



Compassion Fatigue and Secondary Trauma Among Clinicians Treating Sex Offenders

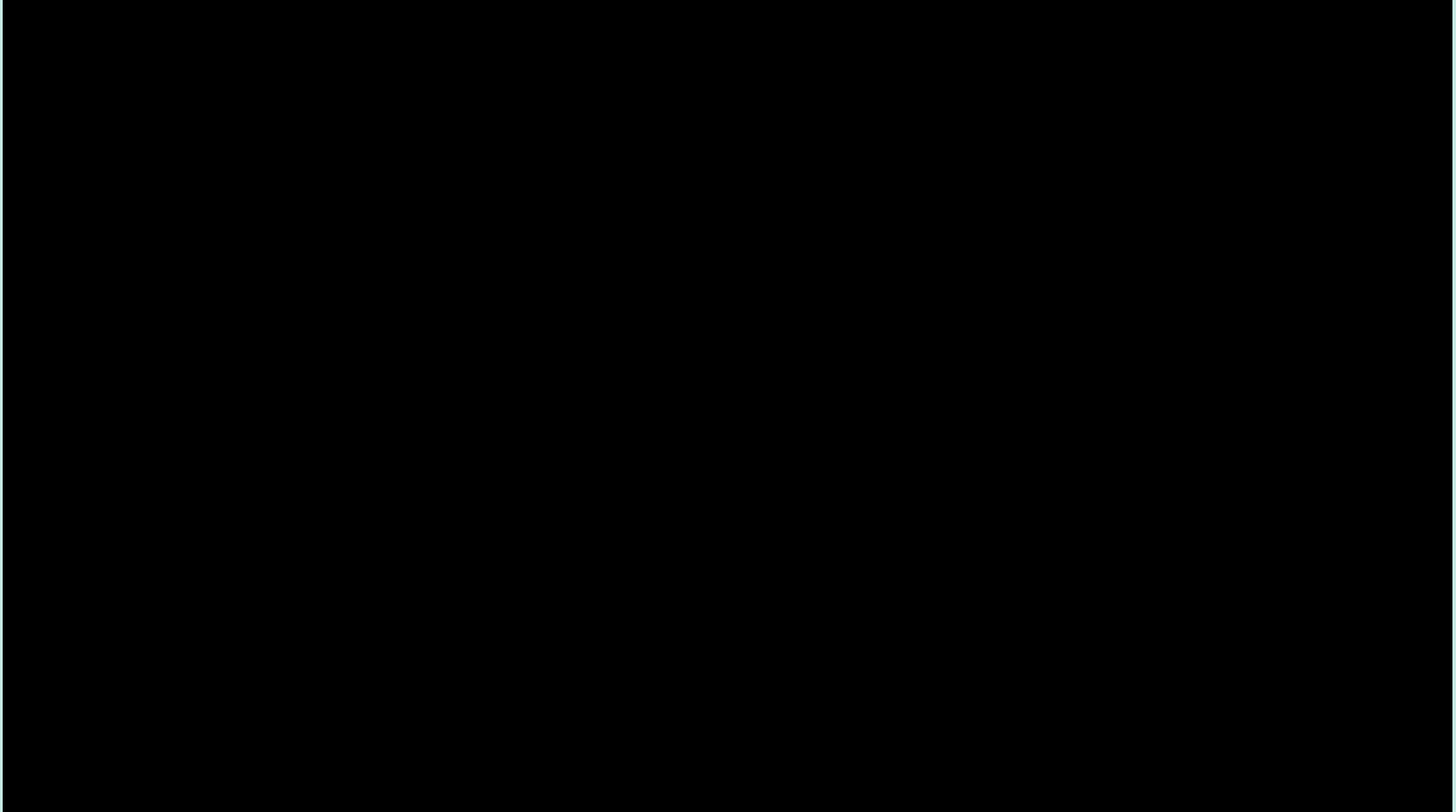
Victor Kersey, Ph.D., SOTP-II

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Disclaimer

“None of the planners, moderators, or presenters of this Continuing Education activity, have any financial relationships to disclose relating to the content of this activity.”

Risk Management



Poll Everywhere

What specific strategies will you use to keep yourself physically and emotionally well during this conference?

Text: victokersey330 to
22333

What's the Problem?

