

# Who Helps the Helpers?

Battling Stress, Burnout, and Compassion Fatigue

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Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Disclaimer and Funding Statement

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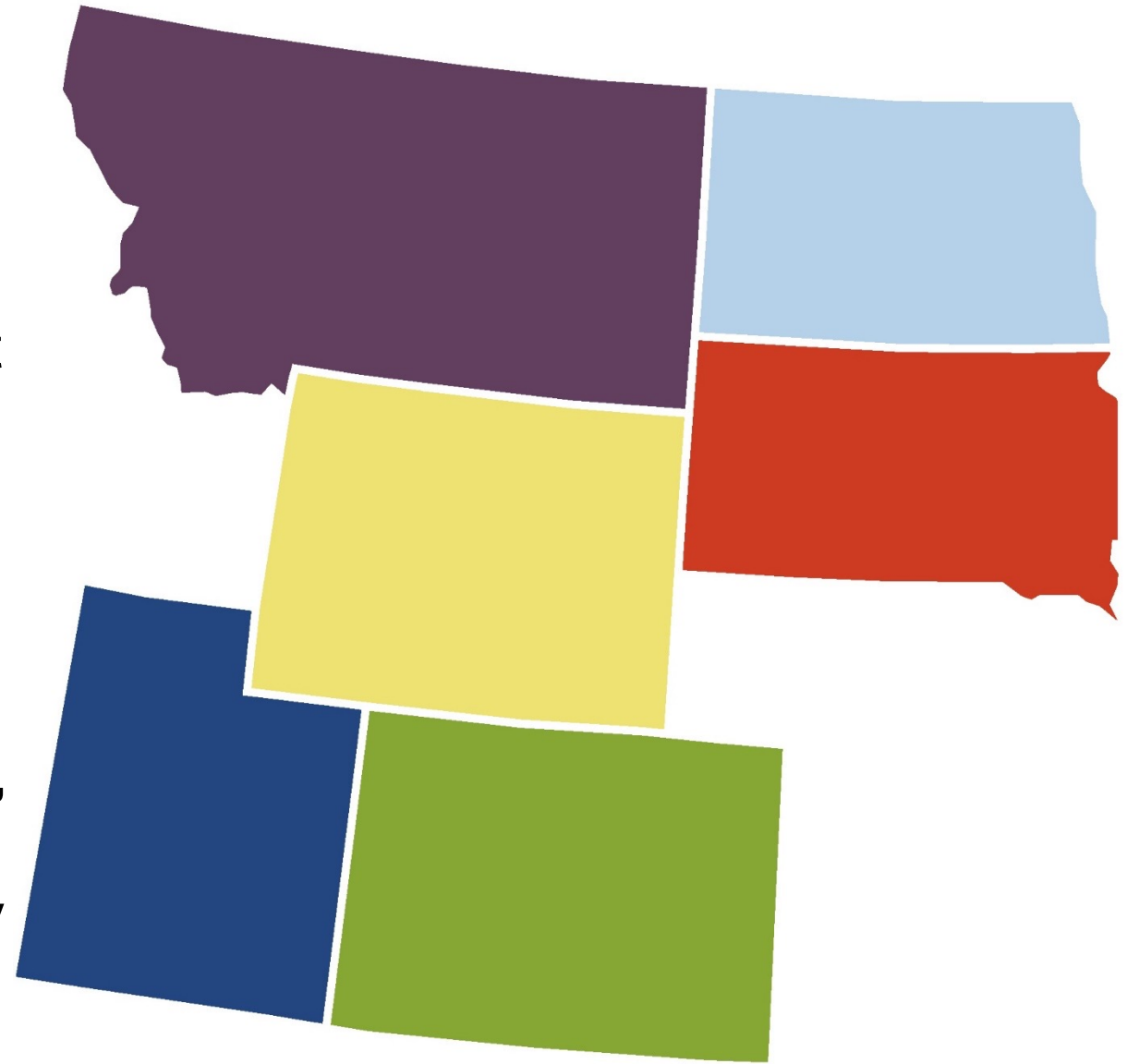
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# The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



# Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED  
AND HOPEFUL

INCLUSIVE AND  
ACCEPTING OF  
DIVERSE CULTURES,  
GENDERS,  
PERSPECTIVES,  
AND EXPERIENCES

HEALING-CENTERED AND  
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS  
PARTICIPATING IN THEIR  
OWN JOURNEYS

PERSON-FIRST AND  
FREE OF LABELS

NON-JUDGMENTAL AND  
AVOIDING ASSUMPTIONS

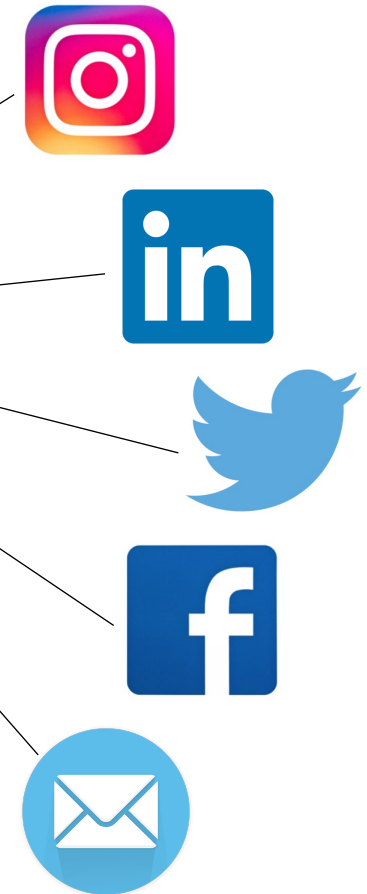
RESPECTFUL, CLEAR  
AND UNDERSTANDABLE

CONSISTENT WITH  
OUR ACTIONS,  
POLICIES, AND PRODUCTS

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# Objectives



Become aware of stress in the mental health professions



Define and understand burnout and compassion fatigue



Identify markers of burnout



Learn strategies to combat burnout



# About Mel

Ph.D., Counseling Psychology, University at Albany (2015)

