

COMPASSION FATIGUE AND MORAL INJURY

Presented by
Clinicians of:



ON-DUTY TRAUMATIC EXPOSURE AND ITS EFFECTS

It is estimated that officers are exposed to nearly 900 traumatic events throughout their careers (Rudofossi, 2009).

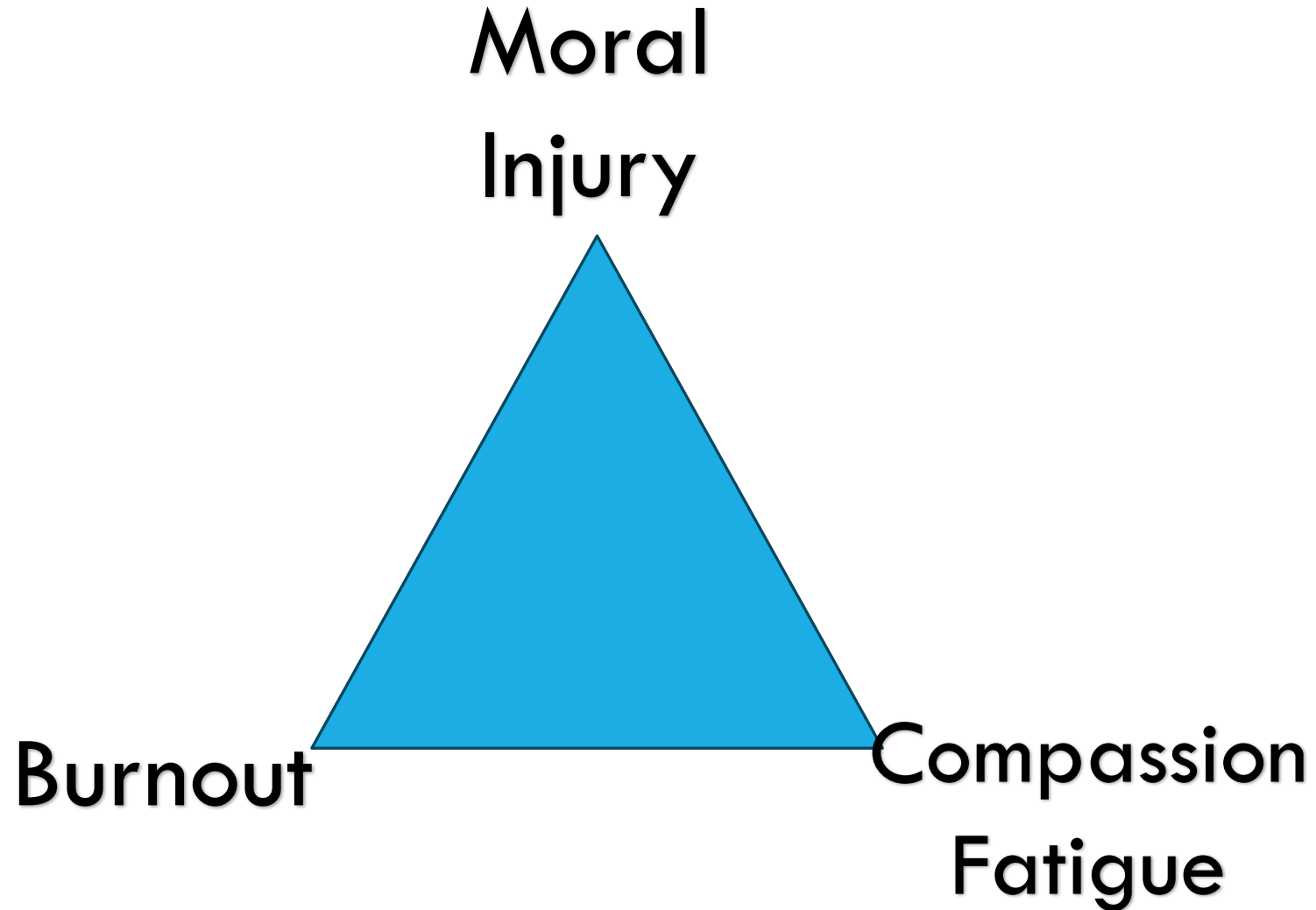
Ongoing exposure to frequent trauma, as well as the emotional labour of playing a **dual role** of showing compassion for a victim while maintaining composure to apprehend a perpetrator is accompanied by profound effects on officer's mental and physical health, including:

- PTSD or other stressor related disorders
- cardiovascular disease
- high blood pressure
- hormonal abnormalities

OCCUPATIONAL STRESSORS

- In addition to being regularly exposed to potentially psychologically traumatic events (PPTEs), public safety personnel (PSP) also experience other occupational stressors, including organizational stressors (e.g., staff shortages, inconsistent leadership styles) and operational elements (e.g., shift work, public scrutiny).
- In Carlton et al's 2020 Canadian study, PSP reported substantial difficulties with occupational stressors associated with mental health disorder symptoms, even after accounting for diverse PPTe exposures.

