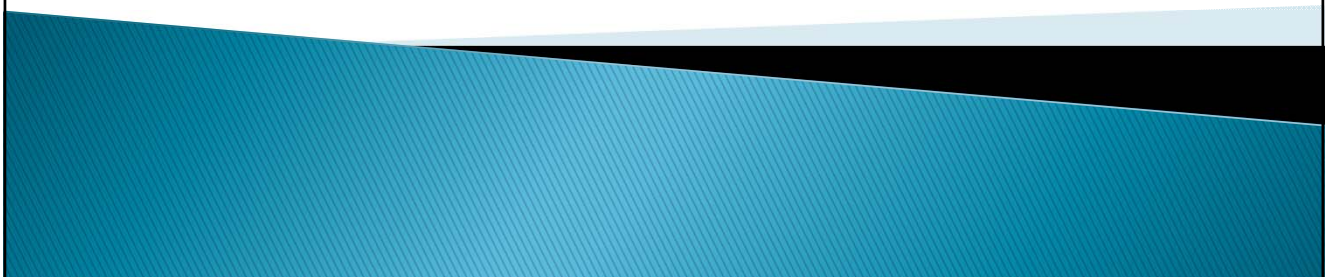


Preventing Compassion Fatigue in the Legal Profession

Mike Long, Attorney Counselor
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Preventing Compassion Fatigue in the Legal Profession

Mike Long, Attorney Counselor
Oregon Attorney Assistance Program

Compassion fatigue in the legal profession

What is compassion fatigue and why are certain legal professionals at risk for developing it?

Empathy

- The ability to vicariously experience the experiences of another person
- The ability to intuitively understand the feelings, thoughts and experiences of another person without the other person explicitly describing / communicating them

Empathy

- What enables us to experience empathy / to be empathic?

Empathy

The Role of Mirror Neurons

Mirror Neurons

- Mirror neurons are triggered by:
- Observing the actions / experiences of another
 - Hearing the stories of another
 - Reading the descriptions of the experiences of another

Preventing Compassion Fatigue

If you have the capacity for empathy, you are vulnerable for developing compassion fatigue

What is trauma?

- The threat of death or serious injury to self or another
- Witnessing a traumatic event
- Learning of trauma suffered by a family member or loved one
- Threat to one's economic security
- Threat to one's psychological integrity

Trauma' impact

- How can trauma impact its victims?
 - Acute traumatic stress
 - Post traumatic stress

Acute Traumatic Stress

- Subjective sense of numbing, detachment, depersonalization
- Hyper-arousal symptoms
- The intrusive re-experiencing of a traumatic event
- Avoidance symptoms
- Symptoms 2 days – 4 weeks

Post traumatic stress

- Hyper-arousal symptoms
- The intrusive re-experiencing of a traumatic event
- Avoidance symptoms
- Symptoms persisting for longer than a month

In your professional role :

- Do you regularly observe traumatic events or visual evidence of trauma suffered by another?
- Are you required to listen to the stories of the traumatic experiences of another?
- Are you required to read descriptions of the traumatic experiences suffered by another?

Trauma's toll

- What is the impact of regularly being exposed in your professional role to the experiences and stories of victims of trauma?

Secondary Traumatic Stress / Vicarious Traumatization

When a professional helper experiences:

- traumatic stress symptoms, and
- a negative shift in his or her world/life view

in response to assisting or interacting with a direct victim of trauma.

Secondary Traumatic Stress / Vicarious Traumatization

- Negative shift in world / life view of the lawyer / helping professional

Compassion Fatigue vs. Burnout

- **Burnout:** An advanced state of physical, emotional and mental exhaustion
- **Compassion fatigue:** Burnout + secondary/ vicarious trauma (including negative shift in life / world view)

Compassion Fatigue

- Signs and symptoms

Compassion Fatigue

- Compassion fatigue is a stress reaction which is neurologically based:
 - Mirror neuron network
 - Sympathetic nervous system

Compassion Fatigue

Constant / repeated exposure to traumatized clients significantly increases a judge's / lawyer's / their staff's vulnerability to develop compassion fatigue

Risk Factors / Resiliency Strategies

Education, supervision and support for the potential impact of secondary trauma upon judges and lawyers regularly exposed to it

Risk Factors / Resiliency Strategies

Caseload / workload:

- Volume
- Diversity

Risk Factors / Resiliency Strategies

- Working with a team vs. alone
- Level of identification with victim
- Personal trauma history

Prevention / Mitigation Strategies

- Peer debriefing / consultation

Prevention / Mitigation Strategies

- Being aware of and intentionally managing your autonomic nervous system (fight or flight and relaxation responses)
- Learning techniques to calm yourself after your sympathetic nervous system has been triggered

Prevention / Mitigation Strategies

Learning tools and strategies for releasing / letting go of exposure to primary and secondary trauma

Tools for Releasing Exposure to Primary and Secondary Trauma

- Poison letter
- Five senses inventory
- Resource tapping
- Simple energy techniques
 - Thought Field Therapy
 - Emotion Freedom Technique
- EMDR

Prevention / Mitigation Strategies

- Support network
- Self-care
- Taking time to play & recharge

How Fear Works

Fear = Our Fight, Flight or Freeze Response

- Fear is an unconscious process;
- The purpose of fear is to promote survival;
- In the course of human evolution, the people who feared the right things survived to pass along their genes;
- Without our fight, flight or freeze response, we wouldn't survive for long.