- Internship: University of Florida 🐊

Currently: Augusta University (as of 2020)

- Previously:
  - Oklahoma State University (Director of Doctoral Training)
  - Louisiana Tech University (Director of the Psychological Services Clinic)
- Also: Licensed Psychologist (#PSY004400) and Board Certified (ABPP) in Counseling Psychology, in private practice (Aguirre Center for Inclusive Psychotherapy)

APA Board of Educational Affairs

- Chair, 2020
- Member, 2018 – 2023
- Member, *Hallmarks of High Quality Graduate Training* workgroup; *Holistic Admissions* workgroup







Multicultural Psychotherapy and Training



Racial and Economic Inequity in Higher Education



Racism and Antiracism





# “UNPRECEDENTED TIMES”

*Does anyone else miss  
precedented times?*



THE NEWS WITH SHEPARD SMITH

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# Teens deal with mental health crisis that's overwhelming doctors



Viola Faris loved "Elvis, violets, any kind of colorful birds," her daughter Christina said. "Motown music was a constant in her life and always turned her moods around."

HEALTH

## THE FINAL PANDEMIC BETRAYAL

Millions of people are still mourning loved ones lost to COVID, their grief intensified, prolonged, and even denied by the politics of the pandemic.

By Ed Yong

Photo Illustrations by Aaron Turner

 AMERICAN PSYCHOLOGICAL ASSOCIATION

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Date created: March 10, 2022

## Inflation, war push stress to alarming levels at two-year COVID-19 anniversary

[Current Events](#) [Stress](#)

*APA calls for immediate steps to protect mental health as geopolitical turmoil, money stress pile on*

# APA STRESS IN AMERICA SURVEY

% SAY IS A SIGNIFICANT SOURCE OF STRESS

Rise in prices of every day items due to inflation (e.g., gas prices, energy bills, grocery costs)

87%

Supply chain issues

81%

Global uncertainty

81%

Potential retaliation from Russia (e.g., cyberattacks, nuclear threats)

80%

Russian invasion of Ukraine

80%

STRESS IN AMERICA™ 2022: COVID SECOND ANNIVERSARY

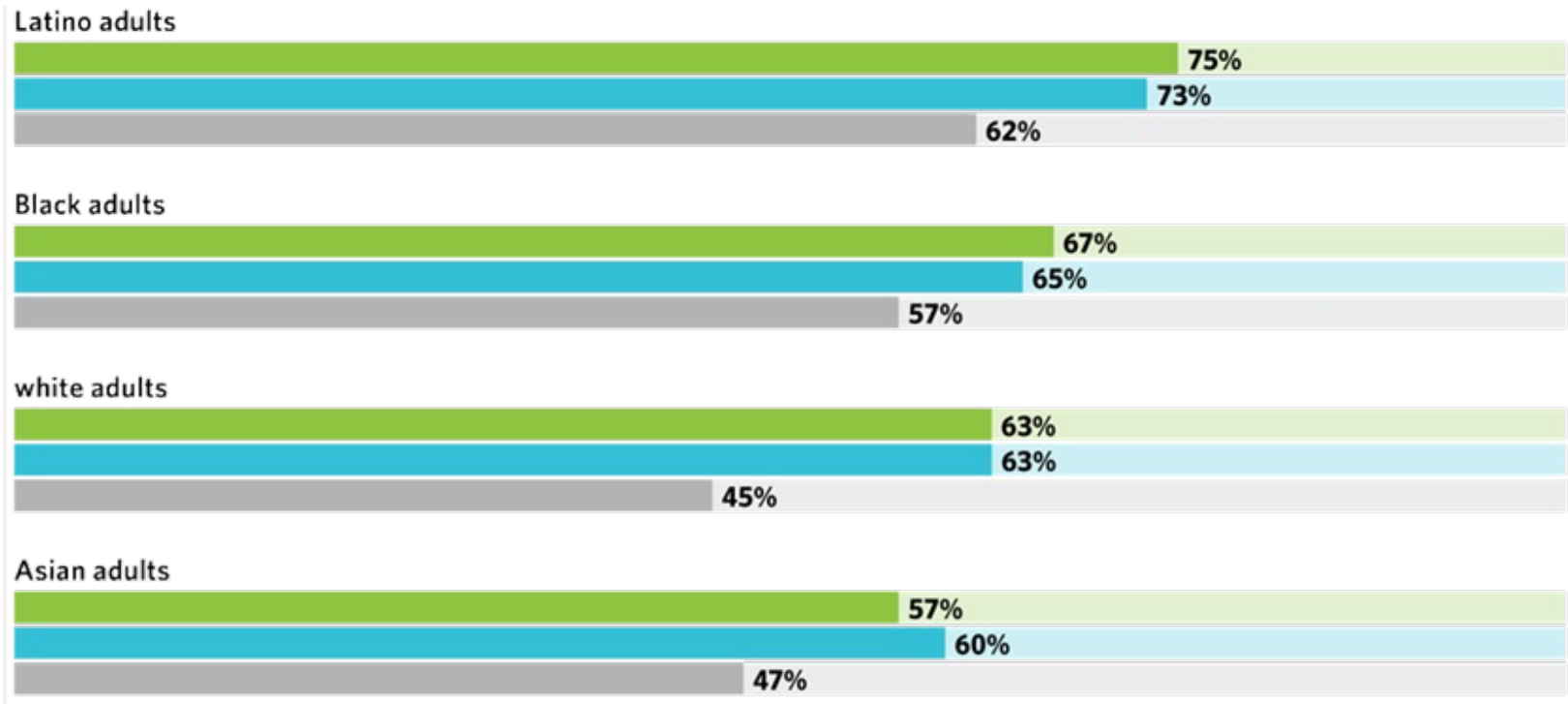
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# APA STRESS IN AMERICA SURVEY

