Old Colony Hospice & Palliative Care

THE TRIPLE C: CARING, COMPASSION & CHOICE

A MONTHLY PUBLICATION OF OLD COLONY HOSPICE & PALLIATIVE CARE

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Quotes on Living Well:

"My mission in life is not merely to survive, but to thrive..."

— Maya Angelou

Noteable Notes:

OCH Holiday Grief Support Group

4 Weeks:
Thursdays Nov. 12th & 19th
and Dec. 3rd & 10th
from 10am to 11am

East Bridgewater COA

Registration is required.
RSVP: Call 781-341-4145

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Addressing Compassion Fatigue

Clinicians can reduce the risk of physical, emotional, and mental exhaustion that is common among mental health providers

By: Heather Stringer | www.apa.org | August 27, 2025

Early in her career, Marla Vannucci, PhD, was working with veterans in an intensive trauma unit when she started having nightmares about war and violence. Over time, she struggled to connect with family and friends and began isolating herself from others as her migraines, intrusive thoughts and fatigue intensified.

Vannucci was suffering from compassion fatigue, or the burnout and stress-related symptoms experienced by helping professionals in reaction to working with traumatized people over an extended period of time.

Symptoms can range from physical conditions including headaches and digestive problems to emotional issues such as mood swings, restlessness, irritability and oversensitivity. Providers may dread working with certain patients or colleagues and lose a sense of purpose.

The good news is that awareness of the condition can mitigate and even prevent this form of exhaustion, and research suggests there are strategies for building resilience to compassion fatigue. "Having a name for compassion fatigue empowers clinicians to recognize it and do something about it so they can continue to do the work that they love," said Kerry Schwanz, PhD, a psychology professor at Coastal Carolina University who studies compassion fatigue.

Uncovering Beliefs About Self-Care

Before practitioners start searching for strategies to address compassion fatigue, Schwanz urges them to evaluate their attitudes about the concept of self-care. If therapists take a walk or spend time gardening for self-care but feel guilty during the activity because they are not attending to their professional responsibilities, the positive mental and emotional benefits will be stifled.

If clinicians have negative beliefs about self-care, Schwanz suggests peer supervision or finding a self-care buddy to honestly reflect on the level of stress and experiences with practicing self-care.

Old Colony Hospice & Palliative Care

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Vannucci encourages therapists to try reflective journaling to consider their reactions and feelings in response to exposure to patient trauma. They can also write about how their work connects with their purpose, such as being someone who notices other people's pain, cares deeply and wants to help.

Finding colleagues who can support each other through supervision or group consultation has also been a critical tool for Vannucci. During weekly meetings, team members discuss cases and, if needed, seek support.

"We are paying attention when our feelings seem too intense because this can be an early warning sign," she said. "This can include feeling too close to a patient and stretching boundaries or feeling apathetic."

Brief group huddles have also helped healthcare teams support one another through emotionally painful situations. Sharing difficult experiences can provide a sense of connection and allow team members to process their feelings together.

Fostering Compassion Satisfaction

Another valuable tool for combating compassion fatigue is intentionally devoting time to focus on the pleasure and satisfaction associated with working in a helping profession. By highlighting the rewarding, meaningful aspects of the job, clinicians can foster what is known as "compassion satisfaction."

"We have all gone into this field for a reason, and making an effort to remember that we are doing valuable work can go a long way to reducing compassion burnout," said Melissa Brymer, PhD, director of terrorism and disaster programs at the UCLA-Duke National Center for Child Traumatic Stress. Brittany Trauthwein, PsyD, a therapist who works with patients experiencing grief and loss or a medical diagnosis, learned to nurture compassion satisfaction in her work. She learned to give herself permission to grieve when patients died, and she created rituals to help her remember the positive aspects of working with these patients.

These routines help her to foster compassion satisfaction and motivate her to continue helping patients who are often facing complex emotional experiences.

"Even though this work is really hard, there is something very fulfilling about helping people feel that they are ready to die," she said. "But if I am not engaging in self-care practices, I have learned that is a red flag that needs my attention."

Content may have been edited for length. For the full article, please visit:
https://www.apa.org/topics/psychotherapy/compassion-fatigue