



Professional Self-Care and Compassion Fatigue

Meghan L Geiss, PhD, LCP

Rehabilitation Neuropsychologist

© All Rise, 2025.

The following presentation may not be copied in whole or in part without prior written permission from All Rise.
Written permission will generally be given upon request

Disclosure

This project was supported by Grant No. 15PBJA-23-GK-02424-VTCX, awarded by the Bureau of Justice Assistance. The Bureau of Justice Assistance is a component of the Department of Justice's Office of Justice Programs, which also includes the Bureau of Justice Statistics, the National Institute of Justice, the Office of Juvenile Justice and Delinquency Prevention, the Office of Victims of Crime, and the SMART Office.

Points of view or opinions in this document are those of the author and do not necessarily represent the official position or policies of the U.S. Department of Justice.

The presenter has no conflict of interest
to disclose

Learning Objectives



- Identify which human service profession has the highest rate of ethics violations.
- Analyze the personal and professional factors that contribute to poor self-care and compassion fatigue, potentially resulting in harmful ethics violations, such as sexual misconduct.
- Outline how treatment court professionals can create an environment that promotes self-care and ethical practice.

COMPASSION





Biologically we
are hard wired
to preserve the
self

- Fight
- Flight
- Freeze





ALTRUISM IS
ALSO A HUMAN
DRIVE



Show of hands...

- 1 I will put the needs of others before my own more often than not
- 2 If given the choice, I would offer assistance to an individual in need rather than pursue my own interests
- 3 I have delayed an elevator and held the door open for a stranger
- 4 I have allowed someone to go ahead of me in a line
- 5 Other examples...

What happens when
we have reached our
limits?



Compassion Fatigue



- A state of emotional and physical exhaustion because of chronic demands associated with helping others with significant emotional, social, and physical distress

Compassion Fatigue- Sign and Symptoms

Physical	Emotional	Behavioral	Spiritual	Work	Relational	Psychological
Aches	Numbness/ Dysregulation of emotions	Irritable	Loss of faith	Dread- work	Isolating	Difficulty or diminished concentration
Exhausted/ lethargic	Sad or depressed	Moody	Loss of purpose	Diminished satisfaction	Decreased intimacy	Easily distracted
Digestive problems	Hypersensitive/ Lower tolerance level	Appetite changes	Increased hopelessness	Changes- functioning	Parenting changes	Lack of focus
Sleep problems	Fearful	Forgetful	Questioning	Snappy/sarcastic with co- workers or clients/patients	Distrusting	Impulsive decision-making
Rapid Heartrate	Feelings of powerlessness	Nightmares/ Intruding thoughts	Increased skepticism	Less empathy	Increase in tension	Self- doubt

Compassion Fatigue

- Relationships with clients
 - Sense of reduction in baseline empathy for others
 - Feel numb to clients' and families' pain
 - Cynical regarding clients' ability to change
 - Perceive client's as being responsible for many of their problems

(Easy) pop quiz!

**Who can be affected by
compassion fatigue?**

**Anyone who works with
other human beings
who have suffered
trauma.**

Compassion Fatigue: Key Triggers

Personal Characteristics

- Pessimistic
- Introverted (Howard, 2013)
- External locus of control (Injeyann et al., 2011)

Previous exposure to trauma

Excessive empathy and emotional energy* (Abendroth and Flannery, 2006)

Prolonged exposure to trauma material of clients

Work environment

What causes you the most stress?

Rank from 1-5 (1 being the most stressful)

1. Finances

2. Work -
environment;
stability;
responsibilities

3. Homelife –
relationships;
children

4. Health issues-
personal or
family

5. World events-
economy



This Photo by Unknown Author is licensed under [CC BY-SA-NC](#)

Professions that are identified as having high stress?