Parts of the brain involved in our fear response:

- **Thalamus:** decides where to send incoming sensory input (what we see, hear, smell, touch or taste);
- **Sensory cortex:** interprets sensory data;
- **Hippocampus:** stores and retrieves conscious memory;
- **Amygdala (The Emotional Sentinel):** decodes emotions, determines possible threats, stores unconscious fear memories;
- **Hypothalamus:** activates "fight, flight or freeze" response.

The Pathways of Fear

1. The High Road or Regular Route:

- Thalamus – sensory cortex – hippocampus – sensory cortex – amygdala – hypothalamus;
 - Sensory information is relayed to the thalamus;
 - Thalamus relays it to the sensory cortex;
 - Sensory cortex determines that there is more than one possible interpretation of the sensory input (may be a threat / may not be a threat), so;
 - Relays it to the hippocampus to establish the context by referring to conscious memory and by considering additional sensory input the brain is receiving;
 - If it determines that there is in fact a threat, relays to the amygdala, which relays to the hypothalamus to trigger the fight / flight response in the body.
- Takes more time and delivers a more precise interpretation of sensory input of events.

2. The **Low Road** or **Short Cut**:

- Thalamus – amygdala – hippocampus;
- Takes no chances; assumes there is a threat
- *Shoots first, ask questions later.*

The initial sensory stimulus is following both neural paths simultaneously with the high road taking longer than the low road; that's why you experience a moment or two of terror when there is a false alarm before your body calms down.

The **Fight, Flight or Freeze Response**:

The hypothalamus activates 2 physiological systems, the sympathetic nervous system and the adrenal – cortical system. The sympathetic nervous system uses nerve pathways to initiate reactions in the body; the adrenal-cortical system uses the bloodstream.

1. The **sympathetic nervous system** triggers the body to release the hormones adrenaline and noradrenaline into the bloodstream and stimulates other glands and smooth muscles which causes the body to speed-up, tense-up and become very alert.
2. The **adrenal – cortical system** activates the release of approximately 30 different hormones to prepare the body to respond to a potential threat. As a result:
 - Heart rate speeds up;
 - Blood pressure increases;
 - Pupils dilate to take in as much light as possible
 - Breathing rate increases;
 - Circulation draws away from the hands and feet of the body in order to provide extra blood to the major muscle groups; consequently, we experience flushed face, dry mouth, sweaty palms, cold hands and feet;
 - Blood glucose level increases;
 - Nonessential body systems (digestion, immune and reproductive) shut down to allow more energy for emergency functions;
 - The brain is focused on determining where the threat is coming from; the cortex and prefrontal cortex function less effectively and we have trouble focusing on the small tasks / details.

Adapted from How Fear Works at *Howstuffworks.com*.

How do I know if I am stressed?

Behavioral, Emotional and Physical Symptoms of Stress

Behavioral symptoms:

- Overeating or loss of appetite
- Increased use of alcohol, tobacco or other drugs
- Unable to relax
- Constantly feeling anxious
- Experiencing long periods of boredom
- Disrupted sleeping patterns
- Problems with sexual activity
- Decreased work performance
- Diminished ability to set priorities and make decisions
- Prone to make errors or be accident prone
- Tendency to isolate
- Decreased ability to concentrate

Physical symptoms:

- Increased headaches
- Cold hands and feet
- Indigestion
- Aching neck or back
- Ulcers
- Nausea
- Diarrhea or constipation
- Shortness of breath
- Heart palpitations
- Teeth grinding
- Muscle spasms
- Increased illness
- Chest tightness

Emotional symptoms:

- Overreacting to minor problems
- Inappropriate anger or impatience
- Constantly feeling anxious
- Irritable
- Emotional numbness

Symptoms of acute / post traumatic stress

A. Persistent Arousal / Hyper-arousal

- Difficulty falling or staying asleep;
- Irritability or outbursts of anger;
- Difficulty concentrating
- Hyper-vigilance;
- Exaggerated startle response.

B. Intrusive Re-experiencing of `Trauma Event:

- Intrusive recollections;
- Recurrent dreams;
- Flashbacks; re-experiencing the trauma;
- Distress from reminders of the trauma.

C. Avoidance / Numbing of Reminders of Trauma

- Efforts to avoid thoughts / feeling of trauma;
- Efforts to avoid activities, places, people associated with trauma;
- Inability to recall aspects of trauma;
- Diminished interest in previously valued activities;
- Feelings of detachment / estrangement from others;
- Restricted range of affect;
- Sense of foreshortened future.

