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Journal of Teaching in Social Work

ISSN: 0884-1233 (Print) 1540-7349 (Online) Journal homepage: https://www.tandfonline.com/loi/wtsw20

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To cite this article: Cynthia Harr & Brenda Moore (2011) Compassion Fatigue Among Social Work Students in Field Placements, Journal of Teaching in Social Work, 31:3, 350-363

To link to this article: https://doi.org/10.1080/08841233.2011.580262

Journal of Teaching in Social Work, 31:350–363, 2011

ISSN: 0884-1233 print/1540-7349 online
DOI: 10.1080/08841233.2011.580262

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Compassion Fatigue Among Social Work Students in Field Placements

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This pilot study, conducted with BSW and MSW field students at a public university in Southwestern United States, explored the psychological effect of compassion fatigue and compassion satisfaction on social work students in field placements. Results from the Professional Quality of Life Scale's compassion satisfaction and fatigue subscales indicated that social work students appear to be motivated and committed to the profession and have higher scores of compassion satisfaction than the instrument average. Students' scores on their risk for burnout were slightly higher than those of other helping professionals and their risk for compassion fatigue during their field experience was similar to more experienced helping professionals.

KEYWORDS compassion fatigue, social work, field education

COMPASSION FATIGUE AMONG SOCIAL WORK STUDENTS IN FIELD PLACEMENTS

Because of the nature of the profession, social workers are in regular contact with suffering and traumatized clients who have experienced negative life events such as child abuse, domestic violence, natural disasters, violent crime, accidents, and physical injury. The physical and emotional effect of chronic vicarious exposure to negative life events on helping professionals is an ongoing focus of research. Many studies confirm that those in the helping professions are at high risk of experiencing compassion

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fatigue (Adams, Figley, & Boscarino, 2008; Badger, Royse, & Craig, 2008; Bell, 2003; Bride, 2007; Conrad & Kellar-Guenther, 2006; Sprang, Clark, & Whitt-Woosley, 2007; Van Hook & Rothenberg, 2009). Compassion fatigue can be considered an occupational hazard for social work practitioners.

An individual's decision to enter the profession of social work often is motivated by empathetic concern and the desire to respond to people in need. It is well understood that empathy and the development of professional relationships with clients are necessary to develop a therapeutic alliance and deliver effective service. However, empathy for clients may contribute to the risk of compassion fatigue even among experienced professionals. It may pose an even greater threat to inexperienced students who initiate their practice during field placement without the benefit of the mediating factors of practice wisdom and experience. Unfortunately, many social work students may complete their undergraduate or graduate education without having this important issue addressed in practice courses or field seminars. Social work professionals therefore often begin their careers unprepared for dealing with the possible consequences to their mental and physical well-being of repeated contact with traumatized clients.

REVIEW OF THE LITERATURE

Compassion Fatigue

In recent years, the occurrence of wide reaching negative social events (i.e., terrorist attacks, natural disasters, school shootings) has provided an impetus for research exploring the physical and psychological consequences for helping professionals who provide care to traumatized individuals. In the literature, the descriptive terms *vicarious traumatization*, *secondary traumatic stress*, *burnout*, and *compassion fatigue* often are used interchangeably, and there is a lack of conceptual clarity about their definitions. This has made it difficult to synthesize research findings in order to build evidence-based theory that can inform practice and training (Baird & Kracen, 2006).

Much of the current social work literature has adopted the term *compassion fatigue*, which was conceptualized by Figley (2002, pp. 2–3) as a "more user friendly term for secondary traumatic stress disorder, which is nearly identical to PTSD [posttraumatic stress disorder], except that it applies to those emotionally affected by the trauma of another (usually a client or family member)." It tends to occur as a result of exposure to client suffering and can be complicated by a lack of support at work or at home (Figley, 1995). Compassion fatigue can result in the caregiver experiencing a reduced capacity for or interest in being empathic (Adams, Boscarino, & Figley, 2006). With the understanding that it is an evolving concept, this study uses the term *compassion fatigue* to describe the negative consequences

of working with traumatized clients and vicariously experiencing the effects of their traumatic life events.

