

PURPOSE

The purpose of this study was to explore therapist context, compassion fatigue, and levels of mindfulness as factors impacting the development of compassion fatigue.

BACKGROUND

- Compassion fatigue contributes to decreased effectiveness in therapists' professional and personal life
- Risk factors:** experiencing trauma in childhood (Pearlman & McCann, 1995), higher case load of trauma clients (Kassam-Adams, 1999; Pearlman, 1990; Negash & Sahin, 2011), providing direct services to clients (Figley, 2002), being female (Craig & Sprang, 2010), age (Craig & Sprang, 2010)
- Protective factors:** compassion satisfaction (Stamm, 2002), mindfulness (May & O'Donovan, 2007), using evidence-based practices (Craig & Sprang, 2007)

KEY TERMS

- Compassion Fatigue (Secondary Trauma):** Therapists experience trauma through listening to and interacting with their client's trauma (Figley, 1995)
- Burnout:** Emotional exhaustion occurring over a long period of time across many work environments (Figley, 1995)
- Compassion Satisfaction:** Feeling of reward from helping others despite challenges experienced in that work (Stamm, 2002)

HYPOTHESES

- High levels of mindfulness will be associated with lower levels of compassion fatigue and higher levels of compassion satisfaction.
- Therapist's personal reports of childhood trauma will be positively associated with reports of compassion fatigue and negatively associated with compassion satisfaction.

METHODS

Participants

- Convenience sample of U.S. therapists (N = 74)
- Majority of participants:
 - Women (n = 47, 63.5%)
 - Mean age 36.87 (SD = 12.14)
 - Master's degree (n = 31, 41.9%)
 - Received trauma training (n = 42, 56.8%)
 - Work in: community mental health center (n = 18, 24.2%), private practice (n = 16, 21.6%), university (n = 14, 18.9%)
 - Years in field: 0-3 years (n = 19, 25.7%), 4-6 years (n = 17, 23%)

Measures

- Demographics:** professional/personal experiences of trauma, trauma training, percentage of trauma clients in caseload
- Professional Quality of Life**, version 5 (Stamm, 2009); 30 items on 5-pt scale 1 (never) to 5 (very often)
- Five-Facet Mindfulness Questionnaire** (Baer et al., 2006); 39 items, 5-point scale 1 (never or rarely true) to 5 (very often or always true)