Compassion Fatigue – Signs and Symptoms

Burnout related symptoms:

- Having client / work demands regularly encroach on personal time; compromising the boundary between your personal life and your professional life
- Perceiving the resources and support available for work as chronically outweighed by the demands of work
- Feeling overwhelmed and physically and emotionally exhausted
- Becoming less productive and effective professionally
- Job dissatisfaction
- Becoming demoralized and questioning one's professional competence and effectiveness
- Becoming emotionally detached and numb in professional and personal life experiencing increased problems in personal relationships

Secondary trauma related symptoms:

Hyper-arousal symptoms:

- Increased anxiety
- Having trouble sleeping, concentrating and making decisions]
- Hyper-vigilance; viewing the world as inherently dangerous and becoming increasingly vigilant about personal and family safety;

Intrusive symptoms:

- Having disturbing images from cases intrude into your thoughts
- Work-related nightmares / bad dreams
- Inability to let-go of work-related matters
- Obsessive / compulsive desire to help certain clients

Avoidance symptoms:

- The 'Silencing Response'; avoiding hearing client's / witnesses stories, and descriptions of traumatic events
- Avoiding / procrastinating working on certain cases
- Dread working with certain clients
- Increased absenteeism;
- Withdrawing socially and becoming emotionally disconnected from others;
- Secretive self-medication/addiction (alcohol, drugs, work, sex, food, gambling, etc.)

- Quit / change jobs

Negative shift in life / world view

- Becoming pessimistic, cynical, irritable, and prone to anger
- Viewing the world as inherently dangerous and becoming increasingly vigilant about personal and family safety
- Perception of the world in terms of victims and perpetrators
- Loss of Hope

Compassion Fatigue Self Test for Practitioners

Please describe yourself: ___ Male ___ Female ___ Years as a Practitioner

Consider each of the following characteristics about you and your current situation.

Write in the number for the best response. Use one of the following answers:

1=Rarely/Never 2=At Times 3=Not Sure 4=Often 5=Very Often

Answer all items, even if not applicable. Then read the instructions to get your score.

Items about you:

1. ___ I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
2. ___ I find myself avoiding certain activities or situations because they remind me of a frightening experience.
3. ___ I have gaps in my memory about frightening events.
4. ___ I feel estranged from others.
5. ___ I have difficulty falling or staying asleep.
6. ___ I have outbursts of anger or irritability with little provocation.
7. ___ I startle easily.
8. ___ While working with a victim I have thought about violence against the person or perpetrator.
9. ___ I am a sensitive person.
10. ___ I have had flashbacks connected to my clients and families.
11. ___ I have had first-hand experience with traumatic events in my adult life.
12. ___ I have had first-hand experience with traumatic events in my childhood.
13. ___ I have thought that I need to "work through" a traumatic experience in my life.
14. ___ I have thought that I need more close friends.
15. ___ I have thought that there is no one to talk with about highly stressful experiences.
16. ___ I have concluded that I work too hard for my own good.

Items about your clients and their families:

17. ___ I am frightened of things traumatized people and their family have said or done to me.
18. ___ I experience troubling dreams similar to a client of mine and their family.
19. ___ I have experienced intrusive thoughts of interactions with especially difficult clients and their families.
20. ___ I have suddenly and involuntarily recalled a frightening experience while working with a client or their family.
21. ___ I am preoccupied with more than one client and their family.
22. ___ I am losing sleep over a client and their family's traumatic experiences.
23. ___ I have thought that I might have been "infected" by the traumatic stress of my clients and their families.
24. ___ I remind myself to be less concerned about the well-being of my clients and their families.
25. ___ I have felt trapped by my work as a helper.
26. ___ I have felt a sense of hopelessness associated with working with clients and their families.
27. ___ I have felt "on edge" about various things and I attribute this to working with certain clients and their families.
28. ___ I have wished that I could avoid working with some clients and their families.
29. ___ I have been in danger working with some clients and their families.
30. ___ I have felt that some of my clients and their families dislike me personally.

Items about being a helper and your work environment:

- 31. ____ I have felt weak, tired, and rundown as a result of my work as a helper.
- 32. ____ I have felt depressed as a result of my work as a helper.
- 33. ____ I am unsuccessful at separating work from personal life.
- 34. ____ I feel little compassion toward most of my coworkers.
- 35. ____ I feel I am working more for the money than for personal fulfillment.
- 36. ____ I find it difficult separating my personal life from my work life.
- 37. ____ I have a sense of worthlessness/disillusionment/resentment associated with my work.
- 38. ____ I have thoughts that I am a "failure" as a helper.
- 39. ____ I have thoughts that I am not succeeding at achieving my life goals.
- 40. ____ I have to deal with bureaucratic, unimportant tasks in my work life.

SCORING INSTRUCTIONS

- Make sure you have responded to ALL questions.
- Next, circle the following 23 items: 1-8, 10-13, 17-26 and number 29.
- Now ADD the numbers you wrote next to the items circled.