INJURY IN POLICING



BURNOUT — THE SLOW BURN TO FURTHER INJURY

- Associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively.
- These negative feelings usually have a gradual onset.
- They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.

POLICE COMPASSION FATIGUE

The *emotional and physical exhaustion of caring* associated with police work (Tuttle et al.,2019).

Compassion fatigue is recognized as a **secondary trauma** or an **indirect form of trauma exposure** that can lead to post-traumatic stress disorder, work dissatisfaction, depression, burnout, self-criticism and destructive coping strategies

Compassion fatigue can be caused by feeling *helpless* and unable to help a colleague, friend or member of the public who is facing injustice, an immoral situation, or a serious situation beyond the officer's ability to resolve it.

THE SYMPTOMS OF COMPASSION FATIGUE

P.E.B.A.

P - Physical cues: Exhaustion, changes in appearance, shakiness/tremors.

E - Emotional cues: Shame, disgust, helplessness, sense of injustice, decreased compassion for self and others, relationship issues.

B - Behaviour cues: Verbal and physical threats, defensiveness, irritability, isolation from others.

A – Attendance and Performance cues: Tardiness, extended lunchtime, misuse of leave. Missing deadlines, inconsistent work quality, work quality below norm, forgetful, excessive job accidents.

COMPASSION FATIGUE: RISK FACTORS AND PROTECTIVE FACTORS

Risk Factors

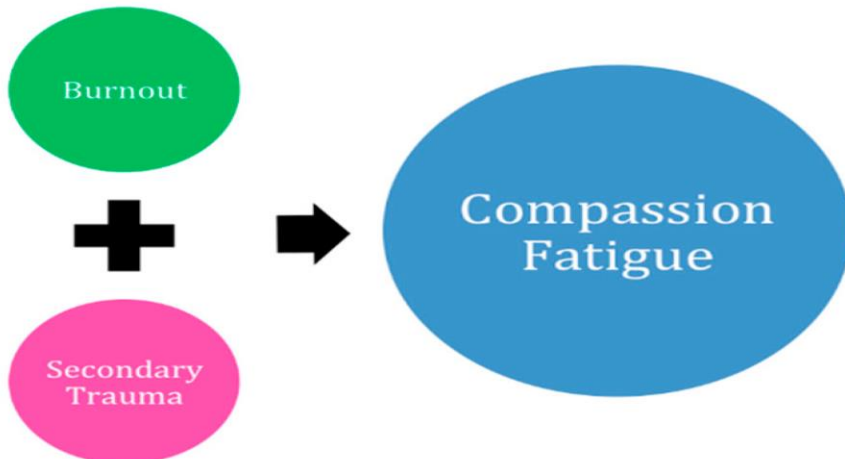
Frequency of traumatic events



Types of traumatic events and exposure

- Working with child victims, sexual assault victims, having a fellow officer shot in the line of duty.

Both burnout and secondary trauma increase the likelihood of compassion fatigue.

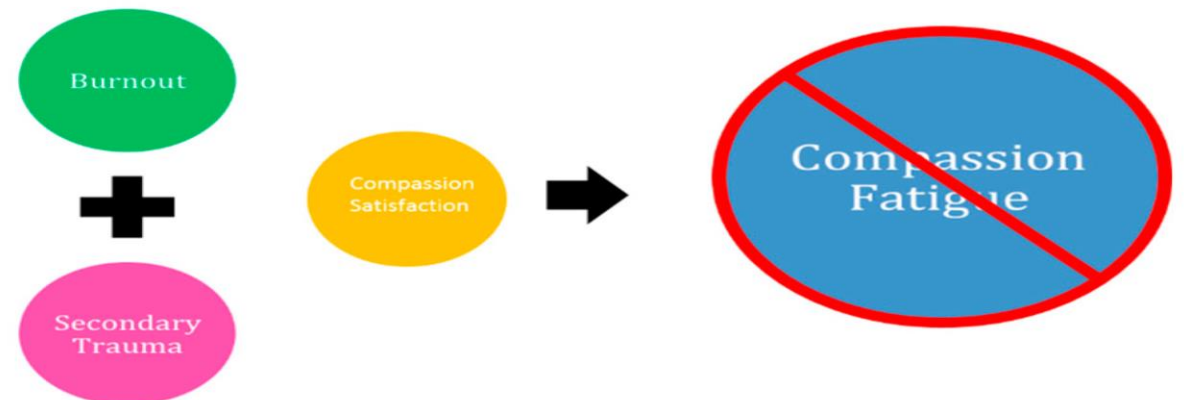


Protective Factors

Compassion satisfaction (a feeling of emotional accomplishment and reward for helping others).