## A CLOSER LOOK AT ECONOMIC STRESSORS

% SAY MONEY/ECONOMY/HOUSING IS A SIGNIFICANT SOURCE OF STRESS

■ MONEY ■ ECONOMY ■ HOUSING





# APA Stress in America Survey

- 2021 surveys:
  - Pandemic stress impeding basic decision-making capacity
  - Americans report increased drinking to cope with pandemic stress
  - More than 80% of respondents reported emotions associated with prolonged stress

LIVE

**BREAKING NEWS**

According to sources,  
therapists are people, too!



Obviously. But  
again,  
unprecedented  
times.....

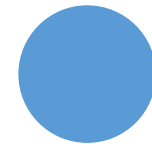
- All those societal stressors? We're living through them, too.
- While trying to support others through them.
- ...during a "mental healthcare crisis"
- ...and a "mental healthcare shortage"
- ...and societal attempts to reckon with racism, sexism, LGBTQ rights, and transphobia, increasing battle fatigue especially for minoritized therapists

**If anyone here is tired, it  
certainly makes sense.**

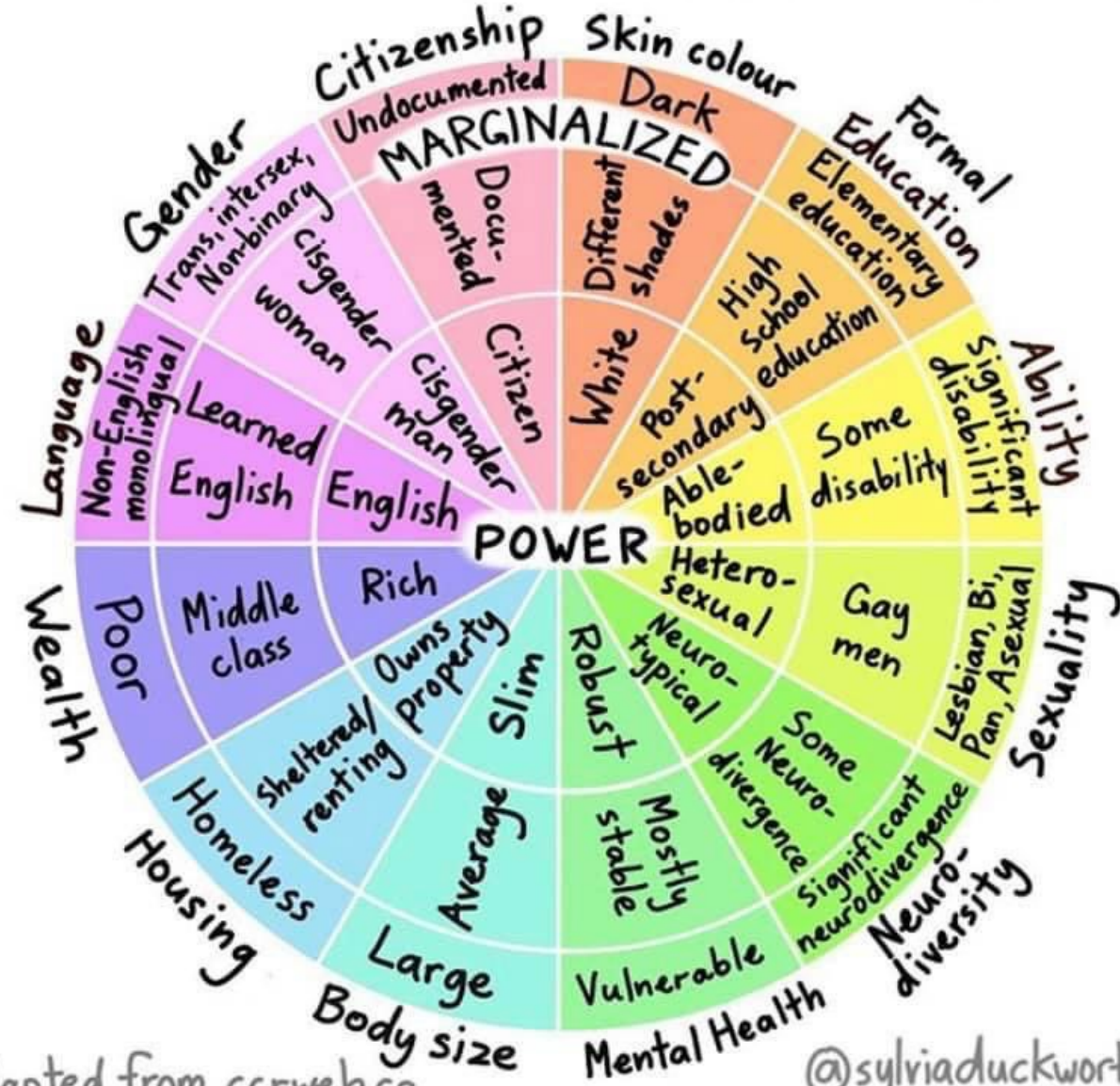


# Inequitable Exhaustion

- We are not all taxed equally by the world around us
- We carry the weight of our different experiences of intersectional oppression
  - Ayala et al. (2017): Women psychology doctoral students experience higher levels of stress, lower levels of self-care, lower quality of life compared to other populations
  - Hargons et al., (2022): Black students experience unique stressors and racial trauma at predominantly white institutions
- This can also influence how we experience our clients' experiences with oppression and trauma