Note your risk of Compassion Fatigue

26 or LESS = Extremely LOW risk

27 to 30 = LOW risk

31 to 35 = Moderate risk

36 to 40 = HIGH risk

41 or more = Extremely HIGH risk

- To determine your risk of Burnout, ADD the numbers you wrote next to the items NOT circled.

Note your risk of Burnout

19 or less = Extremely LOW risk

20 to 24 = LOW risk

25 to 29 = Moderate risk

30 to 42 = High risk

43 or more = Extremely high risk

This instrument, by C.R. Figley, may be reproduced without charge and freely distributed, as long as no funds are exchanged.

Self-Care Inventory

How frequently do I do the following?

0	1	2	3
Never	Rarely	Sometimes	Often

Physical Self-Care

- ☐ Eat regularly (e.g., breakfast, lunch, & dinner)
- ☐ Eat healthy foods
- ☐ Exercise regularly (3 times per week)
- ☐ Get enough sleep
- ☐ Preventative medical care
- ☐ Medical care when needed
- ☐ Take time off work when sick
- ☐ Get massages
- ☐ Dance, swim, walk, run, play sports, sing, or do other physical activity you enjoy
- ☐ Take time to be sexual
- ☐ Take vacations

Psychological Self-Care

- ☐ Decrease stress in your life
- ☐ Make time away from demands
- ☐ Write in a journal
- ☐ Read literature that is unrelated to work
- ☐ Do something at which you are not an expert or in charge
- ☐ Let others know different aspects of you
- ☐ Be curious
- ☐ Say no to extra responsibilities

Emotional Self Care

- ☐ Connect with others whose company you enjoy
- ☐ Stay in contact with the people that matter in your life
- ☐ Love yourself
- ☐ Laugh
- ☐ Cry
- ☐ Play with animals
- ☐ Play with children
- ☐ Identify comforting activities, objects, people, relationships, places and seek them

Spiritual Self-Care

- ☐ Spend time in nature
- ☐ Find spiritual connection or community
- ☐ Cherish optimism and hope
- ☐ Be open to not knowing
- ☐ Sing

- _____ Pray
- _____ Spend time with children
- _____ Be open to inspiration
- _____ Have gratitude
- _____ Meditate
- _____ Listen to music
- _____ Engage in artistic activity
- _____ Yoga
- _____ Have experiences of awe
- _____ Be mindful of what is happening in your body and around you
- _____ Make meanings from the difficult periods
- _____ Seek truth

Workplace or Professional Self-Care

- _____ Take time to eat lunch
- _____ Take time to connect with co-workers
- _____ Make quiet time to complete tasks
- _____ Identify projects or tasks that are exciting/rewarding
- _____ Set limits with clients and colleagues
- _____ Balance your workload so that you are not "overwhelmed"
- _____ Arrange your workspace so that it is comfortable and comforting
- _____ Get regular supervision and consultation
- _____ Negotiate for your needs (benefits, pay raise)
- _____ Have a peer support group

Adapted from "Compassion Fatigue Prevention and Resiliency," J. Eric Gentry, PhD, LHC, and from "Risking Connection: A Training Curriculum for Working with Survivors of Childhood Sexual Abuse," Saakvitne, K.W., Gamble, S., Pearlman, L.A., Lev, B.T. (2000). Baltimore, MD: Sidran Press.

Low Impact Debriefing of Traumatic Cases

Lawyers and judges working in certain practice areas (e.g., criminal, juvenile and family law) are regularly exposed to stories of human-induced trauma and abuse. When we hear or see difficult things in the course of our practice, a normal reaction is to want to debrief or share our experiences with someone. It is our way of unpacking some of the impact of these stories or observations so we are not carrying all of it around internally. Having the opportunity to debrief the traumatic aspects of difficult cases (both the facts and the feelings you experienced in response) has actually been identified as a helpful tool or strategy in preventing compassion fatigue in helping professionals.

In the practice of law, it would be fairly unusual for lawyers to engage in regularly scheduled supervision or consultation with another lawyer. This is not only common but expected for mental health professionals. Supervision / professional consultation would be one possible vehicle for debriefing traumatic cases.

Debriefing between lawyers usually takes place informally, for example, in a colleague's office, the hallway of the courthouse, or an establishment that serves caffeinated or distilled beverages. The danger with informal debriefing is that the listener, the recipient of the traumatic details that are shared, rarely is given a choice before receiving this information. They also don't have a lot of control or influence over the how much of the traumatic material the debriefing attorney decides to share. These two factors dramatically increase the risk for secondary or vicarious trauma to the listener.