Compassion fatigue often is conceptualized within a stress process framework that focuses on the physiological (alterations in hormonal and neuroendocrine systems) and psychological (cognitive functioning) reactions of individuals to stressors in their life (Adams et al., 2006; Boscarino, 2004; Pearlin, 1989; Pearlin, Lieberman, Menaghan, & Milan, 1981; Thoits, 1995). There are several possible psychological mechanisms, such as countertransference and emotional contagion, that may contribute to the occurrence of compassion fatigue (Kanter, 2007; Sabin-Farrell & Turpin, 2003). An additional component of compassion fatigue may be the moral stress or distress caused by the need to resolve ethical and value conflicts in social work practice that are often encountered when serving such clients (Forster, 2009).

Research suggests that there are possible contributing factors that may increase a helping professional's susceptibility to compassion fatigue. Social workers with a history of personal trauma may be at higher risk. Professionals who practice poor self-care are particularly susceptible as are those who fail to control work stressors or have a lack of satisfaction with their work. Those with lower social support at work or at home also are more inclined to experience the symptoms. The professional who does not set healthy boundaries with clients and who does not deal with issues of countertransference is more likely as well to experience compassion fatigue. Last, experience and competency are found to be mitigating factors that lessen the effect of compassion fatigue (Figley, 1995; Radley & Figley, 2007; Sabin-Farrell & Turpin, 2003).

It is important to distinguish between burnout and compassion fatigue while recognizing that they may share similar symptoms. Some research indicates that job burnout and compassion fatigue (i.e., secondary trauma) are separate contributors to psychological distress. Burnout is not limited to those who work with the traumatized and tends to occur over a prolonged period of time. It can be caused by conflict between individual and organizational demands, an overload of responsibilities, a sense of being denied decision-making input, little financial reward and positive recognition, lack of status or respect in the workplace, lack of job fulfillment, or reduced sense of accomplishment and achievement. However, it should be noted that burnout may contribute to the negative effect of compassion fatigue on the professional and may need to be addressed conjointly in order to deal with resulting symptoms. Compassion fatigue may be treatable, while burnout may result in the necessity of a job or career change (Adams et al., 2006; Figley, 1995; Figley, 2002; Sabin-Farrell & Turpin, 2003).

Cognitive symptoms of compassion fatigue include the inability to concentrate, decreased self-esteem, apathy, preoccupation with trauma, perfectionism, rigidity, or, in extreme cases, thoughts of harming self or others.

Compassion fatigue is also associated with cognitive shifts or negative affects on the individual's belief system, assumptions, and expectations. Anxiety, guilt, anger, fear, and sadness are among the principal emotional symptoms of compassion fatigue. Such professionals may experience feelings of helplessness, powerlessness, and describe themselves as drained and overwhelmed. Behavioral symptoms that may accompany compassion fatigue include the tendency to be irritable, impatient, withdrawn, or moody. The individual may experience appetite changes, hypervigilance, sleep disturbances, memory loss, or become more accident prone (Figley, 2002; Hesse, 2002). Social workers also report intrusive thoughts, avoidance of clients, and numbing responses (Bride, 2007).

Compassion fatigue also may negatively affect personal relationships and work performance. These providers may experience decreased interest in intimacy, self isolation, loneliness, and a mistrust of others. They may begin to project anger and blame upon others as well as exhibit an intolerance that increases interpersonal conflict. At work, they may show little motivation and avoid new or difficult tasks. Colleagues may sense their apathy and detachment. If the situation is not addressed, their staff may begin to withdraw from the individual, and conflicts may escalate, with both sides feeling unappreciated. A social worker experiencing compassion fatigue may also feel exhaustion and begin to exhibit poor work quality (Figley, 2002; Hesse, 2002). At this point, the effect of compassion fatigue not only becomes personal, but ethical issues may arise as the competency of the affected individual becomes questionable.