- First responders
- Medical personnel
- Veterinarians
- Teachers
- Military personnel
- Law enforcement
- Hospice workers

Characteristics of the work

Dealing directly with people in vulnerable situations

Not enough resources to meet the needs

Long work hours

Feeling of not doing enough to help

Seeing/hearing traumatic events

Difficulty with work-home balance

Not enough support or training

Lack of recognition or compensation



**These professions are
ALSO identified as having
high stress...**

Judges

Lawyers

Social workers/counselors

Crisis responders



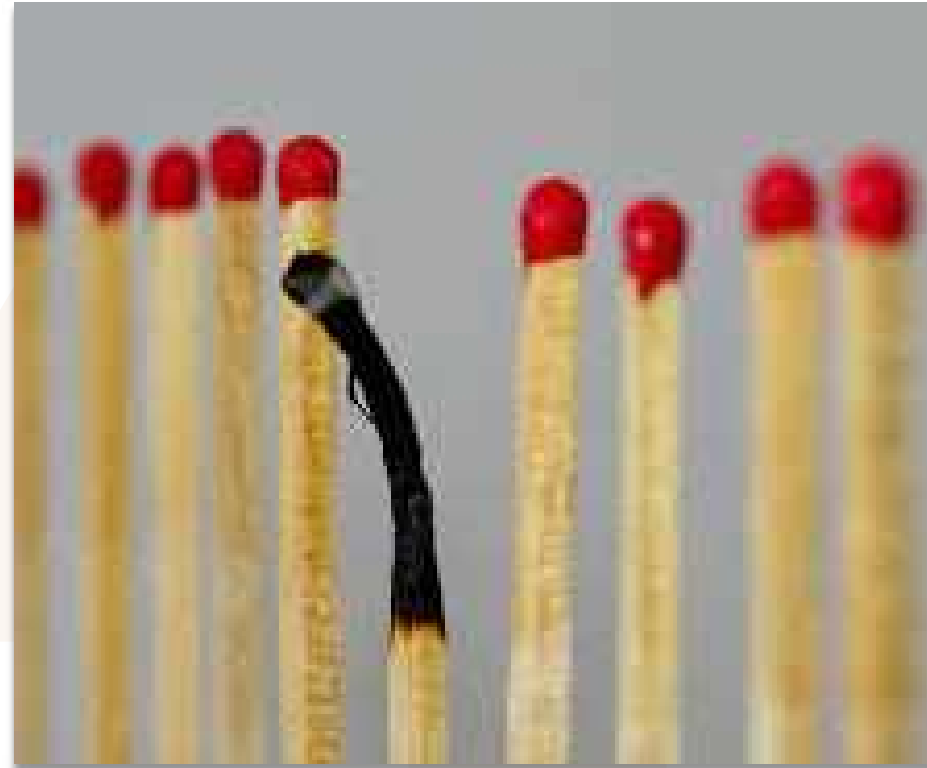
Probation Officers

- Curvilinear relationship (burnout and CF) time in job (Whitehead, 1985)
- Having a high proportion of violent or sexual offenders and having experienced verbal threats or physical assault is associated with higher levels of burnout among probation officers (Lewis et al., 2013)



Lawyers

- Survey to assess the presence of secondary trauma responses in attorneys working with victims of intimate partner violence & criminal defendants.
- Compared with MH providers and social service workers, attorneys surveyed demonstrated significantly higher levels of secondary traumatic stress and burnout.
- This difference appeared related to attorney's higher caseloads and lack of supervision around trauma and its effects
- (Levin & Greisberg, 2003)



Judges



- Negative mental health outcomes significantly related to job stressors (Bornsetin et al., 2018).
- Unique role within context of drug/treatment courts, may contribute to increased risk for compassion fatigue
 - Therapeutic alliance with client
 - Extended period of time interacting



Research on Ethics Violations

- Comparison of ethics violations across human service professions
- Focus on confirmed violations, not just complaints
- Comparison groups included Licensed Social Workers, Marriage and Family Therapists, and Professional Counselors

Pop quiz!

Which profession do you think has the highest rate of ethics violations?

Research on Ethics Violations



Addiction counselors have the highest rate of ethics violations among all other human service professionals.

Nationally, the highest violated ethical standards for addiction counselors were for:

- 3) unlawful conduct
- 2) sexual relationships with a current or former patient
- 1) dual relationships with a current or former patient

(Pennsylvania) 84.6% of all ethics violations for addiction counselors were for dual relationships (46.2%) or sexual relationships (38.4%) with a current or former patient.