How much of the graphic details of the traumatic material you bear witness to in your work do you need to disclose to another to experience a sense of relief? If you agree to listen to a colleague debrief, how much of the traumatic material from their cases can you listen to and avoid being traumatized? In her book, *The Compassion Fatigue Workbook*, Francoise Mathieu outlines an approach to debriefing that can minimize the risk that the listener will be negatively impacted by the debriefing:

1. **Develop Increased Self Awareness:** How do you debrief when you have heard or seen painful or traumatic things that others have experienced. Start paying attention to the ways that you debrief with your colleagues. Note the amount of detail you provide them (and the amount of detail they share with you when they debrief), and the place and the manner in which it is done. What is most helpful to you in dealing with difficult stories?
2. **Provide Fair Warning:** Before you tell anyone a difficult story, you must give them fair warning. If the person you have chosen to share the story with knows that you are about to share something you have found difficult, it will be less traumatic for them to hear.

3. **Obtain Consent:** Once you have given warning to the listener, you need to ask for consent. This can be as simple as saying: "I need to debrief something with you, is this a good time? Or "I heard something really difficult / upsetting to me today, could I talk to you about it?" The listener then has a chance to decline, or to qualify what they are able / ready to hear. For example your work colleague may say: "I have 15 minutes and I can hear some of your story, but would you be able to tell me what happened without any of the gory details?" or "Is this about children (or whatever the listener's trigger is)? If it's about children then I'm probably the wrong person to talk to, but otherwise I'm fine to hear it."
4. **Limited Disclosure:** Once you have provided fair warning and received consent from the listener to debrief, you can decide how much of the difficult details of the story you need to share. Francoise suggests imagining that you are starting the story from it's outer circle (i.e. the least traumatic information) and slowly move in towards the core (the very traumatic information) at a gradual pace. You may, in the end, need to tell the graphic details, or you may not, depending on how disturbing the story has been for you.

How much detail is enough? How much is too much?

Are you in a case conference or staff meeting, or having a personal conversation? Is sharing the graphic details necessary to the discussion? Sometimes it is, but often it is not.

Some additional suggestions:

- Experiment with Low Impact Debriefing and see whether you can still feel properly debriefed without giving all the gory details. You may find that at times you do need to disclose all the details; this is often an important process in staying healthy practitioners. At other times, however, you may find that you did not need to disclose all the details.
- Consider applying this approach to all conversations we have about difficult cases / life events. Ask yourself: Is this too much trauma information to share?
- Not everyone will receive this idea positively. Work groups tend to maintain the status quo and resist change, even if change is for the better in the long term. So, expect some resistance among your coworkers.

Adapted from Francoise Mathieu's Low Impact Debriefing – How to stop sliming each other.

Releasing the poison of grief and trauma

Grief and trauma have always been a part of the human experience. Since they are so painful, people have come up with a variety of ways to help them move through these intense feelings.

When we look at this across cultures, we discover many similarities in how grief and trauma gets released. This paper is summarizing a few and then focuses on the “poison letter” technique.

Crying is universally experienced as a relief of grief. Likewise, most people find that talking about their grief and pain helps in healing. As people heal, they learn to live with the waves of emotion that occasionally sweep over them. The waves become less intense or frequent as they slowly begin to enjoy the simple things in life again.

Some pour their grief out through their music or art. For others, their culture uses ritual dancing or drumming to accomplish the same thing. Guatemalan worry dolls are an example of another approach. These tiny dolls are placed inside a small woven box at night to tend to our worries while we sleep. Others ask their shamans or spiritual leaders to intercede for them to help lift their grief.

Our grandparents knew that physical exercise can be very helpful to get us through trauma and grief. Recent brain imaging studies give us insights into how all these activities may work to help rebalance a brain that been focused only on grief or trauma.

Something as simple as consciously becoming aware of our bodies, can take us away from the intense emotions of grief or trauma. This activity also can help rebalance our brain activity. I have watched people recover as they were slowly led to draw their attention to each of their five senses. This exercise helped them emerge from the inner mental world of their grief and reconnect with the surrounding external world.

I have also seen how quickly people can change how they look and feel when we have used simple “energy” techniques that are now being utilized by many forward thinking counselors who have learned that talking about traumatic experiences does not affect the part of the brain that these techniques seem to impact.

As you can see, there are many paths for the release of grief and trauma. One that I have found to be simple and very effective is what I refer to as a “poison letter.”

When they use this simple technique, people always tell me it was very painful, yet very freeing. They are very thankful because the weight that is lifted from them was well worth confronting the pain in this way.

It is a simple process. Find some time—maybe up to an hour—when you can be alone and not disturbed. Write down, or draw on paper, whatever thoughts or feelings are disturbing you. There are no right or wrong feelings or thoughts. People always find the act of setting them to paper as very freeing. You will know you are done for the day when you feel like you “are all washed out” or just feel done. This may be after only a few minutes or after 45 minutes to an hour.