Compassion Satisfaction

Many social workers choose to enter the profession due to an anticipated sense of satisfaction derived from helping others. Such positive feelings often sustain and nourish those in the helping professions. Compassion satisfaction therefore may contribute to the mental, physical, and spiritual well-being of helping professionals. It may also be a prime motivator for continued service, and may mitigate the negative effects of burnout and compassion fatigue for those who work with clients who have experienced traumatic life events. Radley and Figley (2007) suggested that there should be a paradigm shift in social work that focuses on identifying positive factors that lead social workers to flourish in the profession. Such a model would focus on the development of compassion satisfaction through self-care, the provision of greater resources to control stress, and an emphasis on positive attitude toward clients, derived in part from adopting a strengths perspective. The incorporation of the strengths framework in research, prevention, and treatment of compassion fatigue also may be a valuable approach toward mitigating the negative effect of secondary trauma (Bell, 2003).

Compassion Fatigue and Compassion Satisfaction Among Social Work Students

Social work educators and students often are unaware of the effect of vicarious traumatization or compassion fatigue on helping professionals and may fail, therefore, to recognize that it is common in the profession (Hesse, 2002). Furthermore, the research on compassion fatigue and stress experienced by students is limited. There are indications that social work students have problems with low self-esteem and frequently experience emotional exhaustion. It is common for students, especially undergraduates, to encounter anxiety, self-doubt, and stress as they enter field work. Studies further reveal that students in the human service professions face additional stresses—related to their clinical training—and that social work students in particular have been known to show high levels of psychological distress. The social work training period can be more stressful than one's subsequent professional career (Collins, Coffey, & Morris, 2008; Dziegielewski, Roest-Marti, & Turnage, 2004; Munson, 1984; Pottage & Huxley, 1996; Romph, Royse, & Dhooper, 1993; Tobin & Carson, 1994).

PRESENT STUDY

This study explored the psychological effect of compassion fatigue and compassion satisfaction on social work students in field placements. Data are presented from a pilot study that used the Professional Quality of Life Scale: Compassion Satisfaction and Fatigue Subscales (ProQOL–CSF-R-IV; Stamm, 2005) to investigate the psychological effect of the field experience on social work students.

This study aimed to explore the following research questions:

1. Do social work students experience a higher than average level of compassion fatigue during field internship when compared with that of employed human service professionals?
2. Do social work students experience a higher than average level of compassion satisfaction during field internship than employed human service professionals?

METHOD

The study was conducted in 2007 and 2008 with BSW and MSW field students at a public university in the Southwestern United States. After obtaining approval from the university's institutional review board, all field students were invited to participate in the study at the end of each semester. Students

who agreed to participate signed a consent form and a code was assigned to ensure confidentiality. Participants were asked to provide basic demographic information, including information about their field practicum setting. Each participant then completed the ProQOL–CSF-R-IV (Stamm, 2005).

Sample Population

Participants were 258 students who completed the survey over five academic semesters during 2007 and 2008. The sample included 87 BSW students (34%) and 171 MSW students (66%) ranging in age from 21 to 56 years ($M = 32$, $SD = 9.94$). Of the respondents, 11% were male and 89% were female. The majority of students (62.4%) were Caucasian, 25.9% were African American, 9.1% were Hispanic, and the remainder indicated "other." Less than half (47.4%) of the students were married, 38.8% were single or never married, and 13.8% were divorced or widowed. Slightly fewer than half of the students reported having minor children living in their household (43.4%) as compared with those reporting no children at home (56.6%).

Instrument

The ProQOL R-IV consists of three distinct but related subscales. There are 30 items that measure the constructs of compassion satisfaction, burnout, and compassion fatigue (10 items for each) using a 5-point Likert-type scale, with a total composite score for each construct of 50 (see Table 1).

