Helping the Helpers: Compassion Satisfaction and Compassion Fatigue in Self-Care, Management, and Policy of Suicide Prevention Hotlines

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A body of research has emerged in the past decade that shows helpers of all types are at risk for negative consequences of working with highly stressful events. Suicide intervention and prevention potentially expose helpers to extremely stressful events. Being able to help directly or indirectly has both positive and negative aspects which have been described as Compassion Satisfaction and Compassion Fatigue. Compassion fatigue has two parts, burnout and secondary traumatic stress. Burnout is about things such as exhaustion, frustration, anger, and depression. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma. Suicide prevention hotlines can address these issues through supporting worker self-care and through organizational management and policy.

Professional quality of life is the positive and negative aspects helpers can feel in relation to their work as a helper. Some helpers are paid staff and others are volunteers. People who work in helping professions may respond to individual, community, national, and even international crises. Helpers can include people in health care professions, social service workers, teachers, attorneys, police officers, firefighters, clergy, airline and other transportation staff, disaster site clean-up crews, coroners, and others who offer assistance at the time of the event or later. Hotline and Helpline operators are at risk in very important ways, as they hear the stories and yet cannot see the person they are talking to. They also may experience questions about whether or not their help made a difference, or in the most tragic situations, may actually be on the phone with a person at risk when an attempt or completion is made.

Research Background

Data from all over the world and from over 3,000 people, as well as discussions with colleagues and the literature, have contributed to our refined understanding. It is clear that Compassion Satisfaction is an important part of the whole (see Stamm, 2002). Neither Vicarious Traumatization nor Compassion Fatigue are synonyms of PTSD or a mental disorder (Figley & Roop, 2006; Pearlman & Carnigi, 2009; Stamm & Figley, 2009; Stamm, Figley & Figley, 2010).

People can experience negative effects of secondary exposure without developing a psychological disorder such as PTSD. Compassion Fatigue is not a diagnosis. It is possible that Compassion Fatigue is a descriptive term and that a person struggling with Compassion Fatigue also has a psychological disorder. For example, people who suffer with burnout may also have a diagnosable depression. People may have diagnosable PTSD or some other mental, emotional, or physical disorder that is likely linked to their experience of compassion fatigue. Increasing importance is being placed on resiliency and transformation of negative to positive aspects (Pearlman & Carnigi, 2009; Stamm & Figley, 2009; Stamm, Figley & Figley, 2010).

The Negative and Positive Aspects of Helping

Understanding the positive and negative aspects of helping those who experience trauma and suffering can improve your ability to help them and your ability to keep your own balance. In the simplest terms, Compassion Satisfaction (CS) and Compassion Fatigue (CF) can be thought of in simple terms as the positive aspects of helping or the “Good Stuff” (CS) and the negative aspects of helping, which is the “Bad Stuff” (CF) associated with our work as helpers.

Compassion Satisfaction, Compassion Fatigue, Vicarious Traumatization, and Vicarious Transformation

There are a number of terms used in the context of “helping the helpers.” In general there are two types of effects, those that are in the “here and now” and those that occur over time and affect how a person understands the world. There can be positive and negative aspects of both.
**Compassion Satisfaction and Compassion Fatigue**

Compassion Satisfaction and Compassion Fatigue are related to the current, “here and now” aspects of being a helper. Compassion Fatigue is the negative aspect of helping those who experience traumatic stress and suffering. Compassion Satisfaction is the positive aspect of helping (see Figure 1).

*Figure 1: Bifurcated Model of Compassion Satisfaction and Compassion Fatigue*

Compassion Satisfaction is about the pleasure a helper can experience from being able to help others and to make a positive difference in the world. Compassion Fatigue is the negative aspect of helping those who experience traumatic stress and suffering. There are two parts of compassion fatigue, Burnout and Secondary Trauma. Compassion Fatigue can overwhelm a helper and cause them to experience feelings that their work cannot make a difference; they can also experience great suffering or trauma in response to helping others. Burnout typically has a gradual onset while secondary traumatic stress is a rapid onset.

**Vicarious Traumatization and Vicarious Transformation**

The terms Vicarious Traumatization and Vicarious Transformation are important and they refer to the longer-term changes in world view or ways of understanding the world that can change when you work with people who have experienced great suffering. For example, a hotline operator who hears repeated stories about childhood trauma may come to believe that everyone who experiences childhood trauma will want to die by suicide. Another example could be a coroner who attended multiple deaths by suicide where a family was completely surprised by the person’s death. The coroner might come to believe that the signs and symptoms of suicide are not useful. Changes in how an individual interprets their world, what are called schemas, may be the result of repeated exposure to people who have experienced great suffering or trauma. These negative changes may not be factually accurate but they do reflect the person’s experiences. When the person is able to understand the changes and see how the suffering can be healed, and how they can help in that process, the vicarious trauma becomes vicarious transformation (Huggard, Stamm and Pearlman, in press).

**Primary and Secondary Traumatization**

Compassion Fatigue and Vicarious Traumatization are about work-related, secondary exposure to extremely stressful events. Some people experience primary traumatization due to their work. For example, if your work puts you directly in the path of danger, such as being a soldier or humanitarian aid worker, the exposure is primary. However, if you are exposed to other’s traumatic events as a result of your work, such as in an emergency room or a hotline operator, it is secondary exposure. People might experience both primary and secondary trauma. It is not unusual for a person who has experienced trauma in their own lives to choose a helping profession. Most people feel that they can make a positive difference by helping others who may have experienced things like they have. Sometimes this history of traumatic stress can make a person particularly vulnerable to negative effects of helping others.