The next step is to let the universe, or any higher power that you believe in, know that these feelings are not helping anyone. They are getting in the way of a productive and happy life. So you create a ritual that has meaning for you and enables you to let go of what you set to paper. You might light a candle, say a prayer that makes sense to you, and burn your papers. I have had others float theirs down the Willamette. One even sent his up in balloons. (No one but you has to know what is on the paper, but the man who sent his up in balloons said that maybe if someone read his, they might learn something!) More recently, using modern technology, still others created a ritual where they put their letters through the paper shredder so that their pain could be transformed into good paper that others could use. The right ritual is one that feels right for you.

It is freeing to release your feelings to paper, and even more freeing to complete your personal ritual. You can always come back and do this process many times, so you do not need to worry about getting everything on paper before you create your ritual. Each day brings many feelings as we go through life. Most pass through us and we move on to the next one. However, some are so big and challenging that we cannot digest them all at once. Healing from them takes many steps over a long time.

You deserve to let even these intense feelings pass through you. You can learn from them without holding on to their intensity. So help yourself to heal by getting appropriate exercise, eating healthy food for your body, and doing things that lift your spirit. Friends, family, and professionals can give needed support.

It does not honor the deceased, or give greater meaning to a trauma if you carry around their emotional baggage for life. You deserve to again enjoy the kindness of a stranger, the love of a companion or friend, and the awe of a sunset.

Don Manghelli, LCSW, *Grief and Trauma Specialist for the Workplace*

- *Helping businesses thrive during grief and trauma*
- *Training professional helpers to thrive.*

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IN SIGHT for Oregon Lawyers and Judges

IMPROVING THE QUALITY OF YOUR PERSONAL AND PROFESSIONAL LIFE

A TRAUMATIC TOLL ON LAWYERS AND JUDGES

As a Deputy District Attorney, “Mike” was required by county policy to share the DA Office’s on-call responsibility to respond to the scene of all unattended deaths, deaths involving suspicious circumstances, and fatal traffic accidents. In his first several years on the job, Mike responded to the scene of a number of fatalities, including some gruesome fatal accidents. Over time, witnessing these events began to eat away at him, especially when the fatal event involved a child. He became more and more concerned about the safety of his family, often feeling compelled to call home after responding to one of these scenes to make sure that they were okay. He came to dread the two-week periods that he was on call.

Viewing graphic evidence of trauma and investigating and prosecuting child sex abuse cases continued to take an emotional toll on Mike. At the time, he couldn’t identify or find an outlet for the negative feelings that were building up. He thought he had to just “suck it up,” pretend that nothing was bothering him, and try to be tough. The last time Mike was called to respond to a crime scene was in the middle of the night, just a few blocks from his home. A mother and her 13-year-old daughter had been brutally stabbed to death. A younger brother escaped the perpetrator’s detection and found his mother and sister. Mike and the first police officer to respond had arrived so quickly that they searched the pitch-dark backyard by flashlight for the perpetrator, who they thought might still be at the scene.

By the next morning, Mike was not feeling well. He became intensely anxious about his own personal safety and that of

his wife and his children – who, he realized, were about the same age as the victim and her brother. He also became intensely anxious and afraid at night or in the dark, when he could not see potential threats. Difficulty sleeping began to take a physical toll on him. The anxiety and hypervigilance triggered by this event would not subside and significantly impaired his ability to perform certain aspects of his job.

Mike was referred to a mental health professional with experience in trauma counseling. The counselor advised against Mike’s resuming his on-call duties of responding to the scenes of fatalities. However, Mike believed that this duty was an essential part of his job and that it would be unfair to his coworkers for him to be relieved of this responsibility. So he transferred to a child support enforcement position. After several more years, Mike retrained in another profession and transitioned to a non-law career.

Mike’s response to the cumulative trauma that he was exposed to was a normal response to horrific events that most of us never witness. The emotional cost he has paid is all too common among those exposed to trauma.

Empathy: A Pathway for Trauma

We are born with the capacity to experience what others experience and participate in their experience by virtue of the way our nervous system is grabbed by their nervous system.¹

Empathy is the capacity to vicariously feel what others are feeling. Our capacity for empathy is produced by clusters of neurons in our brains called “mirror

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neurons.” Brain researchers recently discovered that the same mirror neurons that fire in our brains when we experience specific events and perform certain activities also fire when we observe someone else experience that same event or perform that same action. Consequently, we experience vicariously in our minds what we observe someone else do or experience. Mirror neurons are also triggered by hearing stories or reading descriptions of another’s experience.²

Trauma’s Destructive Impact on Lawyers and Judges

*It is impossible to listen and bear witness to the traumatic experiences of trauma survivors and not be changed.*³

Lawyers and judges working in certain practice areas (e.g., criminal, family, and juvenile law) are regularly exposed to human-induced trauma. They are called on professionally to empathetically listen to victims’ stories, read reports and descriptions of traumatic events, view crime or accident scenes, and view graphic evidence of traumatic victimization. These professional tasks trigger their mirror neurons, producing stimulation in their brains similar to that of the trauma victims.