# WHEEL OF POWER/PRIVILEGE



Adapted from ccrweb.ca

@sylvriaduckworth

# Burnout in the “Before Times”

- Long before the pandemic, we had a burnout problem in the mental health professions
- Burnout: A psychological reaction to chronic work stress that encompasses three dimensions
  - Emotional exhaustion: Feeling depleted, overextended, and fatigued
  - Depersonalization, or cynicism: Negative and cynical attitudes toward clients or work in general
  - Reduced sense of personal accomplishment or efficacy: Negative self-evaluation of one’s work with clients or overall job effectiveness
- Morse et al. (2012): Between 21% and 67% mental health workers may be experiencing high levels of burnout
  - Higher rates in agency and community-based settings



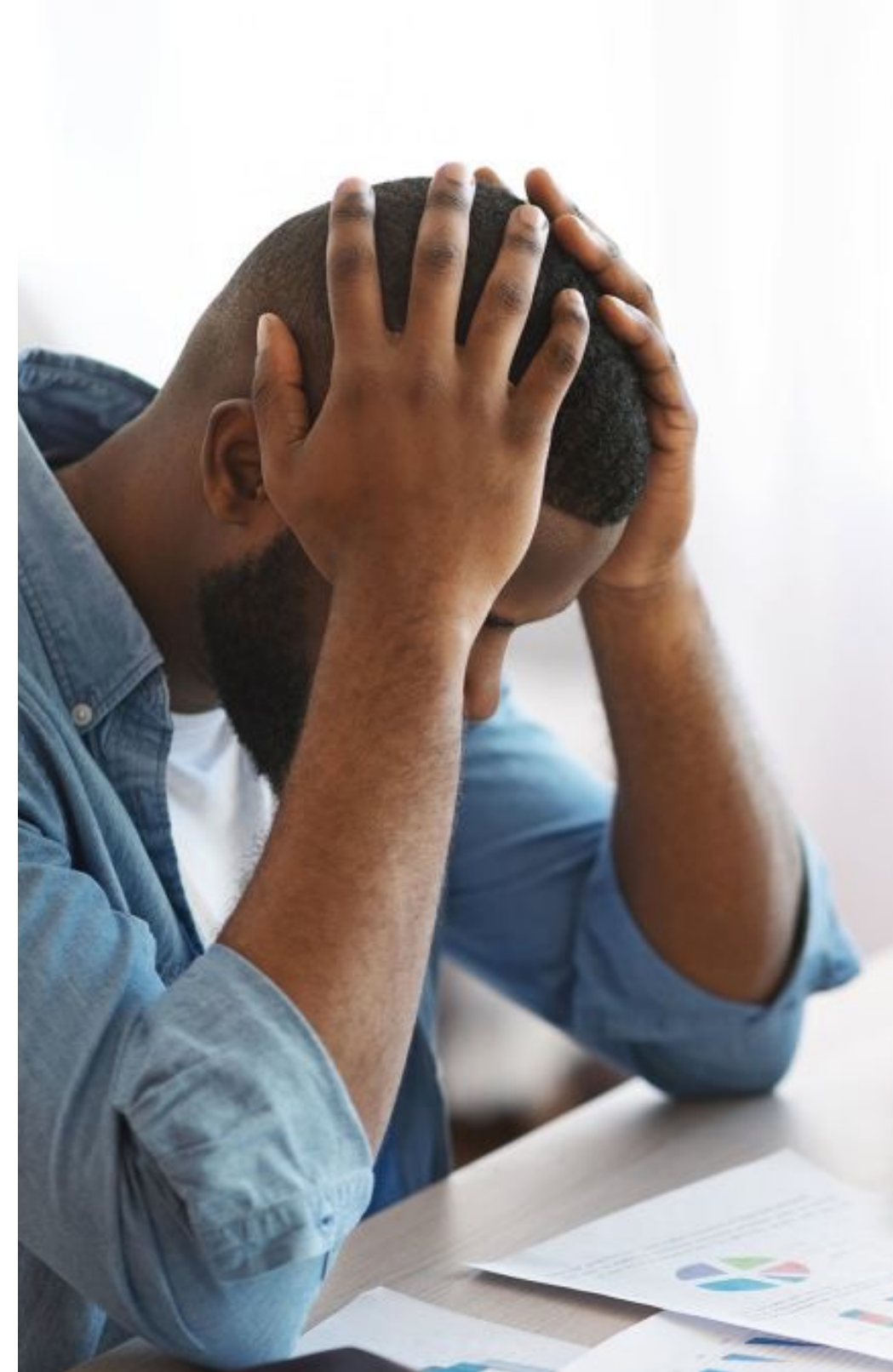
# Burnout in the “Before Times”

