi et al., 2013). The repeated action of providing services to clients can cause a caregiver to experience a reduced interest in being empathic, which is a defining factor of compassion fatigue (Rossi et al., 2013) whereas burnout is more commonly experienced as a personal consequence for individuals who are in the helping profession (Gallavan & Newman, 2013).

Burnout

Burnout is defined as a self-reported and job-related condition characterized by psychological and emotional stress which can be experienced by individuals in the helping profession (Rotenstein et al., 2018). Researchers have described burnout as chronic stress with a combination of emotional exhaustion, low personal accomplishment, and depersonalization (Rotenstein et al., 2018). Burnout can occur when a caregiver is involved in a long-term, emotionally, mentally, and demanding situation with an individual (Rossi et al., 2013). It can also be a result of a professional viewing his or her work as exceptionally challenging (Ellerby,
Descriptive characteristics of burnout are displayed as a state of exhaustion; mentally, emotionally, and physically (Ellerby, 1998). Ellerby (1998) states that burnout can be triggered through an increase of client contact. Symptoms and feelings of burnout can progress and accelerate overtime if left untreated (Ellerby, 1998). Burnout can appear in physical forms such as headaches, back pain, stomach sensitivity, insomnia, exhaustion, and illness (Ellerby, 1998). Evidence shows that emotional symptoms of burnout can be expressed as, depressed moods, anxiety, guilt, irritation, helplessness, and spiritual depletion (Ellerby, 1998). Behavioural symptoms are characterized by frequent use of alcohol, drugs, tobacco, food, aggressiveness, and defensiveness (Ellerby, 1998). Work-related symptoms can interfere with a caregiver’s ability to complete his or her job successfully and can cause a decrease in task efficiency and low job satisfaction (Ellerby, 1998).

**Correctional Mental Health Professionals**

More specifically, correctional mental health professionals are at an elevated risk for compassion fatigue or burnout (Gallavan & Newman, 2013). It is important for any correctional staff to be aware of compassion fatigue and burnout; especially the intensity and stress that precede the occupation and environment (Gallavan & Newman, 2013). Gallavan and Newman (2013) indicate that working in an occupation such as correctional services can be a traumatic and stressful experience on the professional’s personal mental health. Compassion fatigue has recently been identified as a work hazard in specific relation to clinical work and the severity of emotional distress placed on correctional mental health professionals (Rossi et al., 2013). Ultimately, working as a correctional mental health professional with individuals who are a high demand population can put professionals at an increased risk to experience higher levels of compassion fatigue or burnout in comparison to other clinical professionals in different
environments (Gallavan & Newman, 2013). Moreover, Cunningham (2003) also recommends that more attention should be focused on the people who are indirectly exposed to trauma. Professionals who are indirectly exposed to the traumatic events of an offender, often view the raw emotions of someone else's experiences (Cunningham, 2003). Cunningham (2003) suggests that there is an increased number of clients presenting with issues of traumatization therefore, it brings attention and great interest in the therapy or services that is provided by profession's who work in the correctional environment and the effects it has on their mental health.

The mental, emotional, and physical act of being a compassionate and empathetic caregiver extracts an ample amount of personal resources from the individual providing care (Figely, 2002). Many correctional mental health professionals know that the content shared by an offender is inevitably traumatizing to the offender but also to the professional providing care (Rossi et al., 2013). Therefore, it is extremely important that professionals who work with high demand populations are informed and well educated on the effects of compassion fatigue and burnout. The risk associated with losing sight of professional well-being and self-care are greater than anticipated and there is a need for the increased practice of self-care when working as a mental health provider or correctional professional (Rossi et al., 2013). Additionally, it is essential to further investigate the overall quality of life for these professions (Rossi et al., 2013).

**Treatment Manuals**

The use of treatment manuals has continued to grow and expand in their purposes over the last 25 years (Duncan, Nicol, & Ager, 2004). Manualization provides a framework which outlines and highlights the overall outcomes of treatment (Kendall, Chu, Gifford, Hayes, & Nauta, 1998). Manuals are a resource that supplies users with techniques and strategies that assist a professional in reaching the goals of treatment (Kendall et al., 1998). Manuals also support
professionals in navigating through challenges that can arise during treatment sessions (Kendall et al., 1998). Treatment manuals have the ability to operationalise therapies, clarify psychological procedures, and increase replication of treatment (McCulloch & McMurran, 2007). McCulloch and McMurran (2007) suggest that treatment manuals are highly favoured by most cognitive-behavioural therapists. They indicate that manuals provide a high level of evidence-based information and instruction (McCulloch & McMurran, 2007). It is important for treatment manuals to be comprised of descriptions of techniques specific to the target problem and solutions to frequently encountered issues (McCulloch & McMurran, 2007). Najavits, Weiss, Shaw, and Dierberger (2000) found a positive response to treatment manuals from a survey of cognitive-behavioural therapists which indicated that 75% of therapists expressed a liking towards the use of manuals. In order for manuals to provide effective treatment outcomes, the intervention must be theoretical, empirically-based, and presented in a manner that allows therapists to understand and adhere to treatment procedures (McCulloch & McMurran, 2007). The use of treatment manuals is highly recommended because of the increased proficiency to more easily administer evaluations, facilitate training for therapists, and simplify the distribution of treatment (Kendall et al., 1998).

This thesis involved the development of a manual and presentation on the topics of compassion fatigue and burnout, specifically targeted to parole officers at a correctional institution. The manual and presentation provided staff at the institution with an educational, reliable, and empirically-based mental health resource. The rationale behind this thesis was to provide correctional staff with an academic literary resource utilized for educational and self-awareness purposes. Due to the growing recognition of compassion fatigue and burnout for correctional staff, this area of need was identified by the agency supervisor. It is hypothesized
that the presentation regarding the manual contents will provide staff at the institution with an academic resource on compassion fatigue and burnout.

**Thesis Overview**

This thesis demonstrated an examination of the current research literature regarding the topic. The topics of focus for the literature review were comprised of compassion fatigue and burnout, correctional mental health professionals, proponents of manualization, and criticism of manualization. The thesis also critically reviewed empirically supported literature regarding the use of manualized treatment approaches. The method section describes the elements related to the setting and participants, as well as the development of the manual and collection of data. Consent was obtained for participation in the presentation and the presentation of the data in a public forum. The research used a non-experimental design and data was collected via the Student Feedback Form, which is on a 5-point Likert scale. The results from the feedback survey were analyzed and displayed by using two tables. The discussion section provides an interpretation of the results, a discussion of the facilitator and presentation strengths, limitations, multi-level challenges, future research recommendations, and a conclusion.
Compassion fatigue and burnout are currently becoming prevalent in stressful and high demand work settings (Balogun, Titiloye, Balogun, Oyeyemi, & Katz, 2003). Killian (2008) suggests that the impact of extended exposure to populations affected by trauma is increasingly becoming a global problem for professionals providing mental health services. Many studies have suggested that the helping profession can be both rewarding and highly stressful (Adams, Boscarion, & Figley, 2006). If individuals in the helping profession work in high demand and stressful environments, there is an increased likelihood of experiencing aversive psychological outcomes (Adams et al., 2006). More interest needs to be focused on the professionals who are indirectly exposed and affected by trauma (Rossi et al., 2013). When the working conditions involve emotional, physical, and mental exertion, overload can occur (Balogun et al., 2003). This overload is suggested to have negative effects on a provider by not allowing the opportunity to successfully cope with the demands of their environment resulting in compassion fatigue or burnout (Balogun et al., 2003).

Compassion fatigue is described as the cognitive, emotional, and behavioural alterations that many mental health care providers can experience through indirect exposure to trauma (Finzi-Dottan & Kormosh, 2018). Adams et al. (2006) also describes compassion fatigue as a natural consequence of behaviours and emotions, which results from knowing of the traumatizing events experienced by individuals. Compassion fatigue can result in issues at a clinical level such as increased clinical errors, misjudgments, decrease in the overall quality of care, lack of treatment planning (Rossi et al., 2013), depression, anxiety, high rates of stress-leave from front line work, and desensitization (Jarrad, Hammad, Shawashi, & Mahmoud, 2018). Rossi et al. (2013) notes that professionals can experience a variety of symptoms such as;
irritability, body numbness, intrusive imaginations, and bursts of anger, which can be trigged by compassion fatigue. Bride, Radey, and Figley (2007) imply that a cause of compassion fatigue is due to a clinician facing the realities of multiple tragic and terrible traumatic experiences of clients. Bride et al. (2007) emphasize that confronting other individuals’ experiences may distort the professional’s personal perceptions of the world as meaningful. Ellerby (1998) states that compassion fatigue can be seen as a reflection of the connection between the nature of the work and the condition. The nature of the work refers to the need to be an empathic provider to clients (Ellerby, 1998). The condition refers to the experience of fatigue or stress associated from exposure to trauma and from absorbing the suffering of the client’s traumatic experiences (Ellerby, 1998). In addition, Figley (2002) states that professionals in the helping industry often attempt to view the perspective of the suffering but eventually the professional may suffer a cost too. Adams et al. (2006) suggests that providing care can result in compassion fatigue, which has been examined for over two decades.