Over time, a significant number of lawyers and judges working in these practice areas experience and exhibit symptoms of posttraumatic stress:

- Elevated anxiety;
- Hypervigilance (being constantly on guard and alert to possible threats to themselves, family members, or loved ones);
- Difficulty concentrating;
- Difficulty sleeping;
- Irritability, anger;
- Disturbing images from cases intruding into thoughts and dreams;
- Avoiding people, places, or events connected with trauma;
- Dreading working with certain types of cases or clients; and
- Avoiding or becoming less responsive to clients, cases, colleagues, family, or their social network.

Many lawyers and judges chose to go to law school

because they wanted to help others or make a difference in the lives of others. They began their careers hopeful, optimistic, and confident. They were trained to conceal weaknesses and deny vulnerability. Most assumed that their work would not have an emotional impact on them.

Exposure to stories of trauma, pain, and suffering, in a work environment where unrelenting demands outweigh available resources, can slowly exhaust a person’s capacity for compassion and negatively transform their view of themselves and the world. This progressive erosion from hope and compassion to cynicism, demoralization, and emotional disengagement now has a name: compassion fatigue. Compassion fatigue has been defined as the cumulative physical, emotional, and psychological effects of being continually exposed to traumatic stories or events when working in a helping capacity. The risk of compassion fatigue for those who work with perpetrators or victims of trauma is real but not inevitable.

Compassion Fatigue Risk Factors

- Attorneys and judges with high capacity for empathy are most at-risk;
- Attorneys and judges who work in criminal, family, or juvenile law;
- High caseloads and caseloads involving human-induced trauma;
- Lack of education about the potential impact of ongoing exposure to traumatic material and events;
- Lack of peer support and opportunities to debrief cases involving traumatic material;
- Inadequate resources to meet professional responsibilities and demands; and
- Limited job recognition.

Mitigating Compassion Fatigue – What Lawyers and Judges Can Do

Awareness. Understand what compassion fatigue is and periodically self-assess for it using a compassion fatigue checklist of signs and symptoms. (See page 4).

Debriefing. Talk regularly with another practitioner who understands and is supportive. This in-

volves talking about the traumatic material, how you think and feel about it, and how you are personally affected by it.

Self-care. Proactively develop a program of self-care that is effective for you. This includes healthy eating, exercising regularly, getting adequate rest, and learning how to turn off the “fight-or-flight response” of your sympathetic nervous system and turn on the “relaxation response” of your parasympathetic nervous system.

Balance and Relationships. Take steps to simplify, do less, ask for help, and stop trying to be all things to all people, including your clients. Start thinking about how you can work on balance rather than the reasons you can’t. Working to develop and maintain healthy interpersonal relationships will also increase your resilience.

Professional Assistance. Treatment from a licensed provider specializing in trauma may be beneficial. Eye Movement Desensitization and Reprocessing (EMDR) is a counseling approach that has proven effective in helping traumatized and vicariously traumatized individuals. Referrals to mental health professionals, including those certified in EMDR, can be obtained through the OAAP and the EMDR Institute (www.emdr.com).

Being Intentional. If you are overwhelmed and struggling with depression, anxiety, substance abuse, or compassion fatigue, put a plan for change in place. Recognize that the attributes that contribute to your professional success (e.g., motivated, perfectionistic, achievement-oriented, driven, fixer) and your work environment may be contributing to an imbalance in your life. Monitor your thoughts, emotions, and behaviors. Seek assistance to help you implement change and redirect the thoughts that tell you, “I should be able to do this by myself.” Your new mantra can become, “I don’t have to do it all by myself.”

What Firms and Employers Can Do

Law firms, public employers of lawyers, and the judiciary need to recognize that compassion fatigue impacts the lawyers working for the organization. Prevention strategies include:

- Reducing caseloads (due to the correlation between high caseloads and the prevalence of compassion fatigue);
- Educating legal professionals and staff about compassion fatigue and its impact; and
- Encouraging and training legal professionals and staff to regularly debrief their trauma cases in a supportive atmosphere.

With the current culture of budget deficits, limited resources, and increasing caseloads, it is difficult but imperative for public defenders, prosecutors, criminal defense attorneys, family and juvenile law attorneys, and judges to adopt a strategy for addressing and mitigating their vulnerability to vicarious trauma and compassion fatigue.

If you or someone you know is struggling with compassion fatigue, call the OAAP and ask to speak to an attorney counselor. OAAP assistance is free and confidential. Call 503-226-1057 or 1-800-321-6227.

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LAWYERS AT RISK FOR COMPASSION FATIGUE

Compassion fatigue has been defined as the cumulative physical, emotional, and psychological effects of continual exposure to traumatic experiences suffered by another while working in a professional helping capacity. The symptoms are similar to posttraumatic stress disorder (e.g., severe anxiety, intrusive thoughts of traumatic event, nightmares, burnout, and cynical world view). A study of the impact of compassion fatigue/secondary trauma on the lawyers and administrative support staff of the Wisconsin State Public Defender Office (SPD) was published in December 2011.*

The study found that the factors of caseload and exposure to other people's trauma were clearly related to symptoms of compassion fatigue. Three other factors that study participants noted as contributing to experiences of compassion fatigue were (1) lack of respect from the public and other lawyers for the work they did, (2) lack of control in one's work life, and (3) lack of enough time to process issues and give or get support.

