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# The Unintentional Harm of Compassion Fatigue

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#### **Abstract**

Social workers may cause unintentional harm to clients as a result of compassion fatigue. Professional self-care is critical to maximize the effective use of self and the therapeutic relationship-the foundation of rapport building, client motivation, engagement and successful outcomes. In caring for clients, social workers and other helping professionals may risk caring too much resulting in the perception by the client that they care too little.

#### Introduction

Social workers as helping professionals are at risk for compassion fatigue, a condition similar to posttraumatic stress disorder (PTSD). Lack of self care, emotional burn out and poor boundaries are primary threats to healthy compassion that may unintentionally harm the client, by eroding the trust in the professional-client therapeutic alliance, the foundation of a positive client experience. Social workers and other helping professionals have an ethical responsibility to employ professional self-care strategies to enhance their use of self in the therapeutic relationship, to prevent and mitigate the implicit or unintentional harmful effects of compassion fatigue on clients. Although the research on compassion fatigue has provided information on the various definitions, risk factors and prevention strategies, it is much less complete in regards to exactly how compassion fatigue impacts the client experience.

Compassion fatigue, also called secondary or vicarious trauma, is a secondary traumatic stress disorder, which is nearly identical to posttraumatic stress disorder, PTSD, except that it applies to those emotionally affected by the trauma of another, usually a client or family member (Figley, 2002). Clients come to social workers for a number of reasons and services, whether it's for psychotherapy to treat depression, case management for the frail elderly, crisis intervention for trauma, or brief solution oriented therapy for the distressed adult facing a major life transition. Whether this harm is intentional or not, social workers harm clients that they are intending to help in various ways. Clients may simply receive inadequate care when the social worker does not employ evidence-based practices (EBPs) (Kazdin & Weisz, 2003). Clients may be unintentionally harmed by an inaccurate mental health assessment, diagnosis, intervention or evaluation method. Clients may also be harmed in these ways by the most skilled and experienced social worker. Last, even the most experienced and skilled social worker may cause

unintentional harm to clients when they suffer from a lack of self-awareness about the importance of self-care, professional burn out, and poor professional boundaries.

Regardless of the reason for referral, types of services, practice setting and target population, clients do generally share some common features and factors that affect their vulnerability and susceptibility to unintentional harm. First, they are either voluntarily or involuntarily needing some level of assistance with a emotional or psychological issue or "identified problem or presenting issue". Second, they may have received help from a social worker in the past, either positively or negatively, altering their expectations about social work services. Last, but not least, there is generally a perception that the helper can help, and when this perception is deemed false, the consequences or unintentional harm to the client, can be profound and lasting.

## Compassion Fatigue: The Effects of Caring Too Much, Caring Too Little

There are two ends of the continuum of unintentional harm in social work: social workers who care too much and those who care too little. Now, it may sound peculiar to suggest that social workers can care too much, as one would hope the wellspring of compassion and understanding within professional social workers and all helping professionals would be endless. The human source of compassion can be lasting but only when carefully preserved. Compassion fatigue can have detrimental effects that result from the relationship between the clinician and patient, while burnout has more to do with the clinician's overall interactions with his or her environment (Gallagher, 2013). Clinical implications for helping professionals include emotional exhaustion, loss of empathy, depersonalization, inequity and countertransference issues, and respect and positive feelings (Negash & Sahin, 2011). Compassion fatigue can cause exhaustion, inability to focus, decreased production, unhappiness, self-doubt and loss of passion and enthusiasm (Lester, 2010).

Current literature findings from the research primarily focus on the confusion over defining and clarifying the various terms of compassion fatigue. Research has mainly examined general risk factors, including lack of advocacy and self care. A large volume of research has been conducted on compassion fatigue with health care workers in the medical field, primarily exploring risk factors and preventative measures in the workplace (Stewart, 2009; Solcum-Gori, Hemsworth, Carson, & Kazanjian, 2011). In the behavioral sciences, social work, psychology, and marriage and family therapy, the literature points again to risk factors for compassion fatigue, including lack of evidence-based practices (EBPs), limited training on trauma, even for those who define themselves as trauma specialists, not processing or therapeutically working through trauma, the amount and intensity of exposure to trauma with clients, particularly posttraumatic stress disorder (PTSD) and the association with vicarious trauma (Craig & Sprang, 2010; Deighton, Gurris, & Traue, 2007; Figley, 2002; Sprang, Clark, & Whitt-Woosley, 2007).

