

FROM FATIGUE TO FORTITUDE



**From Expert Perspectives to Practical Insights:
Compassion Fatigue in Emergency Services**

**Peter Romanis
Victoria Police**

I would like to express my sincere gratitude to the Emergency Services Foundation for the invaluable opportunity to undertake this study. It is my hope that the insights and recommendations presented here will contribute to their mission of supporting and enhancing the well-being of emergency service workers. I trust that this research has done justice to their commitment and dedication and will aid in furthering their efforts to protect and empower those who tirelessly serve our communities.

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EXECUTIVE SUMMARY

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet”

- Dr. Naomi Rachel Remen

It is well known that exposure to traumatic events can have both physical and emotional repercussions. Emergency service workers who routinely experience multiple traumas as part of their job role, and typically operate within a high stress work environment are at particularly high risk of psychological distress and the mental health conditions that most frequently arise from trauma exposure (e.g., PTSD, depression, anxiety, stress, substance misuse/dependence).

However, it is not only the repeated direct exposure to death, injury, and violence that increase the psychological risk associated with working in the emergency services sector – it is also the stress of interacting with traumatised people, witnessing their pain, sorrow, loss, and suffering, that have a cumulative impact on the wellbeing and function of emergency service workers over time. The ‘psychological erosion’ that individuals experience, as a result of providing care to others while being exposed to either primary or secondary trauma, constitutes a particular type of occupational stress known as ‘Compassion Fatigue’.

The research I undertook through this scholarship was focussed on two main areas:

- 1. Providing a detailed definition and understanding about compassion fatigue and its relationship to emergency service workers; and**
- 2. Qualitative research interviews with compassion fatigue experts.**

My primary aim was to provide meaningful, attainable and tangible recommendations for organisations in the emergency services sector to consider and hopefully implement in order to improve mental health outcomes for the over

31,000 ESWs in Victoria (Victorian Public Sector Commission, n.d.).

The Emergency Services Foundation scholarship provided me with the opportunity to travel to the United States in late July and August 2023 and meet with some of the leading experts and consultants in compassion fatigue - people who are at the forefront of supporting and teaching care-givers in the emergency services sector and countless others across other industries, how to ameliorate the debilitating effects of traumatic stress and burnout.

My recommendations present the opportunity for emergency service organisations to implement some truly preventative education and skill development for their employees and volunteers to enable them to continue to address trauma in all its forms daily, whilst reducing the impact it has on them, their colleagues, and their families.

Recommendations:

- 1. Provide comprehensive training which educates leaders and frontline workers about compassion fatigue.**
- 2. Prioritise the prevention of symptoms for traumatic stress and compassion fatigue.**
- 3. Conduct research as to the prevalence and implications of compassion fatigue for emergency service workers.**
- 4. Seek professional advice from compassion fatigue experts.**
- 5. Encourage employees and volunteers to cultivate self-awareness practices.**

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Greg Dean Station Commander – Clayton Police Station

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Taryn Hughes CEO – Forest Hughes & Associates
J. Eric Gentry President – Forward Facing Institute

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FROM FATIGUE TO FORTITUDE

From Expert Perspectives to Practical Insights: Compassion Fatigue in Emergency Services

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I. INTRODUCTION

Emergency service workers play a critical role in safe-guarding the well-being of communities and individuals often in their times of greatest need. Whether responding to incidents such as natural disasters, medical emergencies, vehicle collisions, or acts of violence, these dedicated professionals selflessly provide immediate assistance, comfort, and reassurance to those in crisis. However, this vital role often comes at a high cost – one that is seldom discussed but significantly affects the physical, mental and emotional well-being of these unsung heroes: compassion fatigue. This report delves into the profound effect of compassion fatigue on emergency service workers in Australia, why they are particularly vulnerable to its effects, and the alarming statistics regarding the frequency and regularity of their exposure to trauma.

The unique nature of emergency service work makes these individuals particularly susceptible to compassion fatigue. Emergency service workers are routinely exposed to traumatic events and situations that can have a profound impact their physical, psychological, and emotional health. Constant exposure to human suffering, death, violence and disaster can lead to feelings of helplessness, emotional exhaustion and a gradual

erosion of the capacity to provide empathic care. Over time, this can manifest as compassion fatigue, a condition that not only affects their ability to help others effectively, but also jeopardises their own well-being.

To understand the scope of the issue, it is imperative to consider the frequency and regularity of trauma exposure that emergency service workers face. In Australia, these dedicated people respond to a wide range of incidents daily. 2022-23 data from the Victorian Emergency Services Telecommunications Authority (ESTA) indicates there were 2.7 million calls for assistance and dispatched an average of 6,420 emergency service events per day. This number encompasses various emergencies, including medical crises, natural disasters, road collisions, and criminal incidents. Moreover, the repetitive nature of this work

compounds the problem.