Burnout is chronic job-related stress which is characterized by emotional and psychological stress (Rotenstein et al., 2018). Mental health care providers can develop burnout when they have experienced enough occurrences of stress to have reached a state of exhaustion; mentally, emotionally, and physically (Balogun et al., 2003). The mental state of exhaustion is often coupled with feelings of personal failure and frustration (Balogun et al., 2003). Researchers note that a cause of burnout is triggered by involvement in an emotionally demanding and long-term situation with clients (Rossi et al., 2013). Ellerby (1998) states that burnout results from the professional perceiving their work as exceptionally challenging. Physical forms of burnout include head, back, stomach pain, and lack of sleep (Ellerby, 1998). It is extremely important that mental health care providers are aware of the impact of compassion fatigue and burnout as both
limit the provider’s ability to optimally respond to the needs of the client (Laverdière, Kealy, Ogronńczuk, Chamberland, & Descoteaux, 2018).

**Correctional Mental Health Professionals**

Correctional mental health professionals fulfill an important role and provide much needed service to the inmate population (Gallavan & Newman, 2013). However, stress, compassion fatigue, and burnout levels among correctional staff have consistently increased over the past 30 years (Gould et al., 2013). Gould et al. (2013) suggest that the consistent increase can be observed by the relationship between correctional staff and absenteeism, employee turnover, and decreased physical health. Compassion fatigue and burnout are particularly observed in the field of corrections especially when professionals are working with high demand populations (Gould et al., 2013). Jin, Sun, Jiang, Wang, and Wen (2018) suggest that within corrections, high levels of compassion fatigue and burnout can lead to a decline in employee performance and poor quality of service. Gould et al. (2013) state that a general consensus in regard to working in corrections is that the work can affect and take a toll on employees, which ultimately results in employee burnout.

Correctional professionals often fill a variety of roles within institutions (Gallavan & Newman, 2013). On a regular basis, their role is to directly provide services to inmates such as group therapy, programming, crisis/suicide intervention, psychological risk assessments, educational services, and more (Gallavan & Newman, 2013). These professionals are in positions to assist offenders in moving from inmates to law abiding citizen in post-incarceration (Gallavan & Newman, 2013). However, Gallavan and Newman (2013) note that as rewarding as it is to be a part of the contribution of the well-being of the inmate population under certain circumstances this position can become difficult for professionals to accomplish. Ellerby (1998) indicates that
working with high demand populations such as sex offenders in correctional settings, has an impact on clinicians as they become susceptible to experiencing a shift in their perception of the world. Ellerby's (1998) research offers examples of the altered perception of the world clinicians may experience daily, which include, mistrust/suspiciousness, concern of personal safety, and feelings of discomfort with specific populations.

Gould et al. (2013) provides information that individuals experiencing burnout are at an increased risk for experiencing a reduction in the overall quality of life; this is especially true for individuals who work in a correctional setting. Experiencing a decrease in quality of life ultimately impacts both home and work life (Gould et al., 2013). At the occupational level Gould et al. (2013) found that employees of correctional services tend to have higher rates of experiencing burnout and dread work attendance. Individuals may also experience psychological withdrawal, frequent absences, and negative thoughts regarding quitting (Gould et al., 2013). Results from these particular experiences contribute towards a decline in job performance, low levels of interactions, and lack of communication with co-workers and inmates (Gould et al., 2013). Individuals experiencing burnout may face challenges at home and withdraw from spouse, family, and friends (Gould et al., 2013). From this evidence Gould et al. (2013) reflects that the negative effects of burnout on employees is likely due to an inability to cope effectively with stress.

**Manualization of Treatment Approaches**

The introduction of manual-based treatment approaches has been considered to be a small revolution for psychotherapists (Wilson, 1996). Since its introduction, treatment manualization has been both celebrated and criticized in many literary resources (Kendall, Chu, Gifford, Hayes, & Nauta, 1998). There is minimal agreement in existence for the advantages and disadvantages
of manualization (Wilson, 1996). However, Dobson and Shaw (1988) suggest that there has been a growth in the development of treatment manualization due to the increased use by clinicians. Historically, the earliest development of treatment manuals was created for and by many behavioural clinicians (Dobson & Shaw, 1988).

Mann (2009) describes a treatment manual as a book of procedures which guides clinicians on specific techniques to administer treatment. McCulloch and McMurran (2007) describe manuals as technical guidelines, statements of principles, and intervention procedures. Ideally, manuals provide users with structured guidelines on treatment outcomes, offer strategies to assist in goal achievement, and support users in diminishing treatment challenges (Kendall et al., 1998). Connolly Gibbons, Crits-Christoph, Levinson, and Barber (2003) propose that manualization has evolved over the past 25 years due to various researchers' interest in systematically describing treatment variables. The early behaviour therapists were determined to define and specify treatment procedures in great detail so that their approaches to treatments could be easily replicated (Marshall, 2009). To date treatment manuals are used and recognized by many behaviour and cognitive-behavioural clinicians (Mann, 2009). However, there is numerous psychotherapy literature which continues to debate the value and effectiveness of treatment manuals (Mann, 2009).

**Proponents of Manualization**

Duncan, Nicol, and Ager (2004) suggest that manualization offers important advantages in clinical practices. Connolly Gibbons et al. (2003) examine the variables that predict therapist responsiveness when conducting and implementing detailed interventions for major depression. The authors’ research attempts to evaluate if therapist responsiveness leads to better treatment outcomes (Connolly Gibbons, Crits-Christoph, Levinson, & Barber 2003). Connolly Gibbons et
al. (2003) argue that therapists should use their professional competency to utilize interpretative techniques to allow for a more flexible approach when responding to the needs of the patient. The findings indicated that therapists were responsive to patient’s depression levels by utilizing more questions, clarification, and helpful statements with individuals who had reported higher levels of depression (Connolly Gibbons et al., 2003). The results showed that therapists trained to adhere to manualized treatments demonstrated some flexibility when delivering techniques specific to responding to the patients’ needs during the therapeutic process (Connolly Gibbons et al., 2003).

McCulloch and McMurran (2007) examined the factors that relate to a good offender treatment programme manual within correctional facilities. The authors aimed to identify a degree of participant agreement on factors that are effective for a good offender treatment programme (McCulloch & McMurran, 2007). The results showed the essential features were: comprehensive programme theory, clear and concise aims and objectives, list of detailed instructions, advice on program implementation, readable presentation, and user-friendly language, format, and materials (McCulloch & McMurran, 2007). McCulloch and McMurran (2007) stated that most cognitive-behavioural therapists generally favoured the use of manuals due to the fact that specific intervention procedures were frequently used and replicated by clinicians, which allowed for standardization of therapies. In order for effective treatment outcomes, McCulloch and McMurran (2007) suggest that intervention procedures must include theoretical and empirical-based evidence. Manuals must allow for presentation of interventions that enable users to understand and adhere to the procedures (McCulloch & McMurran, 2007). McCulloch and McMurran (2007) also state that manuals are favoured because of their ability to provide detail, high levels of instruction, and information.
Mann (2009) examines the need for manualization in sex offender treatment programs. The findings of the research particularly identify the good characteristics of treatment manuals (Mann, 2009). Mann (2009) suggests that in the literature surrounding psychotherapy, there have been mixed results for manual versus individualized therapy however, Mann supports that the findings display a superiority for manualized approaches. If manuals are developed correctly, they are essential for successful sex offender treatment and for replication of treatments. Mann (2009) states that manuals must include evidence-based practices and empirically supported treatments. Mann (2009) argues that manuals keep treatment focused and help to reach pre-determined goals and outcomes of therapy. It is suggested that this is an important component to the therapeutic process as manuals assist in ensuring that the treatment remains focused on the presenting issues (Mann, 2009). Moreover, manuals help therapists to gain clarity and understanding of the ultimate goals for which they are addressing through intervention (Mann, 2009). Mann (2009) concludes her article by highlighting the importance of needing specific procedures and a responsive, skillful therapist who is critical and mindful to the guidelines. The author states that manuals should be used as a navigational system, which is intended to assist therapists in effectively reaching their destination (Mann, 2009).

Wilson (1996) examined the benefits as well as the limitations to manual-based treatments. One benefit is their ability to be focused on a topic, provide structure and standardization, and deliver empirically-validated evidence (Wilson, 1996). Treatment manuals can be seen to represent a growth and breakthrough in the development, evaluation, and distribution of empirically-validated therapies (Wilson, 1996). A clinical advantage to manual-based treatments is that they have established effective outcomes in controlled studies (Wilson, 1996). Wilson (1996) suggests that manualization can be seen as useful for the purpose of
training and supervising therapists. Manualization facilitates training for therapists as it allows for them to be trained at an adequate level of clinical competency (Wilson, 1996). Manuals give therapists the opportunity to learn treatment approaches, specific strategies, and gain knowledgeable skills. Another essential and beneficial element of manual-based treatment is that it helps to guide the therapeutic process and encourage a therapeutic style that is open and pragmatic with a client (Wilson, 1996). A part of the therapeutic process between the clinician and client is for both parties to work diligently to address problems and target their intervention (Wilson, 1996). This component of the therapeutic process facilitates the client’s involvement and engagement in their own therapy which is a good feature of manual-based treatments (Wilson, 1996).

Therefore, research has demonstrated the effectiveness of manualization through the development and use of evidence-based treatment manuals. There is ample evidence that provides and supports the use of manualization in a variety of settings such as, correctional facilities. The various themes detailed within the literature state that manuals are effective if they include the following: clear aims and objectives, detailed instruction, resourceful information, specific strategies, user-friendly, and empirically validated. However, with keeping in mind the characteristics of a good manual, Wilson (1996) brings into question the validity of the professional’s clinical judgement during the selection and implementation process of psychological therapies. Within the conclusion, Wilson (1996) suggests that due to a growing interest in utilizing manual-based treatment approaches, there is a need to develop a measurement for clinical judgement. This is due to the fact that manual-based treatments require specific clinical skills and competency which should be established before treatment.