Strong workplace and home support systems (e.g., compassion fatigue workshops).



Both compassion fatigue and moral injury have been shown to be negatively related to compassion satisfaction and officers with higher compassion satisfaction are expected to experience lower levels of moral injury and compassion fatigue.



Moral Distress

Term derived primarily
from nursing and health
care

“When one knows the
right thing to do, but
institutional constraints
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right course of action” –
Jameton, 1984

- Police are mandated to maintain peace and order, provide compassion to victims of crimes and accidents, and to save those who are in danger. However....when police officers' action plans, or willingness to help those who suffer is blocked or is not completed successfully, then officers may experience *moral distress* (Corley, [2002](#); Morley, [2003](#)).

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Moral Injury

Term derived by Dr. Jonathan Shay (Psychiatrist) and from the military mental health field

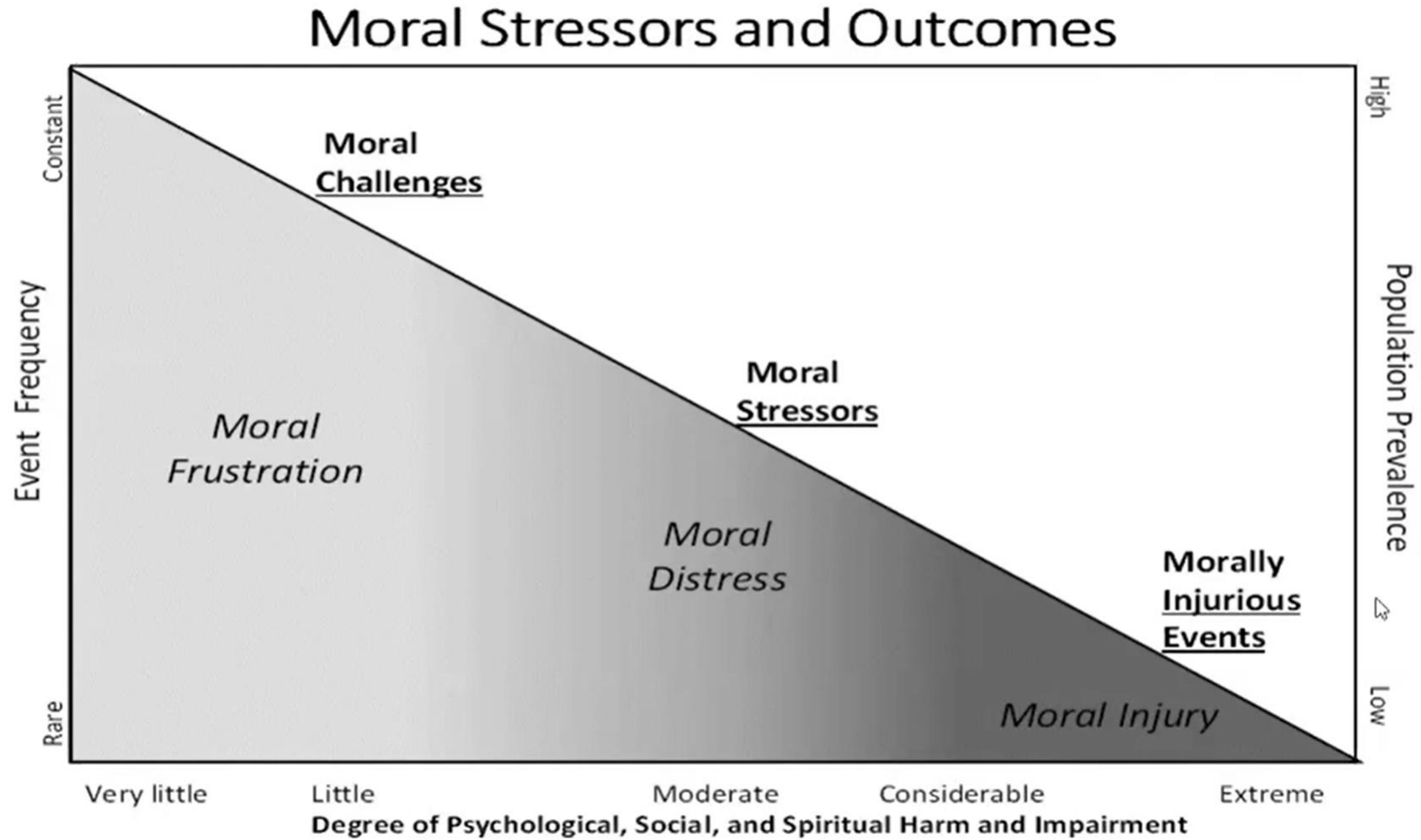
A particular type of psychological trauma