Highest Violated Ethical Standards (Texas)

Texas Licensing Board	Total Number of Licensed Professionals	Total Number of Ethics Violations	Average Number of Ethics Violations Per Year	Rate of Ethics Violations (approx.)
Licensed Chemical Dependency Counselor Program	7,186	116	29	1 ethics violation for every 248 licensed professionals
Texas State Board of Examiners of Marriage and Family Therapists	3,038	22	5.5	1 ethics violation for every 552 licensed professionals
Texas State Board of Examiners of Professional Counselors	15,600	63	15.75	1 ethics violation for every 990 licensed professionals
Texas State Board of Social Worker Examiners	19,888	52	13	1 ethics violation for every 1,530 licensed professionals

Highest Violated Ethical Standards (Texas)

Licensed Chemical Dependency Counselor	Criminal History 65 of 116 (56%)
Licensed Marriage and Family Therapist	Sexual Misconduct 9 of 22 (41%)
Licensed Professional Counselor	Unprofessional Conduct / Dual Relationships 28 of 63 (44%)
Licensed Social Worker	Unprofessional Conduct / Dual Relationships 14 of 52 (27%)

So let us talk about what is difficult to talk about



Challenging Area # 1

Sexual attraction within the counseling relationship



CHANGE THE MINDSET...

- The language needs to change from “never experience sexual attraction towards a patient” to “process the thoughts and feelings that you are experiencing”.
- These attractions can come in the form of therapist attraction to patient, patient attraction to therapist, and therapist sexual fantasies.



Challenging Area # 1

Sexual attraction within the counseling relationship

- The use of supervision and consultation surrounding this taboo topic has unfortunately been avoided, leaving many professionals poorly equipped to deal with the thoughts and feelings associated with sexual attraction.
- Competent and skilled supervision can assist in eliminating the taboo surrounding sexual attraction, resulting in increased self-awareness and dialogue around this human response.

Risk Factors for Engaging in a Sexual Relationship with a Participant

41.3 % of insurance payments from the National Association of Social Workers (NASW) malpractice insurance were for sexual misconduct.

Characteristics of the therapist sued for sexual misconduct:

- 1) Male
- 2) Middle aged
- 3) Involved in unsatisfactory relationships in his own life
- 4) Provides counseling to a primary female caseload
- 5) Becomes sexually involved with multiple clients who are younger
- 6) Disclosed his personal problems to the patient
- 7) Lonely and isolated (Sutton, 2006)

Risk Factors for Engaging in a Sexual Relationship with a Participant

- 1) Physical attraction
- 2) Lack of self-awareness of physical attraction
- 3) Non-therapeutic use of self-disclosure (usually about current personal problems)
- 4) Longer sessions - extending time beyond what was initially agreed
- 5) Intimate touching or hugging
- 6) Therapy sessions become less clinical and more social
- 7) Preoccupation with the client
- 8) Preoccupation with your appearance
- 9) Looking forward to seeing the patient
- 10) Special fee arrangements



Challenging Area # 2

Unavoidable (nonsexual) dual relationships

- The language needs to change from “don’t have a dual relationship” to “learn how to manage unavoidable dual relationships”.
- Examples of avoidable dual relationships (ethics violations): providing therapy to a friend, an employee, or a relative; or developing a friendship or business relationship with a participant.
- Not all dual relationships are harmful or unethical and many are unavoidable, especially in rural communities (ex. Church, former patient becoming a colleague).



Recovery Status

It appears that treatment court professionals who are involved in 12-Step programs such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) face unique challenges to providing ethical practice.

- 1) How would you handle a situation in which a current or former client sees you at a 12-Step meeting and ask you for your phone number?
- 2) How would you handle a situation in which a current or former client sees you at a 12-Step meeting and ask you for a ride home?
- 3) Do you self-disclose at a 12-Step meeting if a current or former client is there?
- 4) Do you become a sponsor for a current or former client?