**Criticism of Manualization**
Many cognitive-behavioural therapists suggest that treatment manuals have become a fundamental contribution to clinical practice and research; however, various researchers have highlighted limitations for the use of manuals (Connolly Gibbons et al., 2003). Manualization has been long criticized for limiting the clinician’s range of therapeutic options available to a client and not meeting the needs of all individuals, which ultimately can be seen as a potential threat to clinical practice (Duncan, Nicol, & Ager, 2004).

Research by Kendall et al. (1998) addresses the utilization of manuals for a guide in treating children with anxiety disorders by teaching coping skills in distressing situations to encourage self-management of anxiety. Kendall et al. (1998) expressed that life and creativity needs to be brought to manual-based interventions which supports the notion that it is necessary for the therapeutic process to be artistic. That specific literature proposes that critics of manual-based treatment raise a number of objections, which assume that manuals involve rigid and routine approaches to treatment (Kendall et al., 1998). Manuals are often criticized regarding their inability to address all the individual needs and concerns of clients (Kendall et al., 1998). Kendall et al. (1998) point towards the therapist becoming an automaton and administering similar treatment to various clients without consideration of the therapist’s own clinical skills, education, or experience. It is argued that therapy should provide an artistic practice by the clinician and be highly tailored to the needs of the individual (Kendall et al., 1998).

According to Marshall (2009), until the modern introduction of cognitive and behavioural therapists, manual-based treatment approaches were rare or essentially non-existent. Marshall's (2009) research considered the problematic issues involved in using manuals to guide the treatment of sex offenders. Many clinicians affirm a strong dislike for manualized treatments because their use impedes the development of the therapeutic relationship (Marshall, 2009).
Surveys have suggested that 50% of therapists ignore the use of manuals and have even expressed uncertainty about what constitutes manualization (Marshall, 2009). Marshall (2009) indicated that the restrictions enforced by manuals does not allow for therapists to utilize the flexibility needed to optimally respond to the unique features of individual clients. For example, with parent-child interaction therapy, guided by manualization, the results showed that manualization did not allow for adequate flexibility which was necessary to address the unique features displayed by both the parent and the child (Marshall, 2009). While adhering to the instructions of the manual, there was an absence of guidance to provide intervention to address the features displayed by the parent or the child (Marshall, 2009). In the investigation by Marshall (2009), he concluded that he is personally opposed to the utilization of highly detailed manuals. The author’s approach on this conclusion was because manualization does not allow implementation of therapists’ flexibility and for the addition of new information.

Within the research of Wilson (1996), the author explores the benefits and limitations to manualization. The author compares and contrasts many literary resources in order to come to a conclusion whether or not manual-based approaches have advantages or disadvantages to the client population (Wilson, 1996). Wilson (1996) indicates that treating all patients with one approach or one standard technique is frequently identified as a criticism. For example, using one or the same standardized approach for treating individuals with phobic disorders is an objection to manualization (Wilson, 1996). This example is aimed at criticizing one approach due to the fact that there is a variety of phobic disorders which all present differently (Wilson, 1996). Moreover, manualization often gives therapists a sense that complex clinical problems are easily solved and treated through one simple approach which paints a narrow perspective of the therapeutic process (Wilson, 1996).
Dobson and Shaw (1988) attempt to examine the historical background of treatment manuals in psychotherapy research. They note that manualization limits the clinician’s ability to thoroughly examine the effects of various treatment variables and outcomes (Dobson & Shaw, 1988). Manualization also puts limitations on the opportunities for clinicians to explore other treatment options or processes (Dobson & Shaw, 1988). Dobson and Shaw (1988) acknowledge that with the use of manual-based treatment approaches over time, therapists may become similar to broken records, lacking the ability to analyze the therapeutic process, and critically communicate. Within the research it is apparent that critics of manualized-based treatment programs do not approve of their use due to a number of factors that limits the therapist's ability to provide flexible, artistic, unique, and individualized treatment to their clients and to the range of a disorder.

**Conclusion**

Despite considerable debate surrounding manualized based treatment, it is clear that a consensus has not been reached regarding the value of this approach. Multiple peer-reviewed journal articles have displayed conflicting evidence and arguments regarding the advantages and disadvantages of manualization. Kendall et al. (1998) suggests that in order for manuals to achieve the most effectiveness in treatment, the therapist must be able to incorporate creativity and flexibility into them. Kendall et al. (1998) concludes that for manuals to be effectively implemented the therapist requires more time gaining knowledge on the topic and requires them to do more than rigid-rule following. That being said, Dobson and Shaw (1988) conclude that manualization has brought forth several gains and will continue to expand in their abilities and purposes in the future. With the use of innovative research designs, the authors suggest that there is a possibility that manual-based treatment approaches will provide technological and clinical
usefulness (Dobson & Shaw, 1988). McCulloch and McMurran (2007) more recently suggest that manualization offers clinical usefulness particularly for less experienced therapists and facilitating staff training by providing detailed guidelines. Wilson (1996) concludes that the use and development of manual-based treatment approaches is an important break-through for evaluation and empirically-validated therapies. It is concluded within Wilson's (1996) literature that even though the use of manualization should be celebrated, it is important to remember that manual-based therapies require therapists to have clinical competency and skills to ensure all the requirements are met for the therapeutic process.

The literature by Marshall (2009) argues that manualization impedes on the development of the therapeutic relationship. However, Mann (2009) argues that manuals keep treatment focused on presenting issues and assist in reaching set goals, which are suggested to be a part of the therapeutic process. Dobson and Shaw (1988) also argue that with the use of manual-based treatment over a duration of time, therapists become very robotic-like when administering the same treatments to various individuals. The issue presented by Dobson and Shaw (1988) is that these characteristics diminish the therapeutic relationship and the therapist’s ability to communicate effectively and critically. Furthermore, Connolly Gibbons et al. (2003) suggests that while adhering to manualized treatment, therapists can and have displayed flexibility to unique client characteristics during the therapeutic process and the treatment should be carefully chosen based on the needs of the client.

Finally, in conclusion, despite the lack of consensus regarding manualization, it encourages an open, pragmatic, and positive learning approach to not only the facilitators but importantly to the client. It is proposed by the student researcher that utilizing manualized-based approaches will display the most beneficial outcomes in facilitating psychoeducation to
correctional service employees on compassion fatigue and burnout in the correctional setting. Thus, the use of a psychoeducational treatment manual was chosen for a more clearly outlined and straightforward approach that is less open to interpretation.
Chapter III: Method

Setting

A medium security correctional institution for male offenders served as the location for this study. This agency is home to the Ontario Assessment Unit, which assesses a federal offender’s criminogenic needs along with education, employment, family history, personal/emotional attitudes, associates, substance abuse, as well as mental and physical health.

Facilitator

A fourth year Behavioural Psychology student created the manual and presentation on compassion fatigue and facilitated the presentation, which followed the contents of the manual.

Participants

There were no human participants required for the development of the manual. Nine individuals, ages 28 to 62 years old, who worked for the Case Management Team volunteered to participate in the presentation of the manual contents. Participants were made aware that participation in the presentation was on a volunteer basis.

Inclusion/exclusion criteria. The manual had no set criteria for which participants qualified to participate in the presentation of the manual. Any members of the Case Management Team who volunteered to be a participant were included to join the presentation.

Manual Consent

Due to the nature of the project being presented there were no human participants required for the development of the manual.

Presentation Consent

The consent form (Appendix A) was created by the Behavioural Psychology student for the purpose of the presentation of the manual contents. Participants were made aware of the
consent form prior to the presentation and again during the presentation. Moreover, the participants were informed that the data will be presented in a public format and no identifying information would be divulged. The consent form highlighted key information such as: the presentation, the purpose, benefits, limitations, and associated risks. The consent form detailed information regarding data collection, the display of the data in a public form, and identifying information remains confidential. The consent forms will be saved and stored for 10 years in a locked filing cabinet at the agency. The forms will be shredded after the 10-year mark.

Research Design

The thesis is a non-experimental design due to the fact that there are no independent variable and dependant variables being manipulated. This design was used because it best suits the operational demands of the institution. Data were collected from the participants via the Student Feedback Survey, which utilizes a 5-point Likert scale. The results from the feedback survey were displayed by using two tables which represent the frequency of responses from the Presentation and Facilitator Feedback Surveys.

Apparatus and Materials

Manual. The manual was comprised of 11 chapters and was formulated into a booklet style handout for the participants. Chapter One introduced the purpose of the psychoeducational session, highlighted key information, and outlined the expected outcomes. Key definitions to further education and understanding is provided in Chapter Two. An explanation of compassion fatigue and Figley's (2002) three components of compassion fatigue: vicarious (secondary) traumatization, burnout, and compassion satisfaction are introduced in Chapter Three. Chapter Four is dedicated to defining burnout and it's four stages; enthusiasm, stagnation, frustration, and apathy. Discussed within Chapter Five of the manual is who is affected, how compassion fatigue
applies to the correctional service worker, and the reasons compassion fatigue occurs. Chapter Six provides information on the relationship between compassion fatigue and correctional workers. The behavioural, psychological, and physical signs and symptoms of compassion fatigue and burnout are provided in Chapter Seven. Tips for preventing and managing compassion fatigue and burnout, ways to build resiliency in the work place, as well as the ABCs of prevention are outlined in Chapter Eight. Chapter Nine provides reasons which can lead to failure of recognition of compassion fatigue or burnout. Community resources, educational Tedx Talks, and must-read books on compassion fatigue and burnout are provided in Chapter Ten for participants to educate themselves beyond the presentation. The Student Feedback Survey is located in the final chapter of the manual.