Emergency service workers continually witness trauma and its associated emotional distress, which can lead to cumulative stress.

According to data from Beyond Blue, these full-time employees and

volunteers are exposed to traumatic events at a rate twice that of the general population.

Statistics provided by WorkSafe Victoria indicate that Police Officers, Ambulance Officers and

Over the last six months, between 17% and 23% of all mental injury claims accepted by WorkSafe were from Emergency Services.

Paramedics, and Welfare and Community Service Workers are amongst the top five occupations for mental health injury claims between 2012 and 2022, and that claims from the emergency services sector have had significant growth in monthly mental injury accepted claims since July 2019. Over the last six months, between 17% and 23% of all mental injury claims accepted by WorkSafe were from Emergency Services. This was up from the 10% to 15% range for the period July 2019 to December 2019. These statistics highlight the need for proactive measures to address and prevent mental health injuries, provide mental health support, and reduce the emotional toll that these professionals experience. This includes programs and strategies that specifically cater to the needs of emergency service workers, as well as addressing the unique challenges they face in their line of duty.

The first core area of this study seeks to offer a robust definition and in-depth comprehension of compassion fatigue in the context of emergency service workers. Utilising academic research, I have aimed to shed light on the emotional and psychological toll that these professionals bear in their tireless commitment to aiding those in crisis. I have endeavoured to paint a vivid picture of compassion fatigue's origins, manifestations, and the unique challenges it poses to emergency service workers. This foundational knowledge helps to provide a better understanding of the problem's core, laying the groundwork for subsequent areas of investigation beyond this study.

The second vital aspect of this study delves into strategies to prevent and alleviate compassion fatigue among emergency service workers. This is grounded in qualitative research interviews with compassion fatigue experts who have a deep understanding of the issue and its implications. Their insights will inform the development of tailored and effective prevention methods that can be adapted and embraced by the emergency service workforce. Through these interviews, I have been able to identify potentially valuable strategies that address the unique needs and challenges faced by these professionals, enhancing their resilience and

well-being while allowing them to continue their crucial work.

II. A CLOSER LOOK AT COMPASSION FATIGUE

Professor Charles Figley, a world leading traumatologist and pioneer in the study of traumatic stress, first defined Compassion Fatigue in 1995 as “*the combined effects of secondary traumatic stress and burnout*” (Gentry & Dietz, 2020). Through his work in the 1970’s with Vietnam Veterans who were experiencing Post-Traumatic Stress Disorder (PTSD), he noticed that many of the mental health professionals who were providing care to those veterans who were also exhibiting signs of emotional exhaustion and burnout. He observed that the empathy and compassion they extended on their clients took a toll on their own emotional and physical health. He continued his research through the 1980’s and 90’s which led to his work becoming the foundation for exploration on the effects of this phenomenon on professional caregivers including emergency service workers.

To date, compassion fatigue has been the focus of research in more formalised caregiving occupations such as nursing, medicine, psychology, and counselling, but its role as a precursor / contributing factor to psychological distress in service orientated occupations – such as policing and other emergency service organisations – is still evolving and is somewhat unclear.

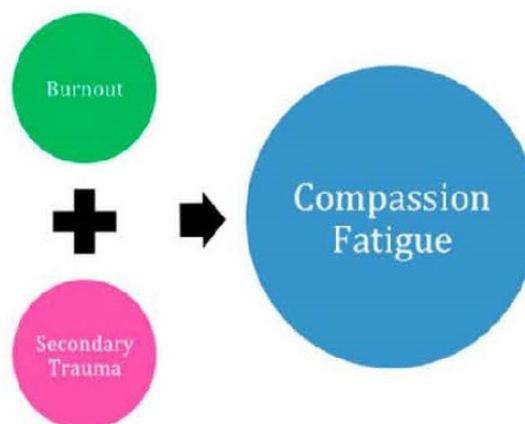


Figure 1 - Compassion Fatigue Conceptual Model (Middleton, 2015)

Compassion Fatigue comprises an identifiable set of negative psychological symptoms, as described by Oshberg below:

“First, you should understand that it’s a process. It’s not a matter of one day, you’re living your life with a great deal of energy and enjoyment, and the next, you wake up exhausted and devoid of any energy – both physical and emotional. Compassion fatigue develops over time – taking weeks, sometimes years to surface. Basically, it’s a low level, chronic clouding of caring and concern for others in your life – whether you work in or outside the home. Over time, your ability to feel and care for others becomes eroded through overuse of your skills of compassion. You also might experience an emotional blunting – whereby you react to situations differently than one would normally expect.” (Oshberg, 2012).