12-Step Culture vs. Treatment Culture



12-Step Culture

- Formatted in multiple relationships (sponsor, exchanging phone numbers, giving rides home)
- Encourages self-disclosure (speaker meetings)
- Intimacy and affection is considered a norm (hugging)

Treatment Culture

- Dual relationships can be potentially harmful and may result in an ethics violation
- Self-disclosure can be harmful and non-therapeutic use of self-disclosure may be unethical
- Intimacy and affection towards patients can be considered unprofessional conduct and may negatively impact the therapeutic relationship (ex. agency norm)



Challenging Area #3

Poor self-care leads to boundary breaches with participants

- 1) Limited knowledge of the code of ethics and why adhering to ethical guidelines is best practice
- 2) Limited social connectedness
- 3) Isolation, poor self-care, compassion fatigue
- 4) Life crisis (e.g., divorce, chronic illness, etc.)
- 5) Non-therapeutic use of self-disclosure
- 6) Limited availability or use of supervision
- 7) Limited availability or use of case consultation

Trauma



The Three “E’s of TRAUMA

Individual trauma results from an *EVENT*, series events or set of circumstances that is *EXPERIENCED* by an individual as physically or emotionally harmful or threatening And that has lasting adverse *EFFECTS* on the individual’s functioning and physical, social, emotional or spiritual well-being.



COMMON RELATED TERMINOLOGY



Burnout

Vicarious
Trauma

Compassion
Fatigue

BURNOUT



- Feeling overwhelmed at work
- Overload of responsibility
- Low job satisfaction
- Perception that there is a lack of compensation
- Inadequate support/low staff/poor work environment or training



Vicarious Trauma/Secondary Traumatic Stress



- The transmission of traumatic stress through observation and/or hearing others' stories of traumatic events and results in a shift in your worldview and sense of meaning, "no one can be trusted" or "the world is completely dangerous".
- Second-hand trauma, (indirect trauma) through our interaction with others.

(Saakvine & Pearlman, 1996)





“We have not been directly exposed to the trauma scene, but we hear the story with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy, and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren’t sick, but we aren’t ourselves.”

- C. Figley, 1995

Compassion Fatigue = Cost of Caring

“Compassion Fatigue is a disorder that affects those who do their work well.”

Dr. Charles Figley

The other side of compassion fatigue...

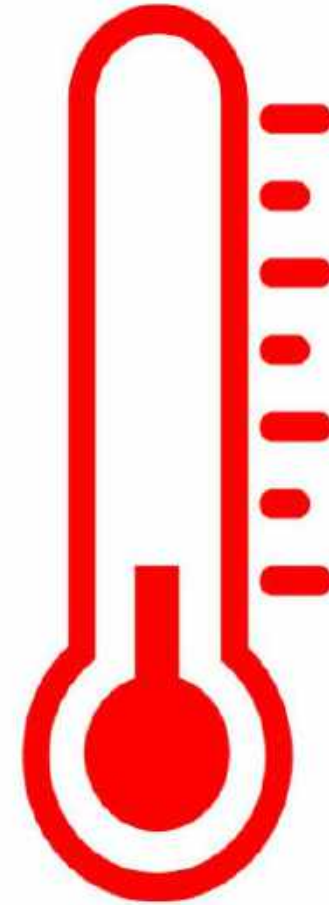
Ongoing stress causes empathy and compassion to begin to be shut down.

The same factors (empathy & compassion) that made you good at your job, are now what you are deleting.



RESILIENCE

WHAT CAN BE DONE ABOUT THIS?





Professional Quality of Life Scale- (ProQOL) V. 5

- The ProQOL is the most widely used measure of the positive and negative aspects of helping in the world
- Survey of 30 questions
- The ProQOL has proven to be a valid measure of compassion satisfaction and fatigue
- It has been used for over 15 years
- The measure was developed with data from over 3000 people

(Stamm, 2010) www.ProQOL.org

Professional Quality of Life

COMPASSION SATISFACTION

- The positive aspects of helping
- “The good stuff”

COMPASSION FATIGUE

- The negative aspects of helping
- “The bad stuff”

Activity:

Identify barriers to your self-care

- 1. If I need help, what does it say about me?**
- 2. If I need help, how will my colleagues trust me?**
- 3. I've been doing this for a long time, why should I reach out for help now?**