**Presentation.** The presentation took place in a conference room inside the Case Management Building. All participants sat around the table and were provided with a copy of the manual to accommodate different learning styles and a presentation was delivered on the chapters of the manual. The materials required for the presentation were: copies of the manual, Power-Point presentation, paper, writing utensils for both the participants and the facilitator, and the student feedback survey.

**Measures**

**Student feedback survey.** The Student Feedback Survey (Appendix B) was created by the student facilitator. The survey is comprised of 21 questions. Responses are measured using a 5-point Likert scale which ranges from, 1 (*strongly disagree*), 2 (*disagree*), 3 (*occasionally*), 4 (*agree*), and 5 (*strongly agree*). The questions on the survey were divided into two categories, evaluation of the facilitator and of the presentation.

**Procedures**
Manual. The manual developed for the staff at the agency provides useful information on compassion fatigue and burnout in the field of correctional services. It provides its readers with various mental health resources to enhance self-awareness. The manual was developed by gathering evidence-based material from peer reviewed journal articles, books, and CSC resources. The information for the manual was analyzed and separated into eleven chapters to ensure the best and most valuable information is presented to the readers. The manual was presented to the participants via a Power-Point presentation, which the student facilitated during a two-hour session.

Presentation. The presentation is an overview of the manual’s content. It was offered through a two-hour session during regular working hours in a conference room in the Case Management building. The presentation was only open to the participants who had read and signed the consent form. Before the presentation began there was a brief discussion about the potentially triggering material being presented. The participants and the facilitator selected one individual who volunteered to be a designated assistant to aid any individuals who may leave the room due to emotional/personal triggers. The consent form was also reviewed with all the participants before the presentation began. Participants were asked to actively engage in group discussions and ask questions. There was a 10-minute break to allow for participants to use the washroom and to have a break from the content.

The presentation contained information from the eleven-chapter manual. The presentation was divided into two halves for time management and effective information sharing purposes. The first half of the presentation was information from Chapters One to Five then a break was provided to the participants. Chapters Six to Eleven were presented after the break, followed by the completion of the Student Feedback Survey.
Chapter IV: Results

A manual and Power-Point presentation on compassion fatigue and burnout was created and developed by the student facilitator. Both the manual and presentation were developed to facilitate a psychoeducational group session and deliver a professional resource to correctional employees. However, the manual and presentation can be easily generalized to other occupations within the helping profession. The eleven-chapter manual is comprised of key information and relevant literature on compassion fatigue and burnout specifically related to the CSC environment and to the professionals working therein.

Manual. The manual included eleven-chapters, which introduces the topic of compassion fatigue and burnout. A brief explanation of the manual content has been previously described in the methods section. Nonetheless, the purpose of the psychoeducational session, key information, and the expected outcome were identified in Chapter One of the manual. Important definitions such as, compassion, depersonalization, primary traumatic stress, stress, and suffering were provided in Chapter Two. The third chapter explored and identified Figley's (2002) contributions to compassion fatigue and burnout while the four stages of burnout are identified in Chapter Four. Subsequently, detailed content of who is affected, how compassion fatigue applies to the correction service worker, and the reasons compassion fatigue occurs was explored next. Chapter Six encourages the understanding of the relationship between the correctional service worker and compassion fatigue. Various signs and symptoms of compassion fatigue and burnout such as the behavioural, psychological, and physical were highlighted in Chapter Seven. The following chapter enhanced the learner’s knowledge of preventative measures, management practices, and strategies to build resiliency. Reasons that can lead to a failure of recognition of compassion fatigue and burnout are acknowledged in Chapter Nine. A compilation of resources,
such as community resources, educational Tedx Talks, and books regarding the topic are specified in Chapter Ten for continued education and future reference. The final chapter is comprised of the Student Feedback Survey which is divided into a two-part evaluation of the presentation and the facilitator.

**Presentation.** The 21-slide presentation followed the material of the manual. The presentation provided a psychoeducational group session in a familiar environment. The presentation utilized visually appealing material and discussions related to the topic to facilitate an open and safe discussion about compassion fatigue and burnout.

**Presentation Feedback Survey Results.** Table 1 displays a visual representation of the frequency of responses to the Presentation Feedback Survey which was comprised of nine general questions. In addition, the Presentation Feedback Survey was administered and completed by the nine participants. The survey used a 5-point Likert scale rating which ranged from, 1 (*strongly disagree*), 2 (*disagree*), 3 (*occasionally*), 4 (*agree*), and 5 (*strongly agree*). Overall, the results from the Presentation Feedback Survey indicated beneficial outcomes by the participants. Forty-four percent of participants strongly agreed that they had prior knowledge of the topic and 80% strongly agreed that the presentation provided engaging material regarding the topic. Additionally, the results indicated that there was 100% agreement that the presentation was informative, credible, and beneficial to them. Therefore, the results from the Presentation Feedback Survey indicated positive feedback outcomes.

Table 1. Frequency of responses from the Presentation Feedback Survey.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Occasionally</th>
<th>Agree</th>
<th>Strongly Agree</th>
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</thead>
<tbody>
<tr>
<td>1. Prior knowledge of participant</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td></td>
<td></td>
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<tr>
<td>2. Presentation was beneficial</td>
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<td>9</td>
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<td>3. Presentation was engaging</td>
<td>1</td>
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<td>8</td>
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Facilitator Feedback Survey Results. The results from the Facilitator Feedback Survey for the most part displayed a positive outcome. Seventy-seven percent of the participants strongly agreed that the pace was easy to follow, and the time was utilized effectively. The results showed that 88% strongly agreed that the facilitator was knowledgeable regarding the topic, the content was delivered clearly and concisely, and the aims/goals/objectives were stated. In addition, 100% of the respondents strongly agreed that the facilitator was enthusiastic, organized and prepared, used appropriate body language, and answered all questions to the best of her ability. Furthermore, the majority of results from the survey displayed positive outcomes. Table 2 represents the frequency of responses for each question on the Facilitator Feedback Survey.

Table 2. Frequency of responses from the Facilitator Feedback Survey.

<table>
<thead>
<tr>
<th>Questions</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Occasionally</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Knowledgeability of facilitator?</td>
<td>1</td>
<td>8</td>
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<tr>
<td>2. Enthusiasm of facilitator</td>
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<tr>
<td>3. Organization and Preparedness</td>
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<td>9</td>
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<tr>
<td>4. Aims/goals/objectives were stated?</td>
<td>1</td>
<td>8</td>
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<tr>
<td>5. Presentation pace</td>
<td>2</td>
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<tr>
<td>6. Content delivered clearly/concisely</td>
<td>1</td>
<td>8</td>
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<td></td>
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<tr>
<td>7. Facilitator was easy to follow</td>
<td>2</td>
<td>7</td>
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<tr>
<td>8. Time utilized effectively</td>
<td>2</td>
<td>7</td>
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<tr>
<td>9. Appropriate body language</td>
<td></td>
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<td></td>
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<tr>
<td>10. Time allotted for questions</td>
<td>1</td>
<td>2</td>
<td>6</td>
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<tr>
<td>11. Facilitator answered questions to the best of her ability</td>
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<td>9</td>
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Chapter V: Discussion

Summary

The literature regarding compassion fatigue and burnout lacked a high volume of research specifically pertaining to the correctional environment. However, there was ample research concerning compassion fatigue and burnout within other clinical environments which can be generalized to the correctional setting. While there was an absence of literature regarding the effectiveness of manualization to educate correctional service employees regarding compassion fatigue and burnout, there was ample research considering the behavioural, psychological, and physiological impacts related to the correctional worker.

Research by Gallavan and Newman (2013) suggest that in comparison to other clinical professionals, correctional mental health professionals working with high demand populations, are more susceptible to experience increased levels of compassion fatigue and burnout. The risk of compassion fatigue, burnout, and stress have been consistently increasing; the literature by Gould et al. (2013) suggests that the increase can be observed by the relationship between correctional staff and absenteeism, employee turnover, and decreased physical health. Therefore, the purpose of the thesis was to develop a manual on compassion fatigue and burnout for correctional service employees, followed by a presentation of the manual content in a psychoeducational group session. The aim was to increase their knowledge and understanding of compassion fatigue and burnout as well as the overall quality of life, personally and professionally.

The overall results from both the Presentation and the Facilitator Feedback Survey indicate positive outcomes. More specifically, the Presentation Feedback Survey results obtained a 100% agreement that the presentation was informative, credible, and beneficial. Research by
McCulloch and McMurran (2007) found that the essential features of a manual were: clear aims and objectives, user-friendly format and language, and must include empirical-based evidence. The authors also state that manuals are favoured because of their ability to provide high levels of information and detail. Therefore, the literature by McCulloch and McMurran (2007) regarding essential features of a manual and the results from both the Presentation and Facilitator Feedback Survey have similarities. In addition, the results from the Facilitator Feedback Survey demonstrated an 88% agreement that the aims, goals, and objectives were stated, and the content was delivered clearly and concisely during the presentation. Moreover, the Facilitator Feedback Survey results showed that 100% of the participants strongly agreed that the facilitator was enthusiastic, organized, prepared, used appropriate body language, and answered questions to the best of her ability.