Dr. J. Eric Gentry, a renowned compassion fatigue expert and traumatologist, encapsulates the essence of Oshberg’s explanation when describing the effects of compassion fatigue as a “*natural and inevitable consequence of caring for others*” Dr. Gentry emphasises that it is not a sign of weakness or moral or character shortcoming in an individual (Gentry & Dietz, 2020). The ‘Compassion Fatigue Process’ (Figure 2) provides a framework of the contributing factors to compassion fatigue. Important to note is that not all exposure to suffering will result in compassion fatigue. It is the residual compassion stress, combined with prolonged trauma exposure, their painful past, and other life demands that may lead to compassion fatigue.

Whilst compassion fatigue shares symptoms in common with burnout, it can be distinguished by an investigation of symptom origin. Put simply, compassion fatigue symptoms result from prolonged exposure to traumatic events while burnout primarily occurs as the result of

organisational stressors such as heavy workloads, lack of resources, and high job demands. The relationship is complicated, however, by the fact that compassion fatigue and burnout may occur co-morbidly. To further our understanding of compassion fatigue, it is

important to dive deeper into the two elements that contribute to compassion fatigue.

A. SECONDARY TRAUMATIC STRESS

“We have not been directly exposed to the trauma scene, but we hear the story told 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, humour and hope. We tire. We aren’t sick, but we aren’t ourselves.”

– Professor Charles Figley

One of the significant factors which makes emergency service workers so susceptible to compassion fatigue is Secondary Traumatic Stress (STS). It occurs when a person experiences the effects of trauma from directly hearing about someone else’s trauma. Whilst definitions and terminology related to STS varies across the academic and scientific world, the common thread is the adverse emotions, feelings, and behaviours of indirect exposure to trauma experienced by another. The frequency and regularity that emergency service workers interact and engage with

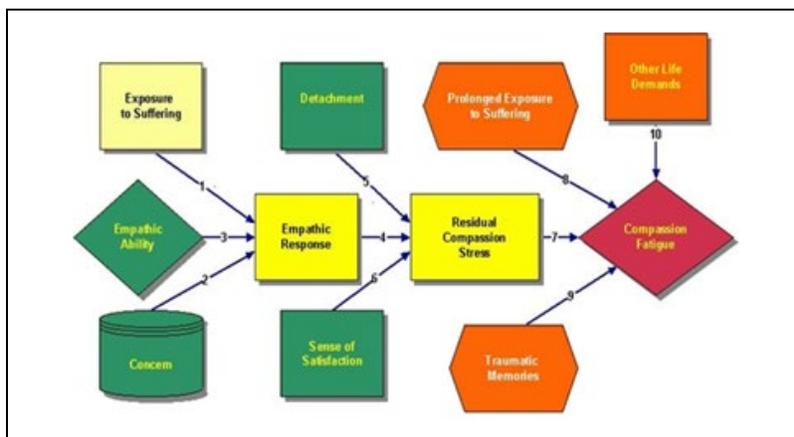


Figure 2 - Compassion Fatigue Development Process (Figley, 2001)

traumatised people increases risks of stress related symptoms dramatically. As much as our emergency service workers are superheroes, they are not superhuman.

Consistently witnessing the trauma experienced by vulnerable individuals can lead to the emergence and manifestation of STS symptoms in a variety of ways. Lying in bed at night wondering how the family who lost everything when floods swept through their house are going to recover. Wondering whether the child who disclosed a history of sexual abuse to you today is going to be safe in their new foster family. Animal care givers bearing the responsibility of making decisions on behalf of the animals in their care. Not being able to indulge in once pleasurable activities due to not being able to switch-off. Gentry divides these common symptoms into three categories: **Intrusive** symptoms, **Avoidance** symptoms, and **Arousal** symptoms (2020).