- 31% healthcare professionals reported burnout, which was then associated with lower career satisfaction and lower satisfaction with resources to treat complex patients (Whitebird, et al, 2017).
- In one of the few national surveys of psychologists, 74% reported experienced “personal distress” during the previous 3 years; of those, 37% indicated that it decreased the quality of patient care, and 5% admitted that it resulted in inadequate treatment. (Guy et al., 1989; Pope, Tabachnick, & Spiegel, 1987).
- Clinicians working overtime also reported significantly greater importance in reducing stress but less confidence in their ability to reduce stress than those not working overtime. (Luther, et al., 2017)

Objectives

1. Participants will be able to Identify and Explain the therapeutic consequences of treating sex offenders or individuals with problematic sexual behaviors.
2. Participants will be able to Identify and Explain the clinical coping strategies in conjunction with the consequences of the treatment of sex offenders or individuals with problematic sexual behaviors.
3. Participants will be able to Identify and Explain the adverse outcomes of secondary trauma/compassion fatigue of treating sex offenders or individuals with problematic sexual behaviors.

Public Perception?



Purpose

To evaluate the effects of treating sexual offenders/individuals with problematic sexual behaviors and the impact of vicarious trauma on clinicians and other professionals. Upon review of the literature of several studies and their respective methodologies, suggests the need for caution when interpreting findings.

Professional Quality of Life Measure

The [ProQOL](#) is the most commonly used measure of the negative and positive affects of helping others who experience suffering and trauma. The ProQOL has sub-scales for compassion satisfaction, burnout and compassion fatigue.

- ▶ Dr. Henry E. Stamm, PhD, Whitefish, MT USA, Contributor
- ▶ Craig Higson-Smith, MA, [Education for Torture and Trauma Rehabilitation](#), Johannesburg, South Africa, [Center for Victims of Torture](#), Contributor
- ▶ Amy C. Hudnall, MA, [Horse Helpers of the High Country](#) and Appalachian State University, Boone, North Carolina, USA, Contributor
- ▶ Neill F. Piland, DrPH, ProQOL.org and Institute of Rural Health, Idaho State University, Pocatello, Idaho, USA
- ▶ Dr Beth Hudnall Stamm, PhD, retired

Effects

Have been far-reaching. There are published ethical concerns, in that, such traumatic experiences may interfere with a clinician's/professional's ability to follow best practices, develop appropriate treatment/supervision plans and be objective in making risk and treatment recommendations.

Relevance

Whether you are a provider in a correctional setting, private practice, hospital or treatment facility; the clinical experiences that come from treating sexual offenders may exploit vulnerabilities, resulting from empathic engagement and exposure to sexually traumatic events and materials. Vicarious trauma is a process that requires continual self-assessment and monitoring, prevention and intervention.

Defining Trauma

- ▶ Direct – An event that involves exposure to a death or threats of death, serious injury or sexual violence.
- ▶ Indirect – First-hand experiences that may be repeated and/or exposure to details of an experience