Specific Findings of This Study

Depression (depressed mood, loss of interest or pleasure, disturbed sleep, loss of appetite, low energy, poor concentration, feelings of guilt or low self-worth):

- General population: 10%
- SPD administrative support staff: 19.3%
- SPD attorneys: 39.5%

Functional Impairment (the extent to which exposure to traumatic material negatively impacts functioning in work, recreation, and home life):

- SPD support staff: 27.5%
- SPD attorneys: 74.8%

Compassion Fatigue/Secondary Traumatic Stress (the negative impact of caring about another person who has experienced trauma):

- SPD support staff: 10.1%
- SPD attorneys: 34%

Burnout (job-induced physical, emotional, or mental exhaustion combined with doubts about one's competence and the value of one's work):

- SPD support staff: 8.3%
- SPD attorneys: 37.4%

Linda Albert, Coordinator of the Wisconsin Lawyers Assistance Program and a cofacilitator of the study, observed that it is a testament to the resilience of the lawyers and staff who participated in the study that they continue to meet the requirements of their employment despite that they endure ongoing exposure to trauma and have heavy caseloads. "It's amazing that they do. They are handling the demands of the job but not easily and not without it having an impact on their lives."

Observations of Lawyers and Judges

● "Many of us who have been around for a while know there can be a cost, emotionally and psychologically, to doing this kind of work. Even for lawyers who know how to maintain an appropriate professional demeanor and distance, this stuff seeps in. It changes

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your perspective of the world.” *Director of assigned counsel for SPD*

- “Our clients have a lot of trauma in their lives: poverty, lack of education, homelessness, mental health and substance abuse issues. . . . You absorb that on a day-to-day basis, and you take it home with you. It can make you irritable and short-fused with your family.” *Attorney with 22 years’ experience as a public defender*

- A retired deputy district attorney recounted that during her 27 years of practice she regularly saw horrifying evidence of what one human did to another. Those disturbing images often lingered and intruded into her thoughts away from work and even now in retirement. “To this day when I go past a place where a homicide occurred that I prosecuted, I think about it, every time. I drive past and think, ‘That’s where Sarah was killed.’” *Retired deputy district attorney*

- “Lawyers need to know that what they’re feeling is real, and that it’s something they can discuss – that they don’t have to feel embarrassed or ashamed for feeling this way.” *Attorney with 22 years’ experience as a public defender*

- “Attorneys are much more closely related to the facts of the case for a much longer period of time than are judges. Still, judges sit on the bench day in and day out hearing about the incidents of trauma inflicted or endured by people in their courtrooms. I can sit here now and call up in my mind with great accuracy all the autopsy photos I’ve ever seen.” *Circuit court judge who has spent eight years on the bench*

Vicarious trauma and compassion fatigue are not just issues for public defenders; they are issues for the broader legal profession. There is a large community of lawyers and judges who deal with clients and individuals who have experienced trauma. It is critical for these lawyers and judges to be aware of the potential risks of regular exposure to traumatized clients and individuals and to learn and proactively practice strategies that have proven effective in preventing and mitigating compassion fatigue.

Compassion fatigue is not inevitable if you take steps to prevent it. See the box below on Coping with Compassion Fatigue. In addition, the OAAP and the Oregon Criminal Defense Lawyers Association are co-

Coping with Compassion Fatigue

Exposure to clients’ trauma isn’t going to stop. But you can mitigate the effects this exposure has on you. Here are a few strategies.

- **Debrief.** Talk with another lawyer who understands what you’re going through and can offer support. Debriefing can become a part of the office culture. Remember, this is a discussion about how the case is affecting you as a person, not a rehashing of legal strategies.
- **Take care of yourself.** Eat healthy foods. Exercise regularly. Get enough sleep. Learn relaxation techniques so you can let go of stress and disturbing, repetitive thoughts. Know what truly brings you joy in life and make time for it.
- **Strive for balance and interconnection.** Give up the urge to be all things to all people, including clients. Allow time to connect with friends and family to counterbalance the stresses you feel at work and put everything back in perspective.
- **Come up with a plan.** When compassion fatigue is weighing on you, it can be difficult to get off the treadmill and set a new course. Stop long enough to notice how you’re feeling, reacting, and behaving at work and at home. Develop a plan of action for yourself. What needs to change? Where can you start?
- **Seek help.** If you think compassion fatigue is interfering with your work or personal life, reach out for help. A good place to start is the OAAP, at 1-800-321-6227. Or contact Mike Long at 503-226-1057, ext. 11, or at mikel@oaap.org.

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sponsoring upcoming compassion fatigue prevention trainings in various cities throughout Oregon. See the box on this page for more information.

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