- Five categories of *symptoms* of burnout:
  - Physical symptoms (e.g., fatigue/exhaustion; headaches; gastrointestinal distress)
  - Emotional symptoms (e.g., irritability, anxiety, depression, guilt)
  - Behavioral symptoms (e.g., aggression, callousness, pessimism, defensiveness, cynicism, substance abuse)
  - Work-related symptoms (e.g., poor performance, absenteeism, tardiness, unethical behavior)
  - Interpersonal symptoms (e.g., terse or lacking communication; withdrawal from clients and/or coworkers; dehumanizing, intellectualizing clients)



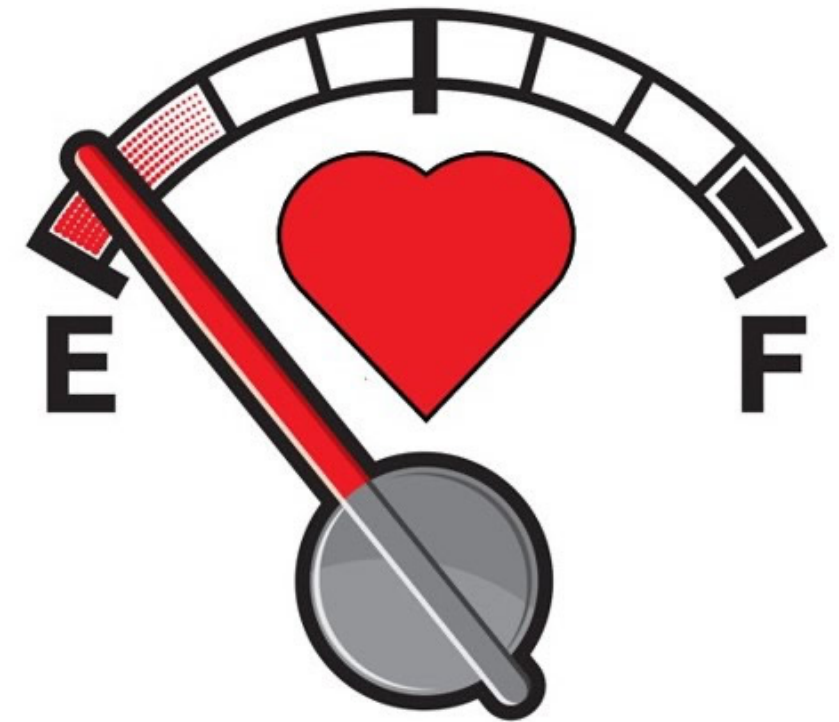
# Burnout in the “Before Times”

- Even mild burnout has been associated with increased risk of mental health concerns
- Employees experiencing burnout:
  - Often experience negative psychological and physical health effects
    - Anxiety, depression, sleep disturbance, memory impairment, alcohol consumption
    - Pain, susceptibility to illness, gastrointestinal issues
    - Experience long-term health consequences
  - Negative effects on organizations, too
    - Reduced organizational commitment
    - Negative attitudes
    - Greater absenteeism
    - Greater turnover
  - In medicine, research has shown that provider burnout is related to poorer patient satisfaction