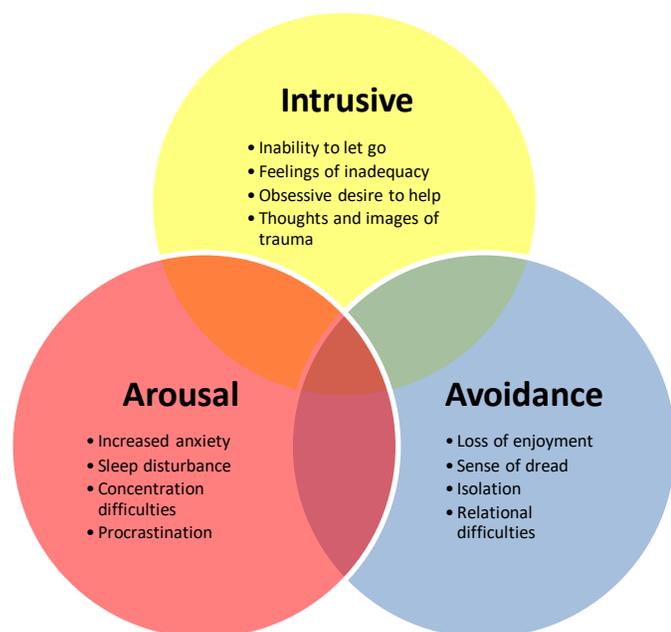


Figure 3 - Common Secondary Traumatic Stress Symptoms

The symptoms and reactions of someone suffering STS may appear remarkably like those who have been directly exposed to a traumatic event (Figley, 1995). That is because they are. Such is the similarity, “*repeated and/or extreme exposure to disturbing details of a/the traumatic event*” features in Criterion A of the diagnostic criteria for PTSD, alongside experiences involving direct trauma (Gentry & Dietz, 2020). The development of the chronic version of STS, Secondary Traumatic Stress Disorder (STSD), follows the same path as PTSD. Whereas PTSD generally involves a single incident, STSD is essentially the snowballing or accumulation of effects over an extended period.

B. BURNOUT

“*Burnout is not the price we have to pay for success.*”
- Arianna Huffington

Burnout occurs as a consequence of how we engage with our work environment and is the second element of compassion fatigue. It is a term frequently heard in offices, work kitchens, muster rooms, and chats at the water cooler across the globe. Like the study of compassion fatigue, research regarding burnout is growing, but still in its relative infancy. The earliest empirical definition of burnout appeared in research in the mid-1970’s (Freundenberger, 1974) and has been expanded, refined and researched ever since. American Professor Christina Maslach pioneered research into the definition, predictors, and measurement of job burnout, and developed the ‘Maslach Burnout Inventory’ in the early 1980s. She identifies three components that make-up the definition of burnout, the stress response of exhaustion, the negative response to the job of cynicism, and the negative response to oneself (APA, 2022). Pines and Aronson (1981) provide a refined definition of burnout, referring to it as “physical, emotional, and mental exhaustion”.

Largely on the back of Maslach’s work, in 2019, The World Health Organisation (WHO) recognised burnout as an occupational “*phenomenon*” but did not classify it as a medical condition. The WHO released their definition of burnout as being a

“*syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed*” (WHO, 2019). More recently, Dr. Gentry provides an alternative definition of burnout, arguing that the workplace is not the genesis of burnout, but rather it is rooted in one’s perception and provides an alternative definition as the “*chronic condition of perceived demands outweighing perceived resources*” (Gentry & Dietz, 2020). He suggests that burnout emerges when individuals feel overwhelmed by the demands placed upon them, whether those demands are real or perceived. These demands can manifest as excessive workload, tight deadlines, conflicting priorities, or even emotional labour when dealing with others' suffering or distress.



Figure 4: Constellation Burnout Symptoms

What's crucial, however, is the individual's perception of these demands; it's how they interpret and evaluate the challenges they face. Additionally, the notion of "*perceived resources*" highlights another critical dimension. Resources encompass the individual's internal and external support systems. Internally, these resources can include coping skills, resilience, and emotional intelligence. Externally, they may involve social support, access to adequate tools and technology, or a supportive work environment.

By understanding burnout as a product of this interplay between perceived demands and perceived resources, it becomes evident that addressing burnout necessitates a multifaceted approach. Interventions should not solely focus on altering

workplace conditions but also on enhancing individuals' coping strategies, resilience, and access to support systems. This perspective empowers individuals to take an active role in preventing and mitigating burnout by developing their perception of control and resourcefulness in challenging work environments.

When discussing burnout, it is essential to understand that the symptoms can manifest in various ways, impacting an individual’s mental and physical well-being. Emotional exhaustion is a common symptom characterised by feelings of fatigue, irritability, guilt, and a sense of helplessness. Some may experience depersonalisation (cynicism) which can lead to a negative and detached attitude towards others, whilst others may feel a reduced sense of personal accomplishment. Collectively, these symptoms contribute to the overall experience of burnout and can impact an individual’s overall quality of life. Figure 4 illustrates a constellation of symptoms, drawing from a variety of studies and leading researchers (Maslach, 1982; Figley, 1995; Figley, 2002; Gentry & Dietz, 2020; Papazoglu & Blumberg, 2019).

C. IDENTIFICATION OF COMPASSION FATIGUE

Several key tests and scales are commonly used for the identification and assessment of compassion fatigue and burnout. These assessments help individuals understand their levels of emotional fatigue and stress. Some of the most widely used tools are:

Professional Quality of Life (ProQOL) Scale: The ProQOL Scale is one of the most well-known and widely used tools for assessing compassion satisfaction, burnout, and secondary traumatic stress. It provides a balanced view of an individual's emotional well-being and is often used by healthcare workers, social workers, and emergency service professionals.

Maslach Burnout Inventory (MBI): The MBI is a widely recognized and extensively used scale for assessing burnout. It measures emotional exhaustion, depersonalization, and personal accomplishment. It is commonly used in healthcare and human service professions.