Stressor-related problem relevant to occupational health

“The ***lasting*** psychological, biological, spiritual, behavioural and social impact of ***perpetrating, failing to prevent, or bearing witness*** to acts that transgress deeply held moral beliefs and expectations – Brett Litz et al, 2009

- Morally injured individuals often alter their beliefs that the world is a safe and benevolent place and that human beings are trustworthy. Events that may lead to moral injury may be death-related situations, killings, handling/uncovering human remains, severely wounded victims that the person was not able to help (Frankfurt and Frazier, [2016](#)).

Moral stressors as a continuum



Heuristic continuum of morally relevant life experiences and corresponding responses

Litz and Kerig, 2019

From Moral Pain to Moral Injury – a problem of non-integration

PMIE

A situation occurring in a high-stakes environment where an individual perceives that an important moral value has been violated by the actions of self or others.

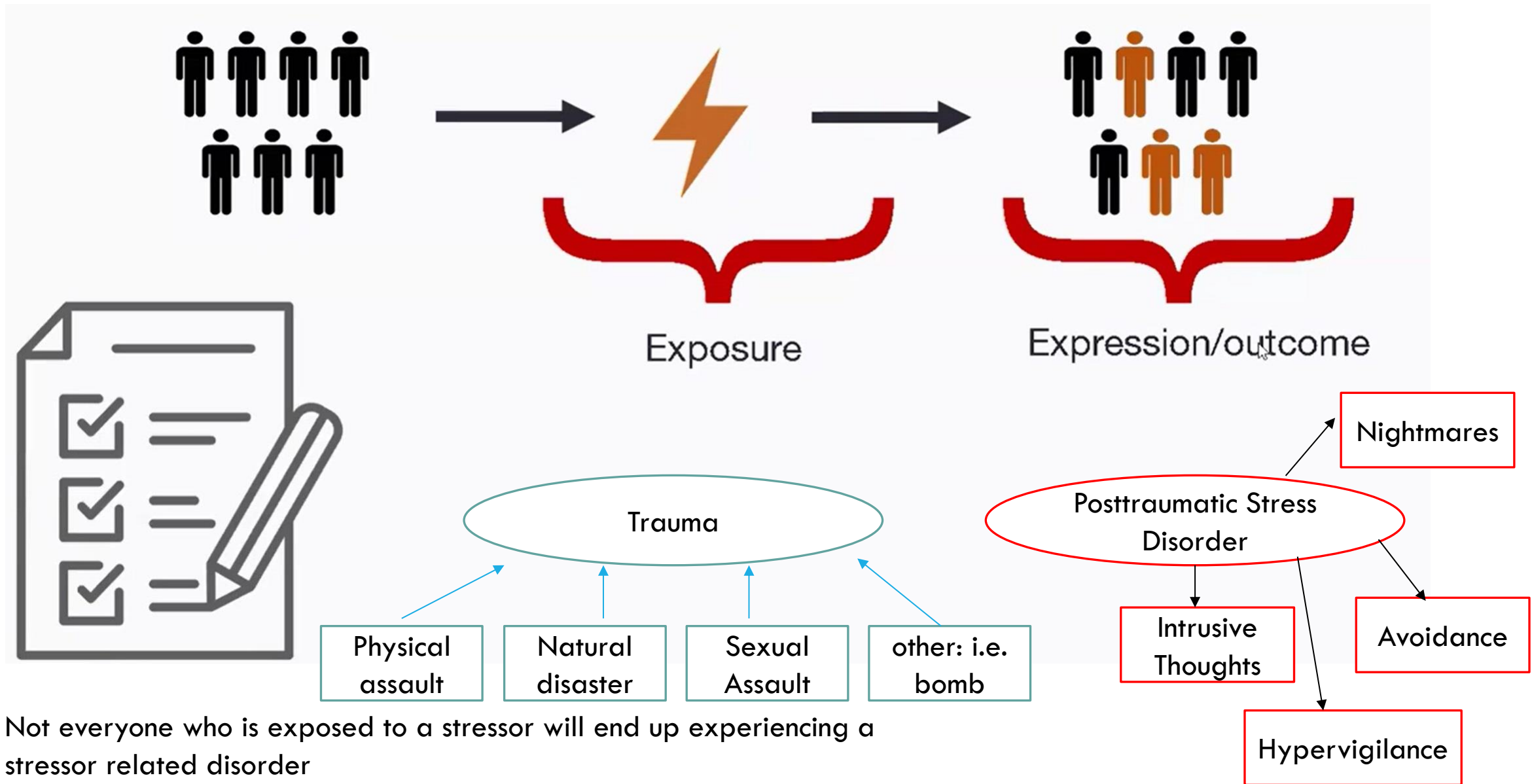
**Moral
pain**

The experience of dysphoric moral emotions (e.g. guilt, shame) and cognitions (e.g. self-condemnation) in response to a PMIE.

**Moral
injury**

Expanded social, psychological and spiritual suffering stemming from costly or unworkable attempts to manage, control or cope with the experience of moral pain.

Moral Distress And Moral Injury



Not everyone who is exposed to a stressor will end up experiencing a stressor related disorder

HOW TO TEST FOR MORAL INJURY

Did you or others **WITNESS** an event or did you or others **ACT** in ways that went against your moral code of value system?

“MYOPIC”

Has the event **changed your view of:**

M - MACROCOSM (world or universe),

Y - YOURSELF or

O - OTHERS?

P - Are you **PREOCCUPIED** with the event?

I - What is the **IMPACT** on your life? (Relationships, Sense of Meaning, Spirituality or Beliefs?)

C - Has it made you **CONFUSED** about who you are as a person?

LINK BETWEEN COMPASSION FATIGUE AND MORAL INJURY

Compassion fatigue is closely related to the violation of personal moral beliefs.

- PMIEs and the ensuing moral distress and injury can accumulate to cause compassion fatigue.
- Compassion fatigue makes moral injury following a PMIE more likely to happen.
- Hearing traumatic stories from victims (e.g., sexual assault victims) can lead to moral injury and compassion fatigue.