**Manual Strengths**

The main strengths of the manual are the format and content, which are beneficial and informative to the user. The manual was formatted using text-book-like chapters to divide the content into a manner that allowed the user to comprehend information visually and textually. The results from the Student Feedback Survey demonstrated a 100% agreement that the content within the manual was beneficial and informative to the user and contained credible information. An asset of the manual was acknowledging the behavioural, psychological, and physical signs and symptoms, as well as the four stages of burnout, and the three components of compassion fatigue. Thus, it can be interpreted from the Student Feedback survey that the manual had strong visual appeal to the audience and contained informative, beneficial, and credible information that was helpful to the correctional worker.

**Facilitator Strengths**
A main strength of the facilitator was identified as on The results demonstrated adequate delivery of the presentation of the manual contents by the facilitator. Another strength attributed to the facilitator was her efficient use of time and her ability to deliver the content clearly and concisely. These were identified as strengths because the participants' time was limited; therefore, it was important to effectively deliver the content concisely and in a timely manner.

Presentation Strengths

A main strength of the presentation was the discussion that was encouraged between the participants to facilitate learning and comprehension of compassion fatigue and burnout. The participant engagement which assisted in enhancing understanding of the content. The discussion also provided the participants with an opportunity to reinforce their learning experiences through using shared personal and professional examples.

Limitations

The three main limitations of the research project are presented as: minimal research regarding the effectiveness of manuals for the use of psychoeducation for correctional staff, the Student Feedback Survey did not include questions specifically concerning the manual, and the facilitator notes were not included in the presentation material.

Minimal research. Firstly, there was minimal research on the effectiveness of using a manual to facilitate a psychoeducational session specifically regarding compassion fatigue and burnout in a correctional environment. This was a limitation because the literature review did not include direct research supporting the use of manualization to educate correctional service employees. Perhaps the lack of research contributes to this limitation because the correctional service industry has restricted areas which can be researched.
Student feedback survey. The second limitation is that the Student Feedback Survey did not include questions directly related to the manual itself. Instead, the survey asked questions more related to the presentation and the facilitator. Therefore, this limitation restricts the feedback of the overall quality, visual appeal, and future modifications for the manual.

Student Presentation Notes. The final limitation is the non-inclusion of the student’s presentation notes. The lack of the facilitator’s presentation notes limits and reduces the effectiveness of replication of the thesis project in the future.

Multilevel Challenges

When conducting a research project there is bound to be challenges and barriers that can present. It is of value to the researcher and the project to accept these challenges and examine them at the client, program, organizational and societal level.

Client level. To start, a manual should be tailored to the participant whether it is to the individual or to a group. One challenge that arose at the client level was the lack of opportunity and limited time to explore the learning styles of the targeted group. This contribution would have been beneficial to the group by tailoring the manual and presentation to their learning styles and needs. Without having conducted any research or information from the group, the manual and presentation were not specifically tailored, possibly omitting an important concept that the user may have found beneficial.

Program level. At the program level, the challenge identified was the time constraint for delivery of the final product. Due to the operational demands of the environment, there was limited time available for the student researcher to present the information in a manner that reflected the content well without rushing through the presentation. Consequences from this
challenge can arise in the form of the researcher not having enough time to relay the information appropriately and a lack of participant learning outcomes.

**Organizational level.** From the organizational level, a challenge was the shortage of funding opportunities for training the employees with regard to this topic. Often, the funding for correctional institutions goes towards rehabilitating the offender population, which is much needed to effectively and ethically provide the best care possible to this population. When funding is limited, it can make it difficult for employers to bring in a third party to facilitate an educational session for staff. However, this directly impacts the professionals and the employers because research has provided evidence that compassion fatigue and burnout has a relationship to employee turnover, absenteeism, and illness.

**Societal level.** Lastly, the challenge identified at the societal level is the lack of compassion fatigue and burnout seminars being delivered to the professionals in the correctional environment and in the helping profession in general. Without frequent informational or psychoeducational sessions in the helping profession specifically, it places many professionals at risk of decreased awareness, a limited understanding of the signs and symptoms, and the use of preventative measures. In a broader sense, a challenge associated with the helping profession is the impact it may also have on the professional’s ability to maintain healthy relationships with family, friends, and co-workers. Moreover, professionals are at an elevated risk without more opportunities to learn, discuss, and understand compassion fatigue and burnout.

**Recommendations for Future Research**

The first recommendation for future research is expanding the literature that supports the use of manualization to facilitate a psychoeducational group session on compassion fatigue and burnout to correctional staff. Another recommendation for future research is examining the
effects of compassion fatigue and burnout on various occupational groups, such as, correctional therapists/psychologists, parole officers, teachers, guards, supervisors, administration because each individual can experience different levels of fatigue or burnout.

A second recommendation that could enhance the research project for the future is examining how the demographics of different prison populations affects compassion fatigue and burnout. More specifically, examining or referencing in the literature the differences between minimum, medium, and maximum-security institutions and the rates of fatigue or burnout.

The final recommendation of the research study that could provide improvements is examining the professional population more in-depth. For example, gathering information on the duration of years an individual has worked in corrections as well as their educational background and training. Additionally, can the number of years spent working in corrections be related to an increase in compassion fatigue and burnout? Similarly, can a professional spend a number of years working in the correctional setting and not suffer from compassion fatigue or burnout? These questions would imply a need for investigation of the preventative factors.

**Contribution to the Field of Behavioural Psychology**

This research project contributes to the field of Behavioural Psychology because it increased awareness, education, and understanding of the behavioural, psychological, and physiological impacts of the correctional environment. The research project also contributes awareness within the correctional setting about compassion fatigue, burnout, and the risks to personal and professional quality of life.

Currently, there is a lack of research that is in direct support of effective manualization in facilitating psychoeducation group sessions for compassion fatigue and burnout. However, there is substantial evidence that compassion fatigue and burnout is an increasing problem within the
correctional community as well as the impacts and risks. Sixty-six percent of the current research participants strongly agreed that a presentation on compassion fatigue and burnout should be provided to them yearly. Therefore, there is evidence that supports the need for education and awareness regarding the research topic. Furthermore, the future students of the Honours Bachelor of Behavioural Psychology program can utilize this research project for replication and learning purposes to expand and develop new or similar ideas related to the topic of compassion fatigue and burnout.
References


Appendix A

Staff Consent Form

Project Title: Compassion Fatigue: A staff manual and presentation
Principal Investigator: Dana McParland
Name of Supervisor: Lana Di Fazio
Name of Institution: St. Lawrence College
Name of Institution/Agency: Joyceville Institution

Invitation
You are being invited/asked to participate in a presentation. I am a student in my fourth year of Behavioural Psychology program at St. Lawrence College. I am currently on a 14-week placement at Joyceville Institution in the Case Management Department. The results of the presentation you are being asked to participate in will contribute to my thesis with potential to be published in a scientific/peer reviewed journal or presented at conferences. The information in this form will help you understand my project. Please read through the information carefully and ask all the questions you might have before you decide if you would like to take part.

Why is this study being done?
This presentation will be conducted to facilitate psychoeducation regarding compassion fatigue and burnout. This presentation requires participants to join in on group discussions and ask questions for personal self-awareness. It is hoped that this presentation will help staff become aware of compassion fatigue as well as the associated risks, symptoms, and how to prevent it.

What will you need to do if you take part?
If you choose to take part in the presentation, there will be Student Feedback Survey to complete at the end of presentation on December 10, 2018.

What are the potential benefits of taking part?
The potential benefits which will follow participation in the presentation include: information and education on compassion fatigue and burnout, signs and symptoms, the relation of compassion fatigue and burnout to the field of correctional services, and prevention methods. Another potential benefit associated with participation in the manual/presentation is that the manual can be utilized in the future as it will be prepared in a manner that can be easily replicated for staff.

What are the potential disadvantages or risks of taking part?
The potential disadvantages or risks associated with taking part in this presentation are minimal but includes: a potential for information to be shared about compassion fatigue that may cause an individual to be triggered. In the event that an individual is triggered a plan will be put in place to address this issue if it may arise. This issue will be addressed by having a designating person who has volunteered to assist any individuals who are triggered by providing comfort, support, and emotional recognition.
Will the information you collect from me in this project be kept private?

The personal information shared between the participants and the researcher will remain confidential and there will be no identifying information shared. The consent forms and feedback surveys will be stored in a locked filing cabinet at the agency during the study and after the 14-week placement ends. The computer files with the data collected from the survey will be kept in a password protected file on a secure, password protected computer. Your name and/or any other identifying information will not be used in any reports, publications, or presentations resulting from this presentation.

Do you have to take part?

Participation is solely volunteer based. It is up to you to make an informed decision whether or not to take part in the two-hour presentation. If you wish to participate, you will be asked to sign this consent form. If you do make an informed decision to participate in the presentation, you are at no obligation to participate and you may withdraw from the presentation at any point with penalty. If you decide to stop participating during the presentation, please speak to me or my supervisor after the presentation to address your concerns or issues. In addition, choosing to participate in the presentation will not directly affect any participant’s position with the Case Management Team.