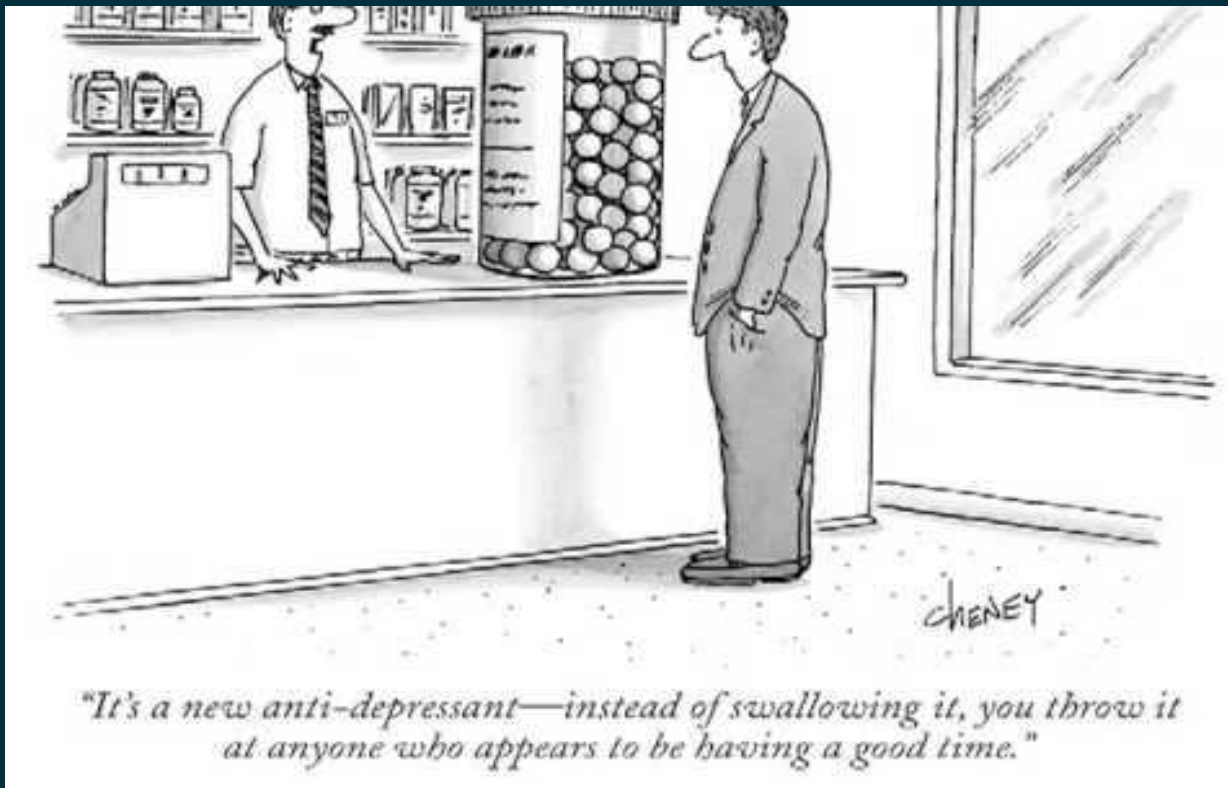
Defining Vicarious Trauma

- ▶ Employment-related exposure to trauma
- ▶ Occupational challenges
- ▶ Vicarious traumatization – Negative impacts that can be prevented or even managed

Defining Compassion Fatigue

Condition characterized by a gradual lessening of compassion over time. Those that work directly with victims or perpetrators are at risk for experiencing compassion fatigue.

Intrapersonal Consequences



Provider Trauma



Intrapersonal Consequences

Signs and Symptoms

- ▶ Anxiety
- ▶ Exhaustion
- ▶ Intrusive Thoughts
- ▶ Anger and Irritability
- ▶ Nightmares
- ▶ Hypersensitivity

Intrapersonal Consequences

Signs and Symptoms

- ▶ Absenteeism
- ▶ Problems with intimacy
- ▶ Diminished sense of employment or career
- ▶ Increased use of drugs and/or alcohol
- ▶ Diminished libido

Fatigue/Consequences



Interpersonal Consequences

Signs and Symptoms

- ▶ Damaged Intimate Relationships
- ▶ Decline in Personal and Sexual Interests/Activity
- ▶ Personal Safety and Trust
- ▶ Negative Emotional Responses

Burnout



Defining Burnout

Collective stress that develops into physical, mental and emotional exhaustion that is commonly caused by a depletion of coping resources and strategies.

Treating Sexual Offenders

Inappropriate/Abusive Sexual Interests

- Arousal to non-consenting partners
- Arousal to non-age-appropriate partners
- Arousal that involves abusive-in-nature acts

Treating Sexual Offenders

Deviant Sexual Arousal

- Reduce deviant sexual arousal while increasing non-deviant sexual thoughts/interests
- Increase reactions to the offender's deviant behavior as non-offenders react-with disinterest and revulsion (therapeutic role play)

Treating Sexual Offenders

Deviant Sexual Arousal Interventions

- ▶ Learned behavior that can be unlearned
- ▶ Replacing deviant with non-deviant sexual thoughts
- ▶ Connecting deviant thoughts with non-arousal

Truth or Deception?



Recent Data

- Depending on the studies, 40-85% of health care professionals were found to have Compassion Fatigue (CF) and/or high rates of Secondary Traumatic Stress (STS)
- 57% of Social Workers have been threatened, 16 % physically assaulted
- 40% of nurses physically assaulted
- 59% of MH professionals vs 15% of Law Enforcement professionals will seek help!
- “Why do you think that is?”