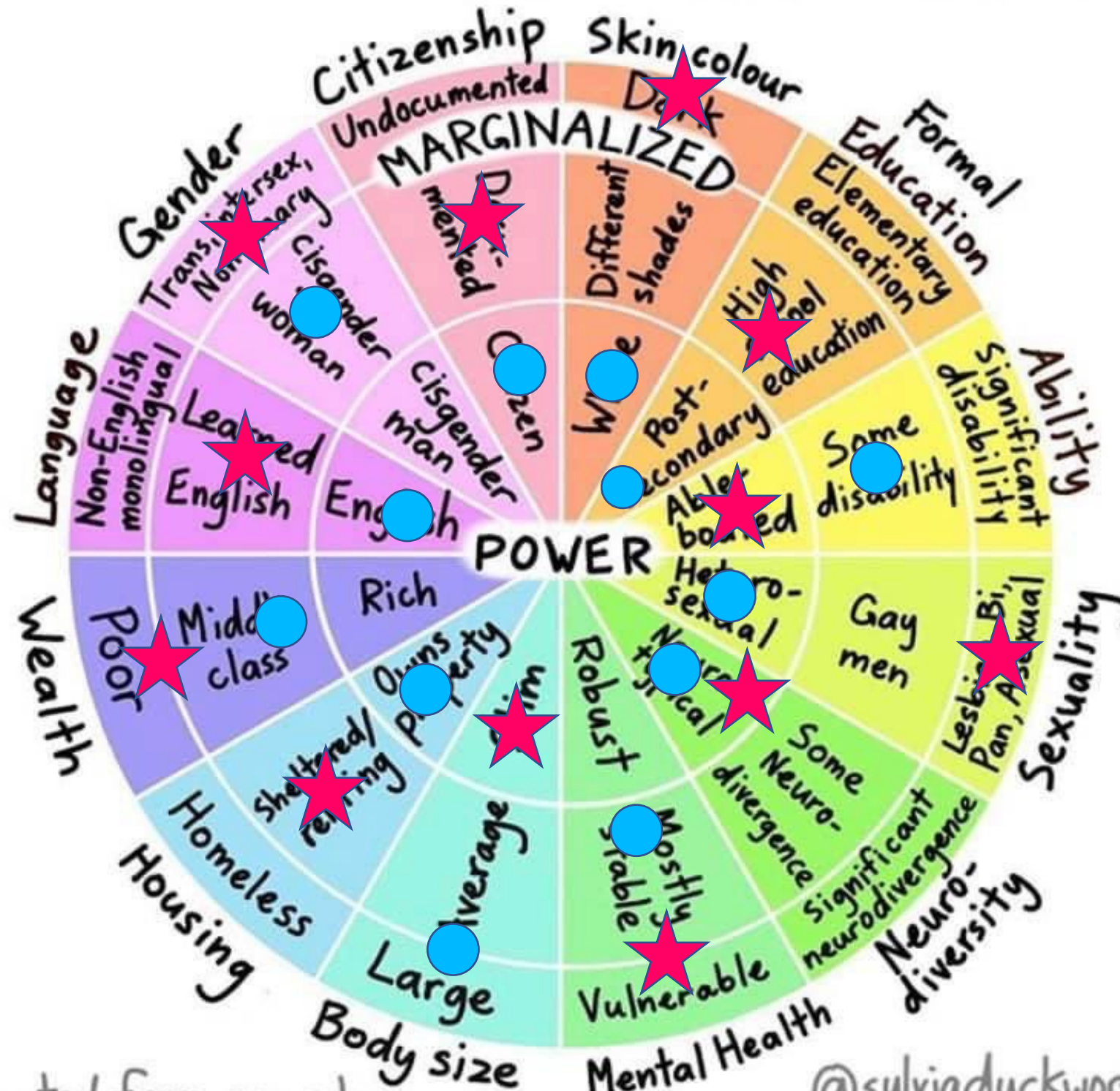
# Compassion Fatigue

- Compassion Fatigue: The natural, predictable, treatable, and preventable unwanted consequence of working with suffering people (Figley, 1995, p. 5).
- Sometimes also referred to as *Compassion stress*, *vicarious traumatization*, or *secondary traumatic stress*.
- Our work requires that we demonstrate empathy – i.e., *feel for* – our clients and their stressors, traumatic and otherwise
- In and of itself, it can be painful and emotionally overwhelming to carry the weight of our clients' pain, to hear their traumatic experiences
- Builds on top of our own pre-existing trauma and stressors



# WHEEL OF POWER/PRIVILEGE

- Mel
- ★ Hypothetical Client



Adapted from ccrweb.ca

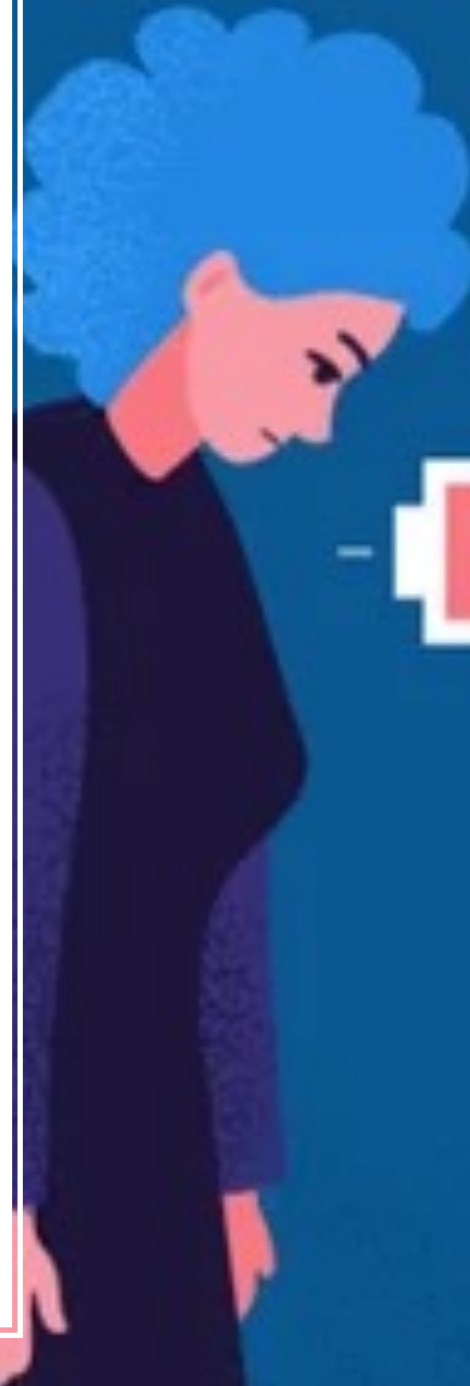
@sylviaduckworth

# Compassion Fatigue

- Sometimes conflated with burnout, but unlike burnout, Compassion Fatigue can emerge *suddenly*
- Still, strong relationship with burnout

Figley (1995): "...it appears that the most salient factors associated with the symptoms of burnout include client problems: chronicity, acuity, and complexity that is perceived to be beyond the capacity of the service provider... service providers are caught in a struggle between promoting the wellbeing of their clients while, at the same time, struggling with policies and structures in the human service delivery system that tend to stifle empowerment and wellbeing" (p. 17).

No less true today.





# Battling Burnout and Compassion Fatigue

- Three types of burnout interventions (prevention framework!)
  - Primary (Reducing known risk factors to prevent burnout)
  - Secondary (Aimed at those at high risk, to prevent burnout)
  - Tertiary (Aimed at those already experiencing burnout, to alleviate suffering and prevent adverse consequences)
- Or, can be categorized by individual (increase psychological resources, coping) vs. organizational (alter organizational context; reduce sources of stress) interventions



# What Does the Research Say?

- Ahola et al: Systematic review and meta-analysis of tertiary interventions (78% individually-focused, 22% combined individual-organizational)
  - CBT-based individual interventions: In some studies, brief improvement (6 months) but no difference after 12 months (return to baseline); in others, no difference between treatment and control
    - Meta-analysis: No statistically significant difference on cynicism or exhaustion
  - Similar results for group therapy, career counseling, didactics, skill development, cognitive coping training, social support group, physical activity program, and more
  - Despite participant engagement in the interventions being relatively high (when reported), including multimodal treatment outside the RCT (medication, therapy)
  - When paired with meetings with organizational leaders to address organizational causes of burnout, however:
    - Reduction in burnout symptoms
    - Faster return to work
    - Fewer sick days