Secondary Traumatic Stress Scale (STSS): The STSS is specifically designed to assess secondary traumatic stress, which is a component of compassion fatigue. It helps individuals working with trauma-exposed clients to evaluate their own stress levels.

Caring for the Caregiver Scale: This scale focuses on assessing burnout and compassion fatigue among caregivers and healthcare professionals. It examines physical, emotional, and psychological signs of stress and fatigue.

Compassion Fatigue Self-Test: Several organizations and mental health websites provide self-assessment tools or checklists for compassion fatigue. While these are not as standardized as some of the other scales, they can offer a quick self-evaluation of symptoms and risk factors.

The Self-Care Assessment Worksheet: While not a formal scale, this tool encourages individuals to assess their self-care practices and identify areas that may need improvement to prevent burnout and compassion fatigue.

Vicarious Trauma Scale (VT): The VT scale assesses the risk of vicarious trauma among individuals who work with trauma-exposed clients. It focuses on the cognitive, emotional, and physical reactions to such exposure.

These assessments are valuable tools for promoting self-awareness and well-being among individuals in caregiving and helping roles, including emergency

service workers. Additionally, psychologists and mental health professionals often use these assessments to support clients and implement strategies for mitigating the impact of compassion fatigue and burnout.

While these well-established tests and scales provide the measurement and diagnosis of compassion fatigue and burnout, it's important to recognise the evolving approach embraced by compassion fatigue experts. Rather than solely focusing on identifying and diagnosing the pathology of compassion fatigue, these experts advocate for a proactive and symptom-targeted approach. By addressing the symptoms before they escalate, emergency service workers can mitigate the impact of compassion fatigue, whilst prioritising self-care, and promoting physical and emotional well-being. This shift in perspective highlights the importance of prevention, resilience-building, and early intervention to ensure that those who dedicate their lives to caring for others can continue to do so with empathy and compassion while safeguarding their own physical, mental, and emotional health.

III. QUALITATIVE INTERVIEWS WITH COMPASSION FATIGUE EXPERTS

D. TARYN HUGHES

FOREST HUGHES & ASSOCIATES, NEW YORK

“Post-traumatic growth; beyond resilience, it is the transformation and wisdom that you develop as a result of living through life’s hardships. This wisdom will never leave you, it is rooted in experience.”

- Taryn Hughes

Taryn Hughes, the CEO and founder of Forest Hughes & Associates, a consulting firm based in the heart of New York City, has dedicated herself to addressing the issue of workplace-related secondary traumatic stress. Taryn is a Compassion Fatigue Therapist via the Green Cross Academy of Traumatology. With a background in somatic trauma recovery and over 15 years supporting clients with direct trauma, Taryn has become a trailblazer in this field. Her innovative approach has led her to develop several pioneering, workplace-

friendly programs and workshops addressing compassion fatigue. Taryn offers these programs and workshops, with a focus on compassion fatigue prevention, mitigation, and recovery, to senior executives and staff at all organisational levels, with most of her work deriving from government agencies, NGOs, and private clients.

The primary pillars of Taryn’s work focus on **de-stigmatisation, tracking the impact** (on the individual and each other), **co-regulation, self-regulation, and post-traumatic growth** and purpose. The programs that Taryn has developed to combat traumatic stress in the workplace are specifically and deliberately designed to bring the focus back to the individual and prioritise creating a psychologically safe and secure environment for the individual to learn about how traumatic stress affects the body and upsets the balance of the body’s natural coping mechanisms. Taryn’s training provides individuals with a grounding in the physical and emotional warning flags and symptoms of traumatic stress, as well as how they may manifest at work and in interpersonal relationships. Co-regulation is emphasised as participants in Taryn’s workshops and courses are taken through a series of exercises designed to self-regulate the autonomic nervous system and leave with resources to continue tracking and reflecting on situations where they experience adverse reactions.

When I met Taryn in the heart of Manhattan in late July, New York was during a mini–New York City heatwave. Taryn had generously arranged for me to speak with three of her clients from different industry areas, to hear their personal stories and transformations following the training and education that

Taryn delivers. I have summarised their experience in the table below and included how they described

The primary pillars of Taryn’s work focus on destigmatisation, tracking the impact (on the individual and each other), co-regulation, self-regulation, and post-traumatic growth and purpose.

their feelings before and after the training they received.