Both Compassion Fatigue and Moral Injury are associated with significantly less satisfaction at work.

- Lower rates of work satisfaction can lead to officers resigning, retiring, or moving to positions that do not include the possibility of being exposed to traumatic events.

Compassion Fatigue and Moral Injury also negatively affect how officers view the importance of their professional role.

SELF-TESTS TO HELP MEASURE COMPASSION FATIGUE AND MORAL INJURY

Quick Self Tests – See your pocket guide

Compassion Fatigue Tests:

- Compassion Fatigue/Satisfaction Self-Test (CFS)
- Professional Quality of Life Scale (ProQOL)

Moral Injury Tests:

- Impact of Events Scale-Revised (IES-R)
- Moral Injury Outcome Scale

NOT TO BE USED AS DIAGNOSTIC TOOLS BUT CAN ALERT THE NEED FOR PROFESSIONAL INPUT

These documents are accessible through your pocket guide

TREATMENT AND MANAGEMENT OF COMPASSION FATIGUE AND MORAL DISTRESS/INJURY

- Importance of early intervention.
- De-pathologizing and de-stigmatizing the experience of moral injury/compassion fatigue and naming this as a natural outcome of the work without the necessary supports.
- Consistency and continuity of support with mental health clinicians – the positive therapeutic relationship gives a corrective experience of mistrust, betrayal or abuse.
- Promoting compassion satisfaction through any means that validate and honour the work,

i.e.

Journaling, letters of appreciation.

Spending time with coworkers and supervisors

Sharing accomplishments or moments of exemplary service internally and externally (i.e. inviting community partners to hear about and share in officer's successes)

USING THE COMPASSION FOCUSED THERAPY MODEL

- Self-compassion can activate our soothing system (parasympathetic nervous system), which calms our threat system (sympathetic nervous system) (the system responsible for detecting potential dangers in order to protect ourselves)
- This helps us engage our drive system (the system that spurs us on to get things done and be active in life).
- Without our soothing system, our threat and drive systems become overactive, leading to mental and physical health difficulties and a failure to achieve what is important in our lives.

METHODS: Self-care, compassionate self-talk, intentional self-soothing through grounding, mindfulness, regulated breathing.

QUESTION?

COMMENT?

Contact: reception@mosspsychology.com

Or via our website: www.bellevillepsychologist.ca

THANK YOU!