# What Does the Research Say?

- Westermann et al: Systematic review and meta-analysis of secondary interventions (long term care; 56.5% individually-focused, 12.5% organization-focused; 31% combined individual-organizational)
  - Only 2 individual-focused programs resulted in decrease in burnout symptoms: communication skills training and mindfulness-based stress reduction (at least as far as follow-up)
  - Most showed no impact or very short-term impact
  - Low management support found to be related to burnout
  - Organization-focused interventions resulted in reduction in staff burnout one year later
  - 60% of combination interventions found to be effective
  - Organizational factors seemed to be most related to lack of effectiveness of interventions



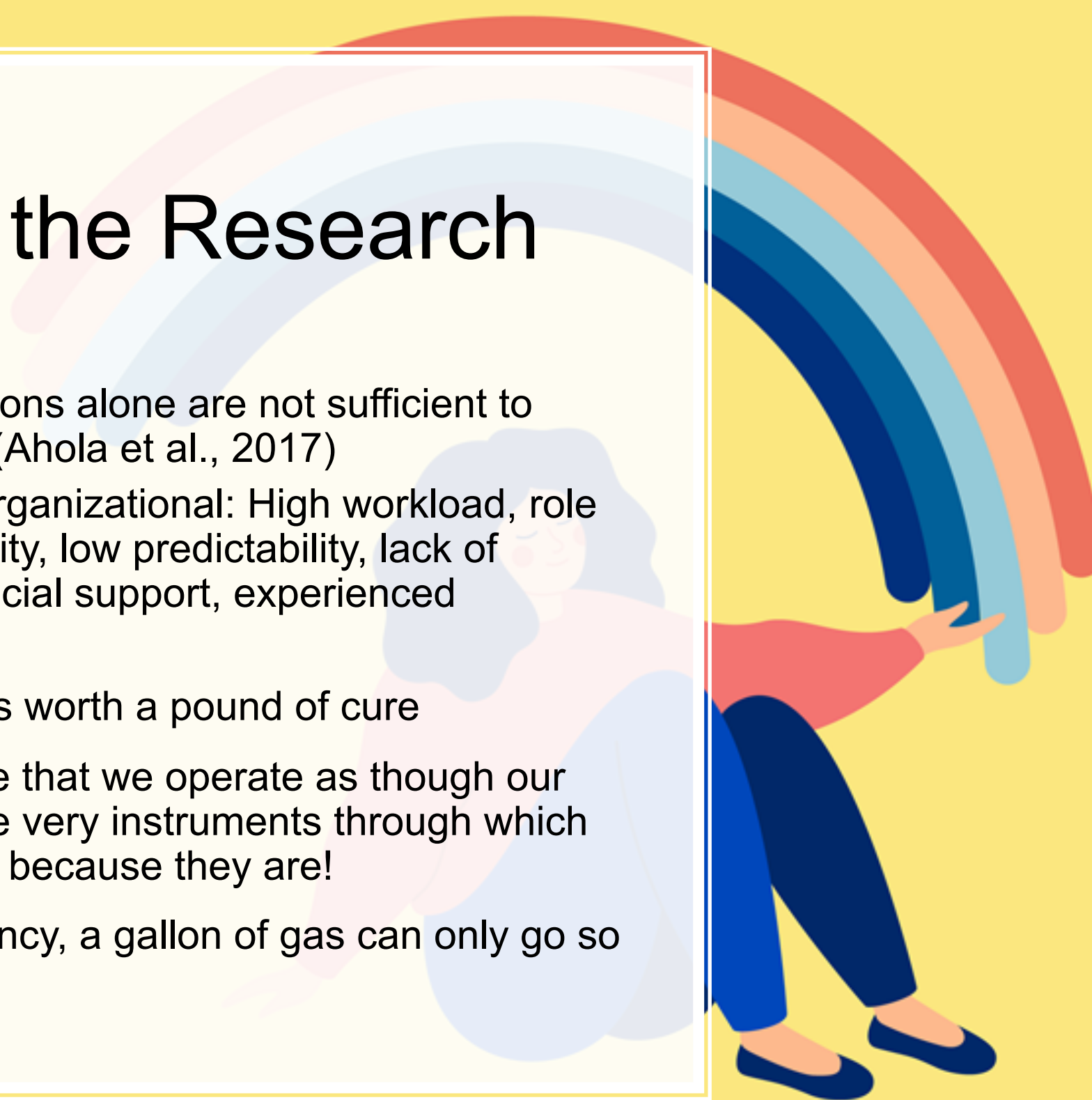
# What Does the Research Say?

- Awa et al: Review of primary intervention programs (68% individual-focused, 8% organization-focused, 24% combination)
  - Again, individual interventions usually effective at first; common return to baseline after 6 months
  - Some did last up to one year
  - Combination interventions lasted longest, had greatest effects
  - Work-based social support (supervisors, peers/coworkers) found to protect against burnout
  - Improvements in high job demand, low job control, lack of skills, effort-reward imbalance resulted in longer-lasting reduction in distress
  - Meta-analysis: 70% of the individual-focused interventions led to statistically significant decrease in symptoms (at least in the short term); no difference for organization-focused; 100% of combination interventions resulted in decrease in symptoms



# Summary of the Research

- Individual-level interventions alone are not sufficient to prevent or treat burnout (Ahola et al., 2017)
  - Many causes are organizational: High workload, role conflict and ambiguity, low predictability, lack of participation and social support, experienced unfairness
- An ounce of prevention is worth a pound of cure
- It is absolutely imperative that we operate as though our minds and bodies are the very instruments through which we engage in our work – because they are!
- Even at maximum efficiency, a gallon of gas can only go so far.