**Applications to Suicide Prevention Hotlines**

Hotline operators must respond to people who are distressed—some of whom are extremely distressed and are considering taking their lives. For operators, this exposure to the stories and the things they may hear or imagine, as they struggle to understand the location of and risks to the caller, can be quite stressful and may actually cause the operator to experience a traumatic reaction. It is important to note that a traumatic reaction is not the same thing as having a mental disorder. About half of the people in the United States experience a potentially traumatizing event. Only 4 to 8% of people will have long-term consequences from those events.

Organizations that understand the potential risks of working at a hotline generally are better hotlines from the perspective of their staff and perhaps from a legal perspective. Organizations that have clear policies about boundaries in regard to those they want to help, and who recognize openly the potential for both compassion satisfaction and compassion fatigue can be healthier organizations and may have better retention of employees and volunteers.

**Are they Risks or Protective Factor or Risks and Protective Factor?**

In many situations operators and other hotline personnel face situations that are extremely stressful and that carry both risks and protective factors; they may also have experiences that put them at risk or support a protective factor. The nature of the factor can depend on the individual staff or the organizational structure, but in most cases it is a combination.
One risk and protective factor is that the operator receives information through one channel. Except for a few unique hotlines that use video and voice, callers communicate with the operators through telephone or a text process such as a chat online or through a smart phone. This is a protective factor because the amount of information conveyed is constrained and only one sensory mode is engaged. It is a risk factor because operators can feel helpless when dealing with a caller’s distress and unknown risks, such as lethal means.

Another risk that operators face is the caller’s expectation that the operator will “fix” things or provide psychotherapy. It can be difficult for an operator to maintain boundaries when they are faced with the intensity of the caller’s crisis.

Operators and other staff at a crisis line may have a personal history of extremely stressful events. Sometimes people are motivated to help others because of their own experiences. They may not want others to suffer as they did. They may see their contributions as an altruistic gift to the larger community. This particular motivation can be an extremely strong source of compassion satisfaction. It can also bring risks for compassion fatigue. At time a caller’s experiences may mirror the operator’s in such a way that the operator’s personal experiences are called strongly to mind.

Having a clear protocol to follow will assist the operator in managing stress response to the caller and help protect the operator from post-call negative reactions. While any operator may suffer from Compassion Fatigue or even Secondary Traumatic Stress as a result of their work as an operator, providing operators with clear guidance as to their roles and responsibilities will help minimize that risk.

Suggestions for Supporting Hotline Workers and Organizations

Educate Personnel about Compassion Satisfaction and Compassion Fatigue. All personnel should understand that there is a risk of experiencing negative aspects from their work as helpers. They should also understand that there are ways to manage and prevent compassion fatigue. Workers should also understand that there are many positive aspects of their work, including liking the feeling of being able to help others and to spend time with people who are committed to saving lives as they themselves are.

Understand that Distress is a Normal Part of Experiencing Another’s Crises. While it is inappropriate to encourage people to “get in touch” with their feelings like they would in a therapy environment, people should never be discouraged from expressing their distress in an appropriate manner. It is important to have a climate where staff can talk about their feelings without it damaging their standing in their colleagues’ and supervisor’s eyes.

Assist Staff in Managing Their Emotions. When staff do not manage their emotions appropriately it is important that this behavior be corrected in a supportive manner, sensitive to the difficulty of managing feelings in this context.

Recognize the Importance of Cultural Competence and Respect. Staff should be instructed in understanding the importance of callers’ cultural perspectives. Cultural differences may also exist among staff.

Address Organizational Health. Consider the levels of leaders’ compassion satisfaction and compassion fatigue. Make time in staff meetings to touch bases regarding the positive and negative aspects of helping. If difficulties are identified, manage these outside of the group setting so that the distress does not become shared through the organization and the person with difficulties is not embarrassed among their colleagues.

Make Regulations and Expectations. It is important to have clear regulations to govern the work of staff members. Many people who work in helping organizations have a deep emotional investment in the people with whom they are working. Clear expectations and policy help the worker find and maintain the boundaries appropriate for their tasks both when at the hotline and when they leave.

Where to Find More Resources

Included on this disk are two of the most often used resources to address Compassion Satisfaction and Compassion Fatigue. The first is a self-score version of the ProQOL measure which helps you assess your levels of Compassion Satisfaction and Compassion Fatigue. The second item is a camera-ready copy of the ProQOL pocket card. This card has on one side prevention suggestions and the other information about Compassion Satisfaction and Compassion Fatigue. The card has been used in many organizations around the world and in responding to natural disasters like Hurricane Katrina and the South Asian Tsunami. SAMHSA has used it in their disaster response kit that goes to communities who had experienced a natural or human-made disaster. These and other resources can be found at www.ProQOL.org.

The website provides free and easy access to a multitude of resources on Compassion Satisfaction, Compassion Fatigue, and Professional Quality of Life. All of the resources at the ProQOL.org are free. There are stock power point slides that can be adapted for trainings. The ProQOL is also available in 20 languages. Information about Vicarious Traumatization and Vicarious Transformation can be found at www.riskingconnection.com
References
www.proqol.org.

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