Contact for further information

This presentation has been reviewed by the St. Lawrence College agency supervisor. The project is developed under the supervision of Lana Di Fazio, my academic supervisor from St. Lawrence College. I would appreciate your cooperation. If you have any additional questions or concerns, feel free to ask me, Dana McParland (DMcparland@student.sl.on.ca). You can also contact my college supervisor, (ldifazio@sl.on.ca), if you have any concerns about this presentation you are being invited/asked to take part in.

If you are willing to participate in this presentation, please review the form, sign, and return it to the facilitator. Upon consent, a copy of this form will be provided to you for your personal records. The original copy of the form will be stored in a safe cabinet at the agency for 10-years thereafter which will then be shredded. By signing this form, I agree to the following:

- The study has been explained to me.
- All my questions were answered.
- Potential risks and benefits have been highlighted and explained to me.
- I am well aware that I obtain the right to stop the intervention at any time without providing a reason.
- I understand that I am able to ask questions about the study at any time.
- I have been explained that my personal information will be kept confidential.
- I understand that no information that would identify me will be released or printed without permission first.
- I acknowledge that I will receive a signed copy of the Informed Consent Form and the original will be kept by the researcher.
- I acknowledge that any data from this presentation may be presented at the Behavioural Psychology Poster Gala at St. Lawrence College. I also understand that any data from this
research may be used at conference or published in a journal. However, any identifying information will be kept confidential.

I consent to take part in the research study

<table>
<thead>
<tr>
<th>Participant Name</th>
<th>Signature of Participant</th>
<th>Date</th>
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<tr>
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<table>
<thead>
<tr>
<th>Student Printed Name</th>
<th>Signature of Student</th>
<th>Date</th>
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Appendix B

Student Feedback Survey

<table>
<thead>
<tr>
<th>Student Feedback Survey</th>
<th>1= Strongly Disagree</th>
<th>2= Disagree</th>
<th>3= Occasionally</th>
<th>4= Agree</th>
<th>5= Strongly Agree</th>
</tr>
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<tbody>
<tr>
<td><strong>The Facilitator:</strong></td>
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<tr>
<td>Facilitator knowledgeable about the topic?</td>
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<tr>
<td>Facilitator was enthusiastic about the material?</td>
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<tr>
<td>Facilitator was organized and prepared?</td>
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<tr>
<td>Was the aim/goals/objective stated?</td>
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<tr>
<td>Was the pace of the presentation good?</td>
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<tr>
<td>Was the content presented delivered in a clear/concise manner?</td>
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<tr>
<td>Facilitator was easy to follow?</td>
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<td></td>
<td></td>
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<tr>
<td>Facilitator utilize time effectively?</td>
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<tr>
<td>Facilitator display good body language?</td>
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<tr>
<td>Facilitator allowed time for the audience to ask questions?</td>
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<tr>
<td>Did the facilitator answer questions to the best of their ability?</td>
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<tr>
<td><strong>The Presentation:</strong></td>
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<tr>
<td>I knew a lot of information about the topic before the presentation</td>
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<tr>
<td>Was the presentation beneficial?</td>
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<td>Was the presentation engaging?</td>
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<tr>
<td>Did you find the information to be informative/helpful to you?</td>
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<tr>
<td>Did the presentation provide examples?</td>
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<tr>
<td>Did you find the presentation to be credible? i.e. resources, references</td>
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<tr>
<td>A presentation on compassion fatigue and burnout should be done yearly?</td>
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<tr>
<td>I enjoyed learning about the content</td>
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<tr>
<td>Was the overall quality of the presentation good?</td>
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</tbody>
</table>
Appendix C

Compassion Fatigue:

A Staff Manual

"When your physical, emotional, and spiritual needs are being met, it allows you to engage in ethical, effective, and sustainable work." -Jessica Dolce

Created and written by: Dana McParland
Honours Bachelor of Behavioural Psychology
St. Lawrence College
2018
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This is your copy of the manual, feel free to write on these pages and to share with anyone who may find it informative.
CHAPTER 1

INTRODUCTION
Introduction

This manual on compassion fatigue and burnout has been developed for the purpose of facilitating a psychoeducational session for federal correctional service employees. The objective is to raise awareness, increase knowledge and understanding of compassion fatigue and burnout for professionals in a high stress, at-risk environment, and as a resource for their personal toolkit.

This manual will increase knowledge by defining compassion fatigue and burnout with federal correctional service employees and provide information on how these professionals may be affected, awareness of potential signs and symptoms, prevention strategies and resources to further understanding.

The facilitator is a fourth-year student studying in the Honour Bachelor of Behavioural Psychology program at St. Lawrence College in Kingston, Ontario. The student completed a 14-week academic field placement in a male federal correctional institution.

The expected outcome is to deliver a manual that provides insight into compassion fatigue and burnout in the workplace. This will be achieved by providing a clear understanding of terms, sign, symptoms and resources to assist the correctional worker. This occupation has by nature elevated risks and there is an increased need for the practice of self-care especially with the intensity and stress that precede the occupation.
CHAPTER 2

DEFINITIONS OF COMPASSION FATIGUE & BURNOUT
## Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress</td>
<td>A state of mental or emotional strain or tension resulting from adverse or demanding circumstances.</td>
</tr>
<tr>
<td>Compassion</td>
<td>Sympathetic pity and concern for the sufferings or misfortunes of others.</td>
</tr>
<tr>
<td>Suffering</td>
<td>The state of undergoing pain, distress, or hardship.</td>
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<tr>
<td>Primary Traumatic Stress</td>
<td>Primary stressors are those inherent in the extreme event, such as what was immediately experienced or witnessed, especially those contributing to a traumatic response.</td>
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<td>Depersonalization</td>
<td>Lack of concern or callousness for clients or patients; individuals being to experience a decrease in their own personal perception of accomplishment, which is recognized as the perception of enthusiasm and effectiveness that comes from working with people (Gallavan &amp; Newman, 2013).</td>
</tr>
</tbody>
</table>
CHAPTER 3

WHAT IS COMPASSION FATIGUE?
What Is Compassion Fatigue?

Charles Figley coined the term compassion fatigue in 1995 as:

“A state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper”.

Compassion fatigue has been described as the caregivers’ reduced interest in being an empathic provider for clients (Rossi et al., 2013).

Compassion fatigue is often seen in people who work in the profession of helping others. This work is often seen in high stress environments where there is direct or indirect exposure to clients and is challenging and at times exhausting whether you are a health care provider, a therapist, or a police officer. When working in corrections the ability to feel compassion, to be client-centred, and to be empathic is also considered to be the professions’ greatest vulnerability.

Figley said that there are three components to compassion fatigue:

1. Vicarious (secondary) traumatization
2. Burnout
3. Compassion satisfaction
1. **Vicarious traumatization**
This term refers to the therapeutic work that is provided to clients which can cause a professional to experience a negative inner transformation due to empathic engagement with traumatized and severely traumatized individuals (Killian, 2008).

Vicarious traumatization is a gradual change or disruption of a professional’s thoughts, beliefs, emotions, and spirit, which is a direct result from repeated exposure to clients with traumatic experiences.

2. **Burnout**
Burnout is defined as the physical and emotional exhaustion a professional can experience when working in a high stress environment, the professional may begin to exhibit feelings of low satisfaction in the work place.

3. **Compassion satisfaction**
Compassion satisfaction derives from helping others and the positive feelings a professional receives from being a helper (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015).

This term is recognized as being a factor that counterbalances the risk of compassion fatigue (Finzi-Dottan & Kormosh, 2018).

The counterbalance contributes to professional resiliency and abilities to cope with challenges when working with high stress populations (Finzi-Dottan & Kormosh, 2018).
CHAPTER 4

WHAT IS BURNOUT?
What Is Burnout?

Burnout is the physical and emotional exhaustion that can occur when a professional is involved mentally in a long-term and demanding situation with an individual (Rossi et al., 2013). Burnout is a cumulative process associated with an increase in job responsibilities and work load. Empirical studies have exposed burnout as a prevalent condition within the helping profession (Sprang, Clark, & Whitt-Woosley, 2007).

Burnout can begin to affect a professional’s attitude towards clients. Individuals that are experiencing burnout may view their work as exceptionally challenging (Ellerby, 1998). Burnout is said to progress and accelerate over time through exposure to clients (Ellerby, 1998).

Burnout is characterized by cynicism, psychological distress, feelings of dissatisfaction, impaired interpersonal functioning, emotional numbing, and physiological problems (Sprang et al., 2007).

If an individual does not acknowledge burnout, it can manifest into physical symptoms like exhaustion and irritability. Individuals start to avoid work and view themselves as ineffective. There are four stages of burnout commonly known as:

1. Enthusiasm
2. Stagnation
3. Frustration
4. Apathy
1. **Enthusiasm**

This stage is also known as over-involvement. Enthusiasm occurs when a person tries to fulfill unrealistic personal or external expectations. An individual is enthusiastic about new opportunities and is feeling highly motivated to perform to the best of their ability.

2. **Stagnation**

Stagnation begins to set in when a job feels repetitive. Individuals view their job as challenging and is no longer enthusiastic and satisfied with their job and their performance at work.

3. **Frustration**

An individual may experience frustration when their attempts and efforts at their job feel pointless and this is when job dissatisfaction can occur.

4. **Apathy**

Apathy occurs from a loss of control and feelings of inner emptiness. Individuals experiencing apathy start to withdraw, lose energy, and fail to set and manage goals and tasks.
CHAPTER 5

THE AFFECTED
Who Does Compassion Fatigue Affect?