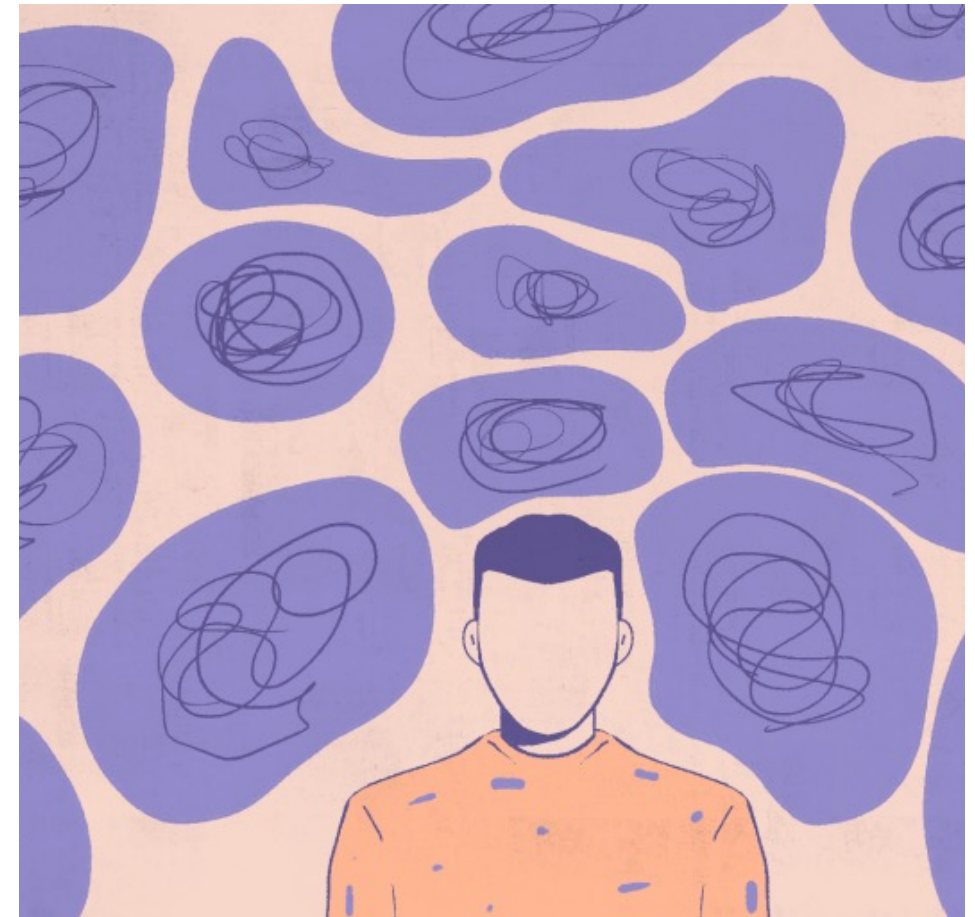
# What Can You Do?

- Holistic self-care and wellbeing (we will talk more about this soon)
- Monitor symptoms, emotions; **address early**
- Strive to identify *causes* of burnout so to address appropriately
  - E.g., CBT will not address a mismatch between job demands and skills
- Organizational advocacy
  - Where possible, ask for what you need
- Peer and leadership support
- Organizational leaders: Work environment is everything

# Remember to Watch For...

- Physical exhaustion
- Emotional exhaustion
- Irritability or anger
- Emotional disengagement from colleagues, clients
  - E.g., reduced empathy, compassion
- Cynicism
- Reduced sense of job satisfaction
- Anxiety, panic attacks
- Avoidance of work
- Interpersonal difficulties
- Physical symptoms, illness

## In self and others!



# Thank You!



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@melmwilcox



## Questions?

Ahola, K., Toppinen-Tanner, S., & Seppänen, J. (2017). Interventions to alleviate burnout symptoms and support return to work among employees with burnout: Systematic review and meta-analysis. *Burnout Research*, 4, 1-11.

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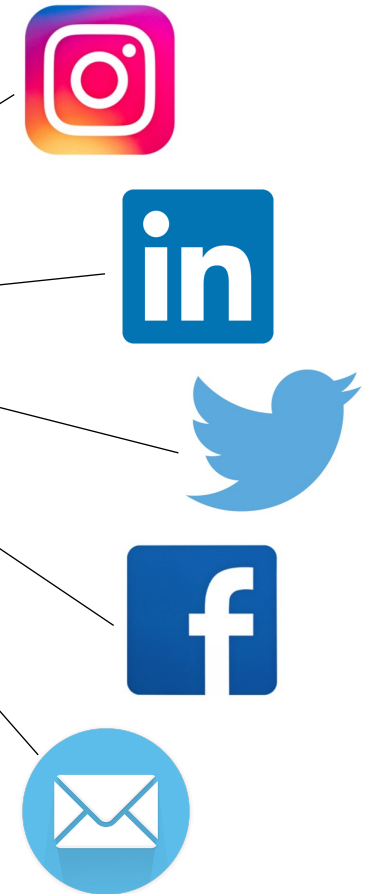
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# Who Helps the Helpers?

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Thank you for participating in this training!



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