- Compassion satisfaction: Items 3, 6, 12, 16, 18, 20, 22, 24, 27, and 30
- Burnout: Items 1, 4, 8, 10, 15, 17, 19, 21, 26, and 29
- Compassion fatigue/secondary trauma: Items 2, 5, 7, 9, 11, 13, 14, 23, 25, and 28

Stamm (2005) provided definitions for each construct. *Compassion satisfaction* is the pleasure that helpers get from doing their work well and the ability to contribute to the well-being of others (higher scores reflect greater satisfaction about being an effective helper). *Burnout* relates to feelings of hopelessness and the belief that one's efforts make no difference (higher scores reflect higher risk for burnout). *Compassion fatigue*, sometimes called *secondary trauma*, is the effect that prolonged exposure to other people's trauma has on caregivers, resulting in feeling afraid, difficulty sleeping, or avoidance of similar events. The combination of these three measures indicates an overall professional quality of life. This instrument is particularly useful for social workers and social work students because it views positive job-related perspectives as helping to moderate or ameliorate the negative effects and challenges of professional caregiving.

TABLE 1 Professional Quality of Life (ProQOL) R-IV Items

Statement	*M*	*SD*
1. I am happy.[a]	2.02	0.74
2. I am preoccupied with more than one person I help.	2.82	1.35
3. I get satisfaction from being able to help people.	2.09	0.89
4. I feel connected to others.[a]	2.09	0.89
5. I jump or am startled by unexpected sounds.	2.16	1.29
6. I feel invigorated after working with those I help.	3.51	1.08
7. I find it difficult to separate my personal life from my life as a helper.	1.62	1.16
8. I am losing sleep over traumatic experiences of a person I help.	0.86	0.96
9. I think that I might have been "infected" by the traumatic stress of those I help.	0.75	0.89
10. I feel trapped by my work as a helper.	0.94	1.17
11. Because of my helping, I have felt "on edge" about various things.	1.35	1.17
12. I like my work as a helper.	4.38	0.80
13. I feel depressed as a result of my work as a helper.	0.93	0.97
14. I feel as though I am experiencing the trauma of someone I have helped.	0.67	0.84
15. I have beliefs that sustain me.[a]	1.79	1.04
16. I am pleased with how I am able to keep up with helping techniques and protocols.	3.77	0.93
17. I am the person I always wanted to be.[a]	2.23	0.98
18. My work makes me feel satisfied.	3.90	0.96
19. Because of my work as a helper, I feel exhausted.	2.19	1.26
20. I have happy thoughts and feelings about those I help and how I could help them.	3.83	0.94
21. I feel overwhelmed by the amount of work or the size of my case(work)load I have to deal with.	2.19	1.58
22. I believe I can make a difference through my work.	3.95	1.21
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.	0.85	1.21
24. I am proud of what I can do to help.	4.25	0.96
25. As a result of my helping, I have intrusive, frightening thoughts.	0.54	0.92
26. I feel "bogged down" by the system.	1.79	1.42
27. I have thoughts that I am a "success" as a helper.	3.71	0.98
28. I can't recall important parts of my work with trauma victims.	0.88	0.95
29. I am a very sensitive person.[a]	2.72	1.26
30. I am very happy that I chose to do this work.	4.34	0.87

Note. Responses were reported on a 6-point Likert-type scale ranging from 0 (*never*) to 5 (*very often*).
[a]Reverse-scored.

The average score on the ProQOL R-IV for compassion satisfaction was 37 ($SD = 7$, $\alpha = .87$), for the risk for burnout was 22 ($SD = 6$, $\alpha = .72$), and risk for compassion fatigue was 13 ($SD = 6$, $\alpha = .80$; Stamm, 2005). The three subscales are discrete and do not provide a total composite score because of the nature of the relation between these constructs. Construct validity was established and noted in 200 articles on the basis of the ProQOL R-IV and related versions of the scale. Convergent and discriminant validity indicate the scale measures three different constructs.

RESULTS

To explore other variables that might affect the scores on the ProQOL R-IV, students were asked several questions that could identify additional stressors experienced while enrolled in their BSW or MSW program. Of the 258 respondents, the majority also were employed while completing their internships. Only 26.6% indicated that they were not employed, and 28.5% reported that they were working full time (40 hours per week). The average number of hours worked per week for all respondents was 20.48 (*SD* = 18.85). Ten students actually reported working more