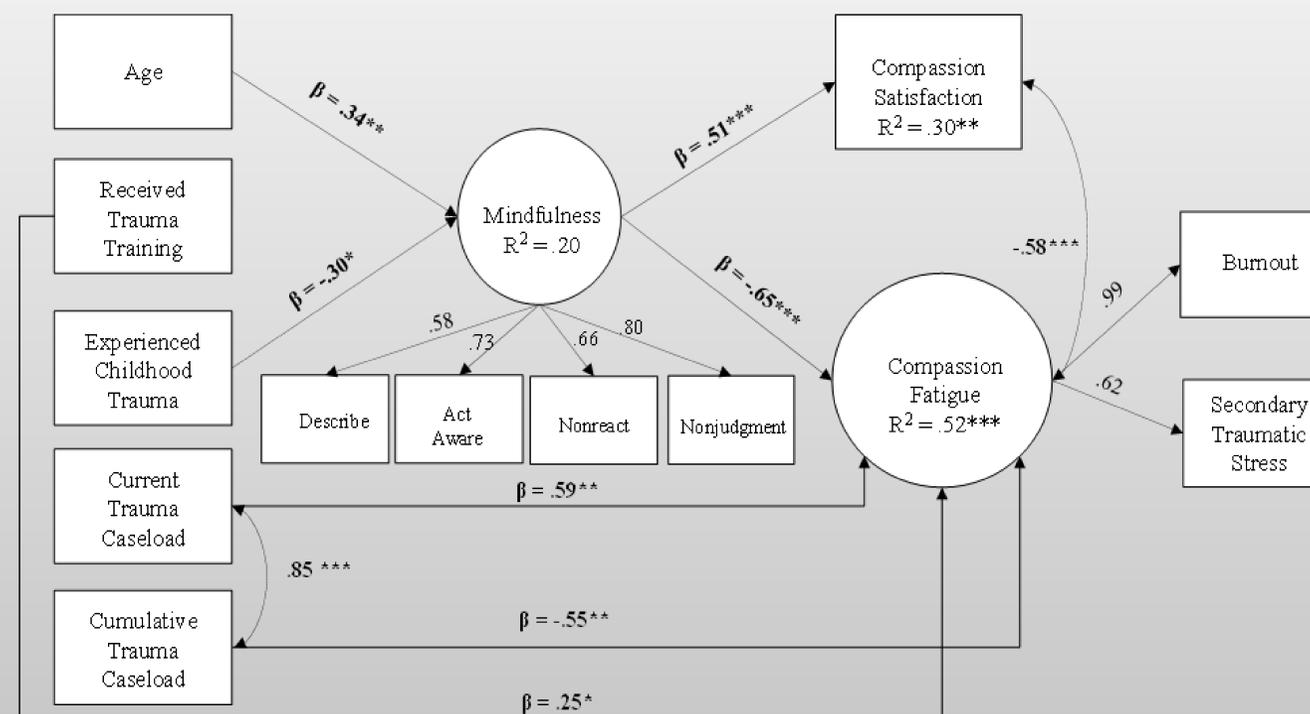
RESULTS

Table 1. Correlations of Study Variables

	1	2	3	4	5	6	7	8	9	10	11	12
1 CS	1											
2 BO	-.649**	1										
3 STS	-.255*	.59**	1									
4 Describe	0.21	-.266*	-.290*	1								
5 Act Aware	0.23	-.350**	-.336**	0.47**	1							
6 Nonjudge	0.23*	-.390**	-.436**	0.60**	0.60**	1						
7 Nonreactivity	0.13	-.254*	-.254*	0.61**	0.62**	0.64**	1					
8 Age	0.25*	-.253*	-0.18	0.22	0.21	0.25*	0.20	1				
9 Training	-0.04	.267*	0.23	0.19	-0.07	-0.10	0.08	0.02	1			
10 Child Trauma	0.05	0.08	-0.02	-0.09	-.245*	-.237*	-0.09	0.07	0.24*	1		
11 Current Trauma	-0.12	0.24	0.13	0.07	-0.16	0.08	-0.05	-0.15	0.40**	0.19	1	
12 Career Trauma	-0.04	0.11	0.13	0.07	-0.18	-0.03	-0.08	-0.21	0.40**	0.11	0.83**	1
M(SD)% Yes	50(10)	50(10)	50(10)	30.83(6.07)	27.92(5.34)	29.83(7.58)	23.74(4.90)	36.87(12.14)	21(28.4)	42(56.8)	48.82(31.65)	50.16(28.05)
α	0.91	0.83	0.83	0.89	0.9	0.95	0.83					

Note: **p < .01; *p < .05. CS= Compassion Satisfaction; BO = Burnout; STS= Secondary Traumatic Stress; Describe, Act Aware, Nonjudgement (of inner experience), and Nonreactivity (of inner experience) = FFMQ subscales, Training = Trauma Training; Child Trauma = Experienced childhood trauma; Current Trauma= Percentage of current caseload that is trauma case; Career Trauma = Percentage of caseload that has been trauma cases for duration of career.

Figure 1. Structural Equation Model



***p < .001; **p < .01; *p < .05; +p < .10; $\chi^2(39) = 55.57, p = .04, CFI = .91, RMSEA = .08, SRMR = .10$. Note: only significant paths are shown.

ANALYSES

- Initial exploratory analyses conducted in SPSS 24 (see Table 1 for correlations of all study variables)
- Structural equation modeling using Mplus 7.1 (Muthén & Muthén, 2010; see Figure 1)
 - Measurement models** of mindfulness (observe subscale excluded): ($\chi^2(2) = .83, p = .66; RMSEA = 0.0, CFI = 1.0, SRMR = .01$) and compassion fatigue ($\chi^2(1) = 3.55, p = .06; CFI = .97, SRMR = .04$)
 - Structural model:**
 - Outcome variables: compassion fatigue & compassion satisfaction
 - Predictors: Mindfulness, age, trauma training, childhood trauma experienced, current percent trauma clients in caseload, cumulative percent trauma clients in caseload

DISCUSSION

Risks:

- High percentage of current trauma clients in caseload
- Receiving specialized trauma training (those receiving training may have higher exposure to trauma clients)

Protective factors:

- Mindfulness mediated childhood trauma and compassion fatigue
- Mindfulness associated with compassion satisfaction, or enjoyment with work as a therapist

Additional Findings:

- Childhood trauma experiences negatively associated with mindfulness
- Mindfulness and age were positively and significantly associated

IMPLICATIONS FOR TRAINING

- Training programs need to educate therapist trainees about how to respond to stress
- Important for therapists working with trauma to have professional support (Catherall, 1999)
- Diversify caseloads so therapists are not working with only trauma clients
- Agencies can adopt explicit statement acknowledging impact of trauma work; support their therapists who work with client trauma (Rosenbloom, Pratt, & Pearlman, 1999)
- Work to increase mindfulness, use of supervision, and self-care practices in therapists

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