Anyone who provides a service or listens to another person. Including, but not limited to:

⇒ Child and Youth Worker
⇒ Correctional Service Workers
⇒ Developmental Disabilities Support Worker
⇒ Physicians
⇒ Therapists
⇒ Mental Health Aid
⇒ Nurses
⇒ Paramedics
⇒ Personal Support Workers
⇒ Law Enforcement
⇒ Residential Counselor
⇒ Social Workers
⇒ Substance Abuse Counselor
⇒ Family and Children Service Workers
How Does This Apply to You?

The human services can be an extremely rewarding professional industry. Compassion fatigue, compassion satisfaction, burnout, and vicarious traumatization can affect a variety of professionals who work in the human service industry but is not limited to these professionals specifically.

Compassion fatigue has recently been identified as a work hazard in relation to clinical work and the severity of emotional distress that can be placed on correctional professionals (Rossi et al., 2013).

Compassion fatigue and burnout can affect everyone differently.

Approximately 40% of Canadian physicians have reported to be in advanced stages of burnout; nurses also report an equal percent.

Physicians, nurses, psychologist, and correctional staff share similar roles and job responsibilities, each providing a service to a client or a patient. The service that each of these different professionals provide is what connects all human service providers.
Did You Know?

Due to fear of being labeled,

60%

of people will not seek assistance for mental health problems.

(Kitts, Klassen, & Devine, 2016).

&

38.7%

of clinical trainees have reported a history of personal trauma

(Butler, Carello, & Maguin, 2016).
Why Does Compassion Fatigue Occur?

There are variables that contribute to compassion fatigue and burnout such as personal education and knowledge of the topic as well as the environment and setting a professional works in.

The variables that contribute to why compassion fatigue and burnout occur are:

- Setting/Environment
- Working conditions
- Supporting specific populations
- Lack of education and awareness
- Experiencing negative impact in personal life
- Extended exposure to front-line work
- Limited access to resources
CHAPTER 6

ADDRESSING THE RELATIONSHIP
Compassion Fatigue and Correctional Services

It is extremely important that professionals who work with high demand populations are informed and well educated on the effects of compassion fatigue and burnout. The correctional staff at institutions provide an array of services to the offender population. The most important aspect of these services is that each individual helps to support the offenders in moving from inmates to citizens (Gallavan & Newman, 2013). On a regular basis, correctional service workers direct provide services such as interviews, group/individualized therapy, programming, psychological risk assessments, educational assessments, crisis/suicide intervention, and physical and mental health care.

Working as a correctional mental health professional with individuals who are a high demand population can put these professionals at an increased risk to experience higher levels of compassion fatigue or burnout in comparison to other clinical professionals in different environments (Gallavan & Newman, 2013). Working with high demand populations such as sex offenders in correctional settings, can directly impact professionals (Ellerby, 1998). Professionals can become susceptible to experiencing a shift in their view of the world when working with sex offenders (Ellerby, 1998). Twenty-five percent of therapists working with sex offenders reported experiencing feelings of depression, exhaustion, stress, and burnout (Senter, Morgan, Serna-McDonald, & Bewley, 2010).

It is of extreme importance that professionals working with challenging populations are informed and educated on the effects of compassion fatigue and burnout as well as the risks.
Professionals should be informed and encouraged to participate in mindfulness practices and engage in positive self-care.
How to Spot Compassion Fatigue and Burnout:

We are all unique and with that, the signs and symptoms of compassion fatigue and burnout will not be the same for everyone. Learning how to identify the signs that are unique to you and developing prevention strategies will allow individuals to build a resiliency and provide for a more balanced and meaningful career.

Compassion Fatigue:

Compassion fatigue affects dimensions of your personal well-being. The dimensions are:

<table>
<thead>
<tr>
<th>Behavioural Symptoms</th>
<th>Psychological Symptoms</th>
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<tbody>
<tr>
<td>⇒ Increased substance use</td>
<td>⇒ Inability to sympathize or empathize</td>
</tr>
<tr>
<td>⇒ Impaired judgement</td>
<td>⇒ Intrusive imagery</td>
</tr>
<tr>
<td>⇒ Increased feelings of anxiety</td>
<td>⇒ Low mood</td>
</tr>
<tr>
<td>⇒ Isolation</td>
<td>⇒ Depression</td>
</tr>
<tr>
<td>⇒ Absenteeism</td>
<td>⇒ Spirituality issues</td>
</tr>
<tr>
<td>⇒ Low job satisfaction</td>
<td>⇒ Hopelessness</td>
</tr>
<tr>
<td>⇒ Anger and irritability</td>
<td>⇒ Anxiety</td>
</tr>
</tbody>
</table>

Physical Symptoms:

⇒ Exhaustion
⇒ Sleep disturbances
⇒ Illness
⇒ Muscle tension
⇒ Headaches
Burnout:

Burnout can appear in various forms. These are the signs and symptoms to look for:

Behavioral Symptoms:

⇒ Increase use of substances
⇒ Absenteeism
⇒ Lack of decision making
⇒ Inability to concentrate/ Forgetfulness
⇒ Increased levels of frustration
⇒ Decreased interactions

Psychological Symptoms:

⇒ Anxiety
⇒ Depressed moods
⇒ Helplessness
⇒ Spiritual depletion
⇒ Emotionally exhausted
⇒ Reduced sense of meaning in work
⇒ Depersonalization

Physical Symptoms:

⇒ Headache/Illness
⇒ Back pain
⇒ Insomnia
⇒ Physical exhaustion
CHAPTER 8

TIPS FOR PREVENTING & MANAGING
Ways to Prevent and Manage:

- Increase and maintain self-care practices
- Make time for yourself between interviewing offenders
- Assess and manage personal trauma
- Continuously educate yourself
- Utilize opportunities to attend workshops and informational sessions
- Ensure peer and community supports
- Get at least 6-8 hours of uninterrupted sleep
- Identify what is important to you
- Set realistic and achievable goals
- Use vacation time
- Exercise/Healthy eating
- Yoga/Meditation
- Develop other passions and interest

Individual Ways to Build Resiliency to CF & BO in The Work Place

- Schedule personal debriefing sessions
- Attend training opportunities
- Create a supportive environment
- Identify work/life balance
- Engage in short mental health breaks
- Normalize your personal mental health needs
The ABCs of Prevention

**Awareness**
In order to prevent compassion fatigue, you need to be aware of your ability to function, personal boundaries, exhaustion levels, amount of effort versus accomplishment, levels of frustration, loss of compassion, and experiences of illness or pain.

**Balance**
To prevent compassion fatigue, it is important to maintain balance in your life by practicing self-care, being mindful of physical and psychological signs, finding meaning and challenge negative thoughts, and utilize mental health supports as needed. Another prevention technique is to find balance in your soul by having awareness of what replenishes you, setting goals and personal missions, and do not focus on what cannot be controlled.

**Connection**
Talk it out. Work towards developing a positive support system. Process your stressors, thoughts, and reactions with a supportive individual.
CHAPTER 9

BARRIERS IN ADDRESSING COMPASSION FATIGUE AND BURNOUT
Addressing the Barriers

There are multiple factors which can limit a professional’s ability to address or identify the behavioural, psychological, and physical symptoms of compassion fatigue and burnout.

Barriers that lead to failure of recognition:

- Fear of labelled “weak” or “complainer”
- Impact on employment and personal career aspirations
- Personal belief that stress is a normal part of the role of the job
- Lack of knowledge about supports, options, or resources
- Inability to acknowledge or recognize the severity of stress and fatigue
- Bargaining—“If am able to make it through the next month, things should get better”
CHAPTER 10

RESOURCE LIST
Resources

For more information about what is offered in the community please visit the following websites:


Must read books on compassion fatigue:


YouTube, educational videos:

CHAPTER 11

STUDENT FEEDBACK SURVEY
<table>
<thead>
<tr>
<th>Student Feedback Survey</th>
<th>1=</th>
<th>2=</th>
<th>3=</th>
<th>4=</th>
<th>5=</th>
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<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Occasionally</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

**The Facilitator:**

- Facilitator knowledgeable about the topic?
- Facilitator was enthusiastic about the material?
- Facilitator was organized and prepared?
- Was the aim/goals/objective stated?
- Was the pace of the presentation good?
- Was the content presented delivered in a clear/concise manner?
- Facilitator was easy to follow?
- Facilitator utilize time effectively?
- Facilitator display good body language?
- Facilitator allowed time for the audience to ask questions?
- Did the facilitator answer questions to the best of their ability?

**The Presentation:**

- I knew a lot of information about the topic before the presentation
- Was the presentation beneficial?
- Was the presentation engaging?
- Did you find the information to be informative/helpful to you?
- Did the presentation provide examples?
- Did you find the presentation to be credible? i.e. resources, references
- A presentation on compassion fatigue and burnout should be done yearly?
- I enjoyed learning about the content
- Was the overall quality of the presentation good?
References


Appendix D

Compassion Fatigue and Burnout: Presentation

Figure 1. Exploring your mind. 2018. Louise Hay and 7 of Her Best Quotes. Retrieved from https://exploringyourmind.com/louise-hay-7-best-quotes/

CONSENT OVERVIEW

Benefits
The content will be helpful information for staff to utilize in the future as it is prepared in a manner that can be easily applied to the individual.

Disadvantages
The risks associated with taking part are minimal but includes: a potential for information to be shared about compassion fatigue that may cause an individual to be triggered. In the event that an individual is triggered a plan will be put in place to address this issue if it may arise.