Gentry J.E., Baranowsky A.B., Dunning K. Treating Compassion Fatigue. Brunner-Routledge; New York City, NY, USA: 2002.

Arp: The accelerated recovery program (arp) for compassion fatigue; pp. 123–137.

More Data...

Among clinicians treating sexual abuse clients

- 76% reported a history of at least one form of childhood maltreatment (v 67%)
- 39% childhood history of sexual abuse (v 22%)
- 26% physical abuse (v 21%)
- 51% emotional abuse (v 29%)
- 28% physical
- 51% emotional neglect
- 53% reported experiencing two or more forms of childhood maltreatment.
- 70% reported having experienced two or more forms, of those who reported a history of childhood maltreatment (v 35%)
- These rates are higher than the childhood maltreatment reported in a study of HMO adult participants (N = 8,667; Edwards, Holden, Felitti, & Anda, 2003)

Way, et al., (2007)

Treating/Supervising Sexual Offenders

Cognitive Restructuring/Iceberg Analogy

Busj. J., Glick, B., Taymans, J. (2011). *Thinking for a Change*. P. 1-15, U.S. Department of Justice, National Institute of Corrections



Treating/Supervising Sexual Offenders

Skills Training

The skills used within the CBT framework are designed to help the client gain control over sexual offending/problematic sexual behaviors, cope with urges and fantasies, and manage thoughts about sexual offending.

Treating/Supervising Sexual Offenders

Skills Training Approach

- ▶ Introduce and discuss the skills
 - Define and discuss the importance of the skill
 - Present the skill card
 - Identify thinking and action steps
- ▶ Skill modeling
- ▶ Skill roleplay
- ▶ Feedback

Treating/Supervising Sexual Offenders

Problem-Solving

Participants learn and practice steps to effective problem-solving. In this way, the problem-solving process is directed by the individual participant and can be applied to any type of problem the individual may face.

Treating/Supervising Sexual Offenders

Motivational Enhancement Therapy (MET)

Miller and Rollnick (2002)

An intervention's purpose is to bring about change and the most effective means of treatment/contact with an offender/client is to focus on positive behavioral change related to sexual offender and related behavior.

Treating/Supervising Sexual Offenders

Four Basic Principles

Miller and Rollnick (2002) discuss in their motivational approach: Expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy.

Treating Sexual Offenders

Behavior Chain/Cycle

- Risky Situation
 - Thoughts
 - Feelings
 - Actions
 - Positive/Negative Consequences

Reasons for Working with SOs/Problematic Sexual Behaviors

Internal Reasons

- ▶ Motivation to contribute to the prevention of sexual abuse
- ▶ Curiosity and Interest
- ▶ Intrigued rather than put off
- ▶ Figuring out the sex offender
- ▶ Interests in the dynamics of sexual deviancy
- ▶ Good at working with sex offenders
- ▶ Personal Growth

Reasons for Working with SOs

External Reasons

- ▶ Filling a need in the community
- ▶ Preventing sexual abuse
- ▶ Work needs to be done and it matters
- ▶ Compassion and showing care

Impact of Trauma Work

- ▶ People choosing to work with traumatized people have high rates of primary trauma.
- ▶ An agency serving traumatized populations must ethically recognize the impact of that work on the workers and the organization.
- ▶ Self-care becomes a job duty and the agency adds self-care into job interviews, job descriptions, performance reviews, supervision and promotion.
- ▶ Opportunities to provide agency-wide staff and consumer together self-care workshops and practice prioritized (group yoga, group cooking classes, group walks, group art, group tai chi)

Resilience

- ▶ Noun: the capacity to recover quickly from difficulties; toughness.
- ▶ 1620s, "act of rebounding," from Latin *resiliens*, present participle of *resilire* "to rebound, recoil," from *re-* "back" (see *re-*) + *salire* "to jump, leap"

Building Resilience



Jason Bateman
Disney movies

Wellness (Wellbeing)

The presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to:

- ▶ – good living standards
- ▶ – robust health
- ▶ – a sustainable environment
- ▶ – vital communities
- ▶ – an educated populace
- ▶ – balanced time use
- ▶ – high levels of democratic participation
- ▶ – access to and participation in leisure and culture.