	John Senior Executive Human Trafficking	Sarah Assistant Director Emg. Management	Jen Social Worker Education Dept.
Training Type	One-On-One (On-Going)	Compassion Fatigue Workshop (90mins)	Compassion Fatigue Series
Before	Exhaustion Hyper-Vigilance Inability to Relax Emotionally Drained	Isolation Inability to Sleep Cynicism	Frustration Irritability Isolation
After	Relief Renewed Enthusiasm Assists Others	New Techniques (Personal & Professional) Improved Sleep	Holistic Approach Deepened Understanding

Table 1: Forest Hughes & Associates Client Experience

What struck me as I spoke with John, Sarah, and Jen (**Not their real names) was the enormous passion that each felt for the work they do in their chosen sectors and how the symptoms of traumatic stress threatened to curtail their careers at some point, either physically, emotionally, or both. Sarah, a 35-year veteran of Emergency Management, thought she had seen and heard it all in her career, particularly concerning mental health. However, Sarah had not heard of Compassion Fatigue before

attending Taryn’s workshop. Sarah attended a conference 90 minute conference with an audience of 150 social service, elder care, and emergency services professionals. She was so moved by the experience that she did something she had never done before. She explained to me that when

the opportunity arose, she stood up and spoke to the assembled emergency services community about

her personal journey and the isolation she felt at times and the effect it had on her. She told me that she adopted a self-regulation technique called the 'butterfly hug' when she felt triggered and has experienced a renewed sense of purpose and physical relief since her awareness of how her experiences at work can disrupt her threat response system. Notably, she has since continued using a worksheet designed to assist in personal debriefing immediately after leaving a call. She also made copies and trained her colleagues on how to use them.

Like Sarah, John had no prior knowledge of Compassion Fatigue before working with Taryn. His inability to fully relax led to physical and emotional exhaustion, which affected his professional and personal life. He openly admitted that he was on the brink of walking away from the career he had enjoyed and cultivated over a long period of time. He now passes on the learnings to his staff and actively invests in protecting the mental health of his staff and their career sustainability.

In contrast to Sarah and John, Jen had some knowledge of vicarious trauma and burnout, but the series of Compassion Fatigue sessions with Taryn deepened her understanding of traumatic stress. Working in a division that provides services to youth experiencing homelessness across NYC, Jen emphasized the importance of senior managers also undertaking trauma-informed professional development to make trauma-informed decisions that affect those working around them. Jen indicated that she felt there was a tendency for senior management to view mental health training as a box-ticking exercise that they had to do for their staff and that, to enact true cultural change, those in crucial decision-making roles must inform themselves of what their staff experience on a day-to-day basis. Jen has translated what she learnt in the series presented by Taryn and has offered a professional development course to her peers.

A common theme that emerged was a shift in their approach to situation debriefs, thanks to their adoption of Taryn's Resilience Debrief™ training. I

had the opportunity to delve deeper into this concept during a subsequent meeting with Taryn, who also acted as my local Brooklyn tour guide. Taryn explained that, typically, in debriefs following high-pressure situations, people tend to engage in factual discussions, often skirting around specific details when they're overwhelmed with stress. This approach can prove counterproductive as it tends to exacerbate the situation, triggering fear and stress responses in both the body and mind. In contrast, the Resilience Debrief™ model focuses on co-regulation and redirects the focus away from distressing facts and toward the individual's personal experience. Facilitated by a calm and self-regulated guide, participants work through a series of questions and practices meticulously designed to help regulate the nervous system after exposure to trauma. If someone works alone, or colleagues are not available, a specifically designed journal worksheet offers an opportunity for a personal debrief and self-regulation. This model offers a practical and effective means of mitigating the emotional and psychological impact of intense and traumatic situations, ultimately promoting well-being, self-regulation, and resilience.

Key Take-Aways:

1. Recentering the Individual Professional

Taryn's innovative programs focus on returning the attention to the individual professional, which is often neglected in systemic planning and response. Participants learn to track and respond to changes in their own physical and mental health that arise from working in a trauma exposed environment. They learn tools and skills to undo the effects of traumatic stress at home and on the job.

2. Co-Regulation

Much of Taryn's work is about co-regulation and community practices to reduce trauma symptoms on the personal, interpersonal, physical, emotional, and professional levels. By emphasising the universality of this human experience, this approach simultaneously eradicates isolation

and motivates groups of professionals to apply and implement internal systemic changes that protect the mental and physical health of employees.

3. Client Experiences

The accounts of John, Sarah, and Jen highlights the transformative impact of her training on each person, all coming from different industries. It illustrates the passion they have for their work and how the symptoms of traumatic stress had the potential to curtail their careers physically and emotionally. Through Taryn's programs, they found relief, renewed purpose, and co-regulation techniques to cope with stress. They continue to apply these skills today.

4. Resilience Debrief™ Model

One common theme that emerged from the client experiences was the shift in their approach to situation debriefs, thanks to Taryn's Resilience Debrief™ training. This approach emphasises moving away from fact-focused discussions and instead focuses on the individual's personal experience. It provides a structured and effective way to mitigate the emotional and psychological impact of traumatic situations through co-regulation, ultimately promoting well-being, self-regulation, and resilience.