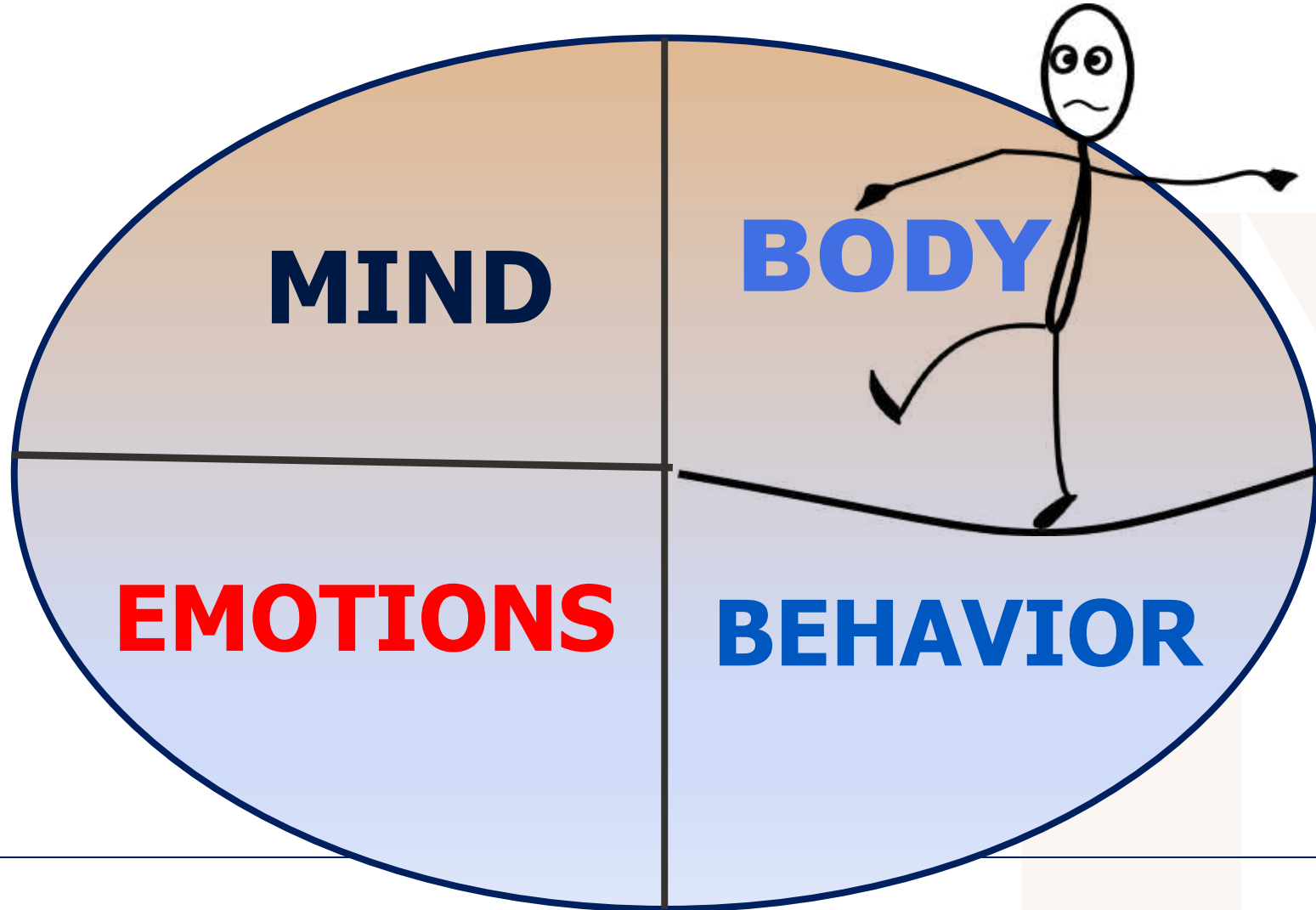




Your Wellness Wheel

www.nationalwellness.org

The Balance - Setting up your ACTION PLAN



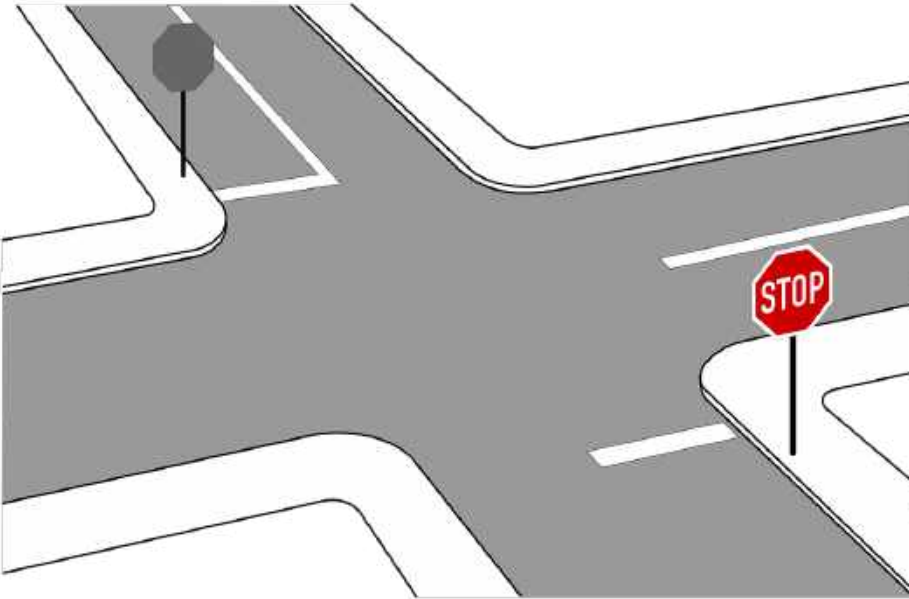
SPIRITUAL	EMOTIONAL	PHYSICAL	MENTAL	SOCIAL/ FAMILY	WORK
SPEND TIME IN NATURE	SEEK HUMOR	PAY ATTENTION TO REGULARLY EATING HEALTH & GETTING QUALITY SLEEP	BOUNDARIES/SAY NO TO EXTRA RESPONSIBILITIES	REACH OUT TO OTHERS/ ALLOW OTHERS TO HELP	USE BREAKS/GET UP FROM DESK
PRACTICE FORGIVENESS	ACKNOWLEDGE DIFFICULTIES	TAKE TIME OFF (WHEN SICK), (PRIOR TO OVERLOAD)	UNPLUG FROM TECHNOLOGY FOR A BIT	PLAY BOARD GAMES WITH KIDS	SET BOUNDARIES
PRAYER TIME/ON-LINE SERVICES	JOURNALING/ ART	INCREASE WATER INTAKE	KEEP SHORT TO-DO-LISTS	ENJOY YOUR MEALS	WORK EFFECTIVELY/
BREATHING EXERCISES	SPEND TIME WITH PETS	MONITOR YOUR MEDICATION REGIME/EFFECTS	LEARN A NEW HOBBY	HOBBY- KNITTING/ FISHING	BREATHING EXERCISES- STOP
MUSIC	MEDITATION/ MINDFULNESS	EXERCISE	ADD SOME SPONTANEITY	DATE NIGHT/MOVIE NIGHT	EFFECTIVE SUPERVISION

Mindfulness Exercises

- Brief Body Scan
- Attention & Awareness of Your Environment
- Acknowledge thoughts & emotions
- S.T.O.P



Mindfulness: **S T O P**



- **S** = Stop
- **T** = Take a breath
- **O** = Observe within you and around you
- **P** = Proceed with what you are doing

Mindfulness

- Benefit anyone, everyone, anywhere, anytime
- Easy to accommodate time-wise
- Non-religious
- Is not related to repressed feelings or thoughts
- Helps GROUND YOU!

Breathing Exercises

Benefits:

- Simple, effective, and convenient way to relieve stress and reverse stress response.
- Reduce stress by increasing oxygen exchange.
- Can reduce blood pressure, releases tension in the abdomen, slows the heart and releases a 'fight or flight' mental state.