The Canadian Index of Wellbeing

Nutrients

- ▶ Alimentation (Vitamins, minerals, protein, etc.)
- ▶ Water, fluids
- ▶ Fresh air, oxygen
- ▶ Movement, muscle fatigue
- ▶ Sleep, rest
- ▶ Shelter
- ▶ Sunshine
- ▶ Clothing
- ▶ Needed medical attention
- ▶ Safety

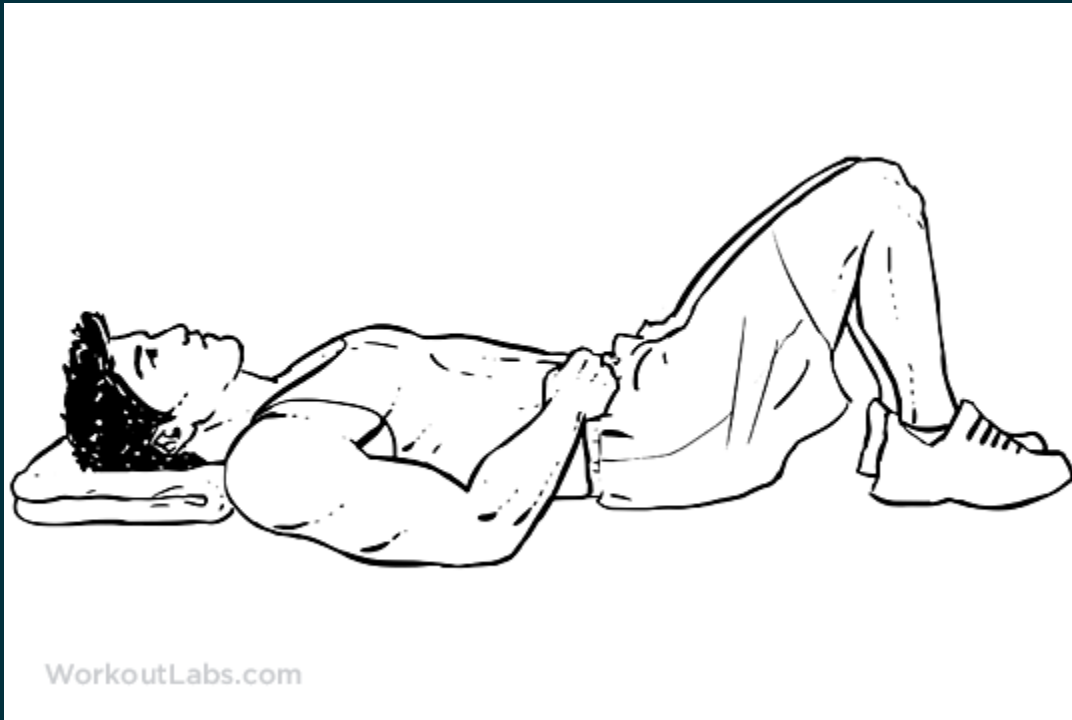
The rest...

- ▶ Hiking
- ▶ Tai chi and chi gong
- ▶ Yoga
- ▶ Martial arts
- ▶ Dancing
- ▶ Theatre
- ▶ Drumming
- ▶ Gardening
- ▶ Sports

Constructive Rest

Constructive Rest is a subtle combination of a supportive bodily position that encourages gentle release through the neck and back and conscious directed thought to help redistribute muscular tone throughout the body.

Constructive Rest



Technique

You'll find a variety of approaches to constructive rest here but there are three aspects that are universal: 1) Lie on a firm surface; 2) Your knees should be elevated relative to your hips; and 3) There should (usually) be some support under your head. Most of the differences relate to what is most useful for you to think about (or not think about) while doing constructive rest. If you're new to the process, you might want to experiment with different suggestions.

Meaning and Purpose at Work

- ▶ Be open to creating and receiving meaning in work
- ▶ Believe in universal goodness
- ▶ Benefits:
 - What you do makes a difference
 - Work becomes tolerable
 - Clients suffer no pain or harm

Meaning and Purpose at Work

- ▶ Peer Review (Quarterly)
- ▶ Supervision (Weekly)
- ▶ Training
- ▶ Staff Retreats
- ▶ Potlucks

Solution?





Questions

Victor Kersey, Ph.D., SOTP-II
Psychology Administrator
vkersey@dhs.state.ia.us



Health and
Human Services