E. DR. J. ERIC GENTRY

FORWARD FACING INSTITUTE, PHOENIX

Dr. J. Eric Gentry is an internationally recognised leader in the study and treatment of compassion fatigue. In 1997, under the direction of Professor Charles Figley, he developed the Accelerated Recovery Program (ARP) for Compassion Fatigue with Anna Baranowsky, PhD, and Kathleen Dunning. The first of its kind, the ARP has proven to be a long-lasting and effective treatment. In 1998, he partnered with Anna Baranowsky again and introduced the Certified Compassion Fatigue Specialist Training, with thousands of professionals

in the United States benefitting from this training and professional accreditation. When the World Trade Centre in Lower Manhattan was attacked in September 2001, he deployed to assist first responders make sense of the unfolding trauma they were confronted with. He also deployed to disasters in Oklahoma City and Florida in their times of need following disaster events.

A widely published author of research articles, book chapters, and periodicals on compassion fatigue and resilience, in 2016 he published '*Forward-Facing Trauma Therapy™: Healing the Moral Wound*'. This book, considered somewhat revolutionary in its approach, draws on Dr. Gentry's thirty-five years of professional therapy, scientific study, and personal experiences. In 2020, he founded the Forward-Facing® Institute with Jenny Brackman which offers coaching, consulting, certification, and professional development. Dr Gentry's personal mission is a commitment to serve care-givers and helping them to become ever more effective with minimal symptoms.

Dr. Gentry picked me up on a sweltering Phoenix morning where the temperature hadn't dropped below 30 degrees for the previous month. Following breakfast, we headed for some temperature relief in the mountains and drove to Sedona, situated on the edge of the Red Rock State Park. Having already completed the 'Forward-Facing Professional Resilience' workshop online prior to meeting Dr. Gentry, I had the opportunity to further my understanding of the key pillars that underpin the Forward-Facing Institute philosophy.

All Forward-Facing training, courses, and learning programs adhere to a "training as treatment" methodology (Gentry, 2000), as initially conceptualized in the development of the Certified Compassion Fatigue Specialist Training (CCFST). In contrast to the ARP, which primarily functions as a treatment program to alleviate compassion fatigue symptoms, the Forward-Facing approach places a strong emphasis on the prevention of compassion fatigue symptoms. The wide array of courses and training offerings provides participants with practical skills that can be immediately applied in

both their personal and professional lives. Once acquired and practiced, these skills equip learners with the foundational knowledge and abilities to eliminate stress from their lives. During our conversation, Dr. Gentry shared a common reaction from most participants when confronted with that proposition. Their jaws drop, followed by a mix of laughter and a quizzical, somewhat surprised expression.

Central to the Forward-Facing methodology is a sound understanding of the root cause of stress and how stress interacts and affects the automatic nervous system. Dr. Gentry explained to me that this baseline knowledge is fundamental to building a platform of resilience, because the automatic nervous system controls the physiological response to stress. When the automatic nervous system is dysregulated due to intense or chronic stress, a person’s ability to distinguish between real and perceived threats, where there is little to no danger, is compromised. This can lead to a state of hyperarousal and

increased sensitivity to perceived stressors, which may not pose actual danger. In such cases, the individual’s perception of threats can become exaggerated, and they may react as if real danger is imminent, even when it is not.

This can contribute to feelings of anxiety, hypervigilance, and difficulty in distinguishing between actual threats and perceived or imagined ones.

Once this core principle has been achieved, in the case of the Forward-Facing Professional Resilience course, participants are presented with five resiliency skills to practice and incorporate into their everyday lives. These skills, self-regulation, intentionality, perceptual maturation, connection and support, and self-care and revitalisation, contain practical exercises to consolidate key messages, and are reinforced via engaging stories about past

clients who navigated their way through their challenges.



Figure 5: Forward Facing Resilience Skills

Whilst the pathway to personal and professional resilience with the Forward-Facing Institute may appear simple, it does require participants to remain disciplined, intentional, and committed to derive maximum benefit. As of 2022, the Forward-Facing methodology has received eighteen citations related

Central to the Forward-Facing methodology is a sound understanding of the root cause of stress and how stress interacts and affects the automatic nervous system.

to its process and effectiveness. From a study by Cocker and Joss (2016), Forward-Facing training “...aims to help at-risk workers identify symptoms of compassion fatigue, recognise compassion fatigue triggers,

identify and utilize existing available resources, review personal and professional history to the present day to identify those at increased risk, master arousal reduction methods, resolve any impediments to efficacy, initiate conflict resolution, and initiate a supportive aftercare plan - in collaboration with their employer or supervisor.”

Key Take-Aways:

1. Dr. Gentry’s Impactful Work

Dr. Gentry has achieved international acclaim for his pioneering contributions to the study and treatment of compassion

fatigue. With an extensive background in research and program development, he is dedicated to supporting caregivers and enhancing their effectiveness.