Do you have to take part?
Participation is solely volunteer based. It is up to you to make an informed decision whether or not to participate. If you do make an informed decision to participate in the presentation, you are at no obligation to participate and you may withdraw from the presentation at any point without penalty.

Choosing to participate in the presentation will not directly affect any participant’s position with the Case Management Team.
INTRODUCTION

- This manual has been developed for the purpose of facilitating a psychoeducational session for federal correctional service employees.
- Due to the nature of the environment the objective is to raise awareness, increase knowledge and understanding of the topic and utilize the manual as a personal toolkit.
- This manual will increase knowledge by explaining the relationship between compassion fatigue, burnout, and correctional service employees and provide information on who is affected, potential signs and symptoms, prevention strategies, and resources to further develop your personal understanding.
- The expected outcome is to deliver a presentation on the manual contents in an interactive group manner which provides insight into compassion fatigue and burnout in the workplace with correctional service employees. This occupation has by nature elevated risks and there is an increased need for practice of self-care.

COMPASSION FATIGUE & BURNOUT DEFINITIONS

| **Stress:** | A state of mental or emotional strain or tension resulting from adverse or demanding circumstances. |
| **Compassion:** | Sympathetic pity and concern for the sufferings or misfortunes of others. |
| **Suffering:** | The state of undergoing pain, distress, or hardship. |
| **Primary Traumatic Stress:** | Primary stressors are those inherent in the extreme event, such as what was immediately experienced or witnessed, especially those things most contributing to a traumatic response. |
| **Depersonalization:** | Lack of concern or callousness for clients or patients; individuals being to experience a decrease in their own personal perception of accomplishment, which is recognized as the perception of enthusiasm and effectiveness that comes from working with people (Gallavan & Newman, 2013). |
WHAT IS COMPASSION FATIGUE?

“A state experienced by those helping people in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it is traumatizing for the helper” - Figley, C.

1. How would you describe compassion fatigue?

2. Have you or someone around you experienced compassion fatigue?

WHAT IS COMPASSION FATIGUE?

- It has been described as the caregivers’ reduced interest in being an empathic provider for clients (Rossi et al., 2013).
- It is often seen in people who work in the profession of helping others. When working in high stress environments where there is direct or indirect exposure to offenders it can be challenging and at times exhausting.
- When working in corrections the ability to feel compassionate and to be offender-centred as well as to be empathetic results in personal depletion of compassion which can also be considered the professions’ greatest vulnerability.
Figley said that there are 3 components to Compassion Fatigue:

1. Vicarious (secondary) Traumatization
   Refers to the therapeutic work that is provided to clients which can cause a professional to experience a negative inner transformation due to empathetic engagement with traumatized and severely traumatized individuals (Killian, 2008).

2. Burnout
   Is defined as the physical and emotional exhaustion a professional can experience when working in a high stress environment, the professional may begin to exhibit feelings of low satisfaction in the work place.

3. Compassion Satisfaction
   Derives from helping others and the positive feelings a professional receives from being a helper (Sacco, Ciurzynski, Harvey, & Ingersoll, 2015).

WHAT IS BURNOUT?

- It is the physical and emotional exhaustion that can occur when a professional is involved mentally in a long-term and demanding situation with a client/offender (Rossi et al., 2013).
- It is a prevalent condition within the “helping” profession.
- Individuals begin to view their work as exceptionally challenging.
- Can progress and accelerate over time and with increased exposure to clients/offenders.
WHAT IS BURNOUT?

The 4 stages of BURNOUT are commonly known as:

1. Enthusiasm
   Occurs when a person tries to fulfill unrealistic personal or external expectations.

2. Stagnation
   Viewing the job as challenging and becoming no longer enthusiastic and satisfied with their job and performance.

3. Frustration
   When a professional's attempts and efforts at their job feel pointless, this is when job dissatisfaction can occur.

4. Apathy
   Apathy occurs from a loss of control and feelings of inner emptiness.

THE AFFECTED

1. Who does compassion fatigue affect?
2. How does this apply to you?
3. Why does compassion fatigue occur?
WHO DOES COMPASSION FATIGUE AFFECT?

- Child and Youth Worker
- Correctional Service Workers
- Developmental Service Workers
- Physicians
- Therapists
- Mental Health Aid
- Nurses
- Paramedics
- Personal Support Workers
- Law Enforcement
- Residential Counselor
- Social Workers
- Substance Abuse Counselor
- Women and Children Abuse Workers

HOW DOES THIS APPLY TO YOU?

- Working in a rewarding professional industry of helping others.
- Can affect each professional differently in a variety of environments.
- Compassion fatigue has recently been identified as a work hazard in relation to clinical work and the severity of emotional distress that can come from working as a correctional professional.
WHY DOES COMPASSION FATIGUE OCCUR?

- There are multiple variables that contribute to compassion fatigue and burnout starting with a lack of awareness and personal education of the topic.

ADDRESSING THE RELATIONSHIP

Compassion Fatigue and Correctional Services

- In environments such as correctional services, professionals are at an increased risk to experience higher levels of compassion fatigue or burnout in comparison to other clinical professionals in different environments (Gallavan & Newman, 2013).
- Working with high demand populations such as sex offenders in correctional settings, can have an impact on professionals as they can become susceptible to experiencing a shift in their view of the world (Ellerby, 1998).
ADDRESSING THE RELATIONSHIP

Compassion Fatigue and Correctional Services

- Twenty-five percent of therapists working with sex offenders reported to be experiencing feelings of depression, exhaustion, stress, and burnout (Senter, Morgan, Serna-McDonald, & Bewley, 2010).

- On a regular basis, correctional service workers directly provide services such as interviews, group/individualized therapy, programming, psychological risk assessments, educational assessments, crisis/suicide intervention, and physical health and mental health care. The most important aspect of these services is that each individual is helping to support the offenders from their move from inmates to citizens.
### SIGNS & SYMPTOMS COMPASSION FATIGUE

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<th>Behavioural Symptoms:</th>
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### SIGNS & SYMPTOMS BURNOUT

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<td>Back pain</td>
<td>Depressed moods</td>
</tr>
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<td>Lack of decision making</td>
<td>Insomnia</td>
<td>Helplessness</td>
</tr>
<tr>
<td>Forgetfulness</td>
<td>Illness</td>
<td>Spiritual depletion</td>
</tr>
<tr>
<td>Inability to concentrate</td>
<td>Physical exhaustion</td>
<td>Emotionally exhausted</td>
</tr>
<tr>
<td>Increased levels of frustration</td>
<td></td>
<td>Reduced sense of meaning in work</td>
</tr>
<tr>
<td>Decreased interactions</td>
<td></td>
<td>Depersonalization</td>
</tr>
</tbody>
</table>
TIPS FOR PREVENTING & MANAGING

- Educate Yourself
  - Increase and maintain self-care practices
  - Make time for yourself between visiting offenders
  - Assess and manage personal trauma
  - Continuously educate yourself
  - Utilize opportunities to visit workshops and informational session
  - Ensure peer and community supports

- Locate Supports
  - Identify what is important to you
  - Get at least 6-8 hours of uninterrupted sleep
  - Set realistic and achievable goals
  - Use vacation time
  - Exercise/Healthy eating
  - Yoga/Meditation
  - Develop other passions and interest

- Set Realistic Goals
  - Yoga/Meditation

- Practice Mindfulness, Meditation & Exercise

This page provides tips for preventing and managing compassion fatigue and burnout.
TIPS & TRICKS CONTINUED...

The ABC’s of Prevention

A - Awareness
In order to prevent compassion fatigue, you need to be aware of your ability to function, personal boundaries, exhaustion levels, amount of effort versus accomplishment, levels of frustration, loss of compassion, and experiences of illness or pain.

B - Balance:
It is important to maintain balance in your life by practicing self-care, being mindful of physical and psychological signs, finding meaning and challenging negative thoughts, and utilize mental health supports as needed. Another prevention technique is to find balance in your soul by having awareness of what replenishes you, setting goals and personal missions, and do not focus on what cannot be controlled.

C - Connection:
Talk it out. Work towards developing a positive support system. Process your stressors, thoughts, and reactions with a supportive individual

RESILIENCY

Ways to Build Resiliency to Compassion Fatigue in The Work Place

- Schedule debriefing
- Provide training opportunities
- Create a supportive team that values helping each other
- Identify a positive work/life balance
- Encourage short mental health breaks
- Normalize mental health needs

BARRIERS

Barriers that lead to failure of recognition

- Fear of labelled “weak” or “complainer”
- Impact on employment and personal career aspirations
- Personal belief that stress is a normal part of the role of the job
- Lack of knowledge about supports, options, or resources
- Inability to acknowledge or recognize the severity of stress and fatigue
- Bargaining – “If am able to make it through the next month, things should get better”

COMMUNITY RESOURCES

OTHER RESOURCES

INTERESTING READS!
1. The compassion fatigue workbook: Creative tools for transforming compassion fatigue and vicarious traumatization
2. Trauma stewardship: An everyday guide to caring for self while caring for others
3. Overcoming compassion fatigue: A practical resilience workbook
4. Surviving compassion fatigue: Help for those who help others

YOUTUBE – TEDTALKS

STUDENT FEEDBACK SURVEY

- Please complete and hand back the Student Feedback Survey to the facilitator
- If you do not wish to have your input included in this study, then please do NOT fill out a Student Feedback Survey and let the facilitator know.

Thank you!
REFERENCES


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REFERENCES