Personal Responsibility- A B C's



Awareness

- Self-assess
- Think prevention vs. intervention

Balance

- Pay attention to the different aspects of your life and your being
- Self-Care

Connection

- Take action – Be Intentional
- Debriefing

Supervisors can improve the work environment by:

- Acknowledge the difficulty of the work at hand
- Acknowledge every person doing the work is an individual
- Support and encourage employers/caregivers/helpers to take their time off/breaks/lunches
- Offer opportunities for support with qualified personnel
- Trauma-informed courtrooms or work environments should also have the employees in mind
- Work to make supervision available and effective
- Set a good example



RESOURCES

<https://www.samhsa.gov/gains-center>

<https://library.samhsa.gov/>

www.proqol.org

Employee Assistance Programs (EAP)

#988 Mental Health Hotline



Ask the Expert

<https://allrise.org/trainings/ask-the-expert/>

Office Hours

Scheduled times with experts on various key topics

Submit a Question

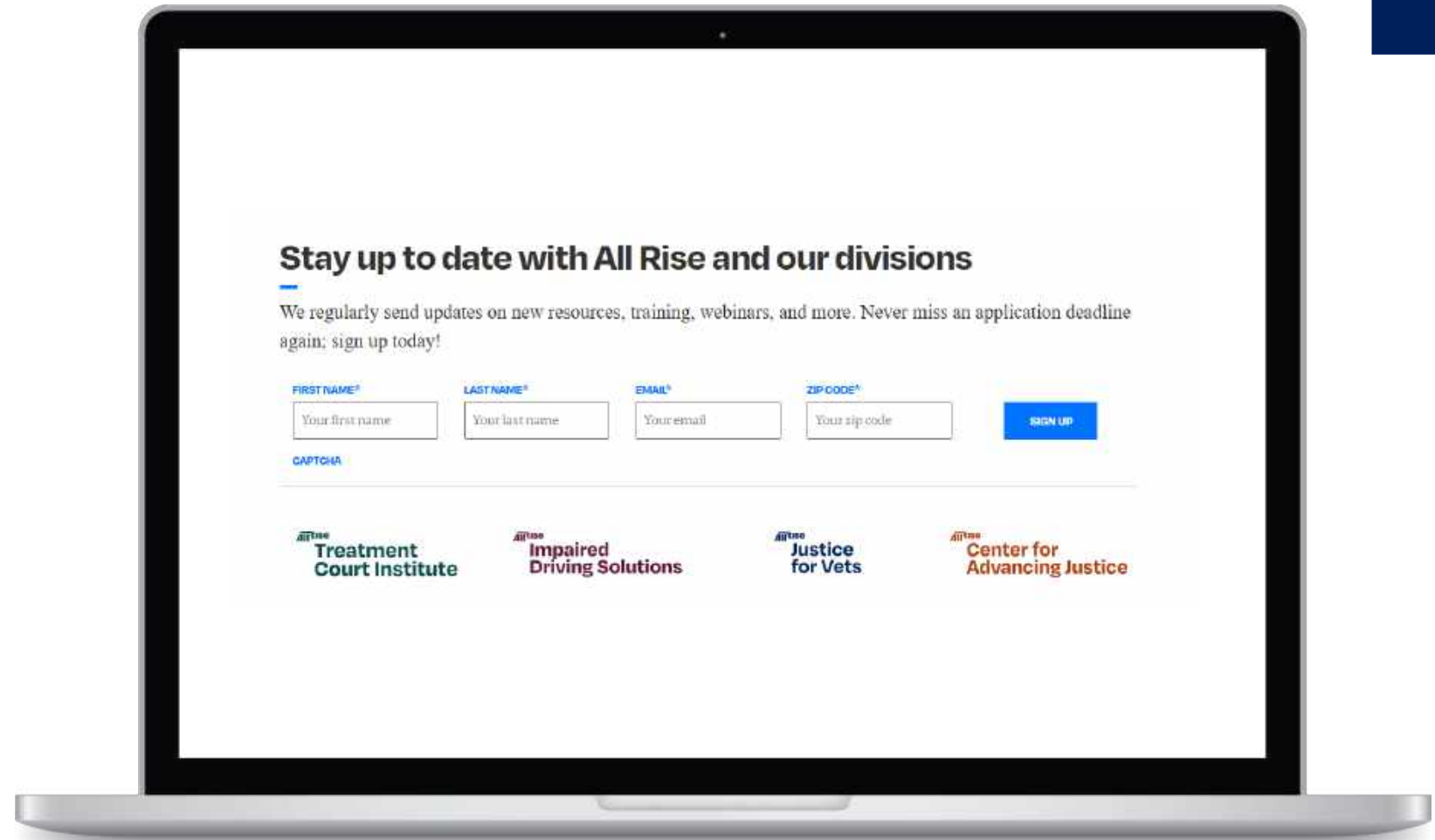
Submit a question to the All Rise team

Schedule a Consultation

Schedule a consultation with the All Rise team

All Rise Email Blast

Scroll to the
bottom of
AllRise.org
to sign up!







Stay up to date with All Rise and our divisions

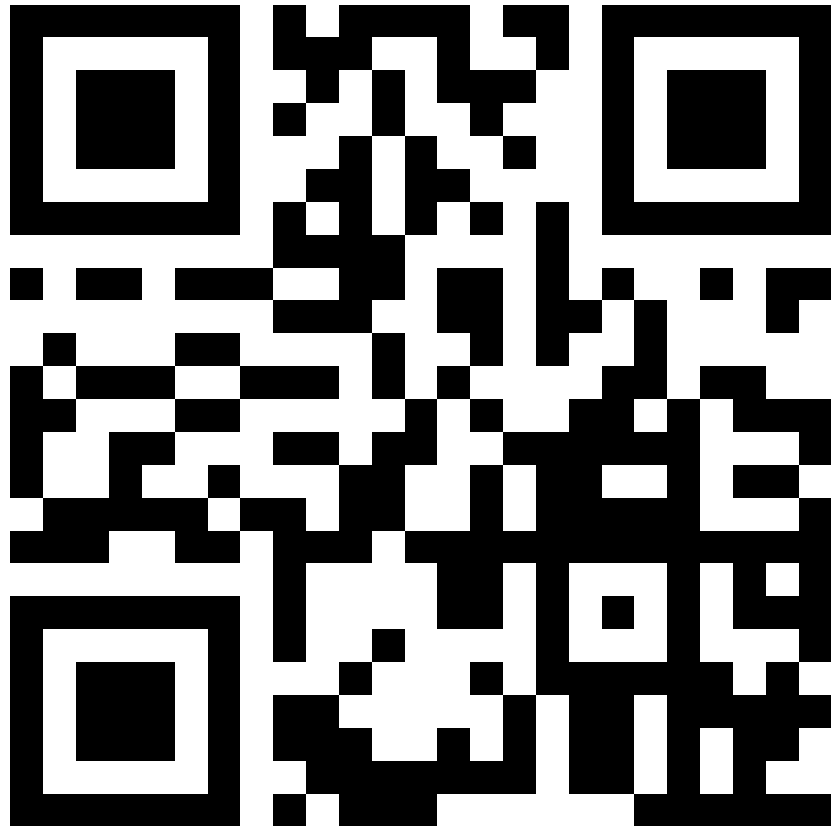
We regularly send updates on new resources, training, webinars, and more. Never miss an application deadline again; sign up today!

FIRST NAME* LAST NAME* EMAIL* ZIP CODE*

CAPTCHA

 **Treatment Court Institute**  **Impaired Driving Solutions**  **Justice for Vets**  **Center for Advancing Justice**

Evaluations



1. On your compatible phone or tablet, open the built-in camera app.
2. Point the camera at the QR code.
3. Tap the banner that appears on your phone or tablet.
4. Follow the instructions on the screen to complete the evaluation.
5. After completion, you will be provided with a certificate that can be saved and printed.



Dr. Meghan L Geiss, PhD, LCP

**REHABILITATION
NEUROPSYCHOLOGIST**

Meghan.geiss1@gmail.com