2. Forward-Facing Approach

The Forward-Facing approach, developed by Dr. Gentry, stands out for its focus on preventing compassion fatigue symptoms rather than solely addressing them. By equipping participants with practical skills for immediate application, this innovative methodology challenges conventional stress understanding and empowers individuals to eliminate stress from their lives.

3. Resilience Skills

Participants in Forward-Facing courses gain access to crucial resiliency skills designed to help them foster personal and professional resilience, demanding commitment, intention, and discipline for optimal results. Notably, the Forward-Facing methodology's effectiveness has earned it recognition and citations, making a meaningful impact on individuals at risk of compassion fatigue.

F. NEW ORLEANS POLICE DEPARTMENT

During my visit to New Orleans, I had the privilege of meeting Chris Abbott, a highly experienced police veteran with 33 years of dedicated service with the New Orleans Police Department. His story is worthy of a dedicated research project on its own and is worth looking up. Chris plays a pivotal role as a liaison between police members and mental health professionals, ensuring the well-being of the department's dedicated officers.

The New Orleans Police Department takes a proactive approach to supporting its members following critical incidents. They have established a robust system of dedicated peer support officers who respond to these incidents, providing invaluable assistance to both police and other emergency service personnel. These peer support officers undergo specialized training in Critical

Incident Stress Management (CISM), equipping them with the skills and knowledge to offer crucial support during challenging times. This approach reflects the department's commitment to the mental and emotional health of their officers and sets an inspiring example for the broader law enforcement community.

G. PHOENIX POLICE DEPARTMENT

My visit to the Phoenix Police Department revealed a striking consistency in their approach to supporting their members, echoing the commendable initiatives of the New Orleans Police Department. The Phoenix Police Department has also implemented a system of dedicated peer support officers who play a proactive role in assisting their colleagues.

These peer support officers extend their care and assistance to fellow officers both during their on-duty responsibilities and when they are off work, especially in cases involving mental health injuries. This commitment to the well-being of their team members highlights the importance of fostering a supportive and compassionate work environment within law enforcement agencies.

The visits to the New Orleans Police Department and the Phoenix Police Department revealed a profound commitment to the mental well-being of their officers. Both agencies have established dedicated peer support systems that proactively assist members in coping with mental health injuries, both on-duty and off-duty.

Their adoption of Critical Incident Stress Management (CISM) training underscores the shared commitment to ensuring the health, resilience, and overall quality of life for those who valiantly serve and protect our communities. These experiences have offered valuable insights into the compassionate and progressive approaches taken by these law enforcement agencies, aligning with the broader mission to combat compassion fatigue and support the well-being of our emergency service workers.

IV. CONCLUSION & RECOMMENDATIONS

This report sheds light on the critical issue of compassion fatigue among emergency service workers and the compelling need to address its profound impact on their mental and emotional well-being. These dedicated professionals, who provide immediate assistance and support to individuals and communities in times of crisis, face a unique set of challenges that expose them to both direct and secondary trauma. The cumulative stress and emotional toll of their work can lead to compassion fatigue, jeopardizing their capacity to provide effective care.

The significance of my research lies in its potential to bring about positive change for the over 31,000 emergency service workers in Victoria and countless others across the country who share the same challenges. As evidenced in this report, emergency service organisations can take proactive steps to safeguard the well-being of their personnel, reduce the emotional toll they experience, and ensure they can continue their crucial work effectively.

Compassion fatigue is a formidable challenge, but it is not insurmountable. With the right knowledge, support, and intervention, emergency service workers can find the resilience and resources they need to navigate the emotional demands of their profession while caring for their own mental health and overall quality of life. The research and recommendations presented here can serve as an important practical step toward achieving this goal and making a lasting impact on the lives of these dedicated professionals.

As a result of my research, I offer the following recommendations:

RECOMMENDATION 1

Prioritise the prevention of symptoms for traumatic stress and compassion fatigue rather than solely focussing on treating the symptoms in order to reduce the occurrence and severity of these symptoms.

RECOMMENDATION 2

That further examination and research of the prevalence and implications of compassion fatigue for emergency service workers be initiated through collaboration with academic institutions, research organisations, or mental health professionals.

RECOMMENDATION 3

Provide comprehensive training which educates leaders and front-line workers about compassion fatigue, its causes, symptoms, and impact on overall mental health. This training should emphasise the importance of self-regulation and provide strategies and skills to achieve it

RECOMMENDATION 4

That emergency service organisations seek professional advice from Compassion Fatigue specialists to design and implement specialised programs and training aimed at compassion fatigue.

RECOMMENDATION 5

Encourage employees and volunteers to cultivate self-awareness practices. By cultivating self-awareness, individuals can gain a deeper understanding of their own emotional and mental states, enabling them to better manage their well-being in the face of the challenging and often traumatic experiences they encounter in their roles

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