In order to address these risk factors, the preservation of compassion must be consistently maintained by keeping clear professional boundaries with clients at all times. In addition to concrete and physical types of professional boundary and limit setting, from not sharing personal phone numbers with clients, to not socializing with clients outside the work environment, there are psychological boundaries, that are equally, if not more important and potentially damaging to tilting the careful balance of compassion. To provide an example, social workers often question how to care and have compassion for clients without getting too emotionally involved, without

"taking it home", such as preoccupied thoughts about the case after work, and not becoming too "emotionally invested" in the client's care and subsequent outcomes. A best practice response could sound something like this: "Care with all your heart in the moment, while maintaing an objective ability to observe, analyze and critically reflect. Know that you have done your best to support and advocate for the client; however, when you leave work, leave it". The latter part is the most difficult and has the greatest impact and unintentional harm to clients. Social workers who fail to "leave work at work" and "care too much", risk professional burn out and compassion fatigue. Ironically, the pendulum eventually swings when this happens, and to self-protect, the social worker becomes "hardened" and "cares too little". What the client ends up experiencing is a social worker, who, despite their tremendous social work experience, knowledge and skill, is ineffective at caring and showing genuine compassion in the moment, in the moment that most matters to positively impact the client's healing and ultimate health.

### Professional Self-Care

We must begin in any helping relationship by having a self-awareness as to how we affect others (Brill & Levin, 2005). After self-awareness, the question then becomes: how do social workers balance caring and compassion while maintaining healthy psychological boundaries so they don't care too much or too little? The answer is self-care and maintaining professional psychological and physical boundaries; all three go hand in hand as one cannot exist without the other. Below are five tips for social workers to integrate into their daily schedule:

- 1. Sit on the other side. There is ongoing discussion in the field of social work education and in the helping professions in general, as to whether social work students should be required to attend professional counseling at some point in their training. I recommend attending therapy, a support group or some type of emotional, psychological or supportive forum to know or remember what it feels like to be a client and to sharpen mental health skills. If we feel shameful, embarrassed or fearful about seeking counseling and professional support ourselves, what is this modeling to the clients we serve? This may also be an opportunity to observe effective or how it feels when the helping professional lacks compassion or is ineffective at demonstrating genuine concern for clients.
- 2. Care in the moment. Never backed down from caring in the moment. Do your part and let it go. Active listening integrates mind, body and spirit, cognition, mental reasoning and yes, intuition. Tearing up with clients who have revealed horrific experiences of abuse and trauma is a human reaction. However, when the session has ended and the client has benefited from the priceless gift of a compassionate helper, the helper is often left needing emotional support of their own. Even when a social worker has the keen ability to "turn off" the mental tape recorder after an intense encounter by not discussing outside of work and even blocking out the event, the body still holds the energy, positive or negative.
- 3. Listen to your body. In order to have a self-awareness of negative energy, pay close moment to moment attention and particularly at the end of the day, regarding what your body is telling you. If you are holding in tension, take five minutes to relax or meditate. If you are feeling rigid and stiff, take a walk in nature. Practice yoga, deep breathing, mindfulness, visualization or any calming activity that brings your body, mind and spirit back into alignment to regain a state of balance, releasing the negative energy it is holding.
- 4. Consult supervision at work. Utilize and maximize any supportive clinical services at your place of work. Not only is it important to verify evidenced based best practice interventions on

high risk clients with a clinical supervisor or trusted colleague, it is essential for "digesting" and "releasing" psychological remnants and unresolved emotional reactions.

5. Model self-care at work. Modeling self care to preserve compassion may include shifting to a part-time schedule. Although making this type of decisions can feel like a "fish swimming upstream" when the organizational culture values high productivity over wellness, it protects your health, the client's health and even promotes the health of the organization. It is ironic that the health care profession instructs patients on self-care, but professional self-care, often clashes against an organizational system that prides itself on productivity, excessive work hours, and limited vacation time. It's important we model and "practice what we preach".

# The Use of Self in the Therapeutic Relationship and Unintentional Harm to Clients

Self-compassion and self-care leads to compassionate care for others, but there is even more justification of its importance. Research findings have long supported the theory that the use of self in the therapeutic relationship is just as important, if not more important, to positive client outcomes, than even the evidenced based interventions themselves (Rogers, 1995). As helpers, there is an intuitive, ethical knowing of the importance of self-care but limited research has been done that focuses specifically on the implications of compassion fatigue on clients. Research continually recommends further studies are needed to understand the impact on clients, asking questions about how burnout and compassion fatigue affect client well being and client outcomes (Melvin, 2012). When social workers lack compassion for others because they lack self-compassion, they fail to see the positive strengths in their clients because they can no longer recognize them within themselves, resulting in unintentional harm in the name of helping.

Humanistic, existential and interpersonal therapists hold that a core element of psychotherapy lies in person-to person interaction, supporting the view that change and healing happen when the therapist finds an authentic way of engaging with the client (Nolan, 2012). Ineffective use of self negatively impacts client engagement, rapport building, motivation and ultimately, the successful completion of client goals and outcomes. Studies show that engaged clients are more likely to bond with therapists and counselors, endorse treatment goals, participate to a greater degree, remain in treatment longer, and report higher levels of satisfaction than clients who do not feel engaged (Thompson, S., Bender, K., Lantry, J., & Flynn, P., 2007). Thus, the ineffective use of self from compassion fatigue negatively impacts client engagement and rapport building, ultimately affecting client motivation to successfully achieve goals and outcomes. Barring serious explicit intentional violations of ethical and legal professional standard that may result in criminal and civil penalties and loss of licensure, such as breaking confidentiality, privacy, and Health Insurance Portability and Accountability (HIPAA) laws, and sexual misconduct with clients, perhaps the most profound way social workers can unintentionally harm clients is when they, themselves are not honest and genuine (Corey, Corey & Callahan, 2011).

The real winners and losers are the clients. Clients who have been fortunate enough to receive services from a genuinely compassionate, caring, and highly skilled social worker, have the potential for lasting healing and transformation, recalling years later, not just what the professional said, but how they felt empowering through finally feeling heard by someone who cared. Clients will most likely remember a smiling face, a silent nod, or understanding eyes that relayed unspoken and hidden messages about hope, healing and the amazing capacity of the

human spirit. Clients will equally remember a social worker who had a blank stare or who automatically nodded on cue but could not feel their words. The client will remember feeling misunderstood, even judged, more vulnerable, less powerful and more fearful of asking for help again. These are memories social workers must strive diligently to avoid.

Thus, the implications of unintentional harm to clients from professional compassion fatigue can be profound. Client symptoms can exacerbate or conditions can worsen as they fail to trust the social worker-the foundation of the therapeutic relationship. Satisfied clients experience workers who foster safe, trusting, genuine and empathic connections (de Zeeuw Wright, 2011). Without the trust from a strong therapeutic relationship, clients lose confidence and feel disempowered, thus questioning their intuition, abilities and skills-the exact reason they came to seek help in the first place. Finally, they may not return, either for the next session or for years to come. Clients may refer to "bad experiences" with helping professionals, not drastic violations of ethics or legalities, but of these subtle unintentional harmful effects to clients from caring professionals who ironically seemed to care too little after caring too much.

#### Conclusion

The research findings in the literature clearly demonstrate that the only harm in caring too much is not caring for oneself, as professionals who lack self-care and unclear limits and boundaries are at risk for compassion fatigue. Compassion fatigue negatively impacts, even in the most implicit ways, the therapeutic alliance, most notably the bond of trust through the client's perception of the therapists lack of empathy. The result and unintended harm is the client's subsequent failure to believe in the therapeutic process that may result in poor show rates, not returning for treatment in the short or worse, the long term. Clients that do remain in treatment may attribute their lack of progress as a personal fault or weakness, reducing their motivation, as they lose respect in the expertise of the authority figure who is telling them what to do out of repetition, instead of listening to their needs and strengths. Last, compassion fatigue may skew the professional by misguiding clients with ineffective methods and interventions. Research is needed that examines the implications of compassion fatigue on clients, including the correlating and causal relationship between professional compassion fatigue and unintentional harm to clients. Evidence best practices (EPBs) should include preventative measure to establish healthy boundaries and self-care. Who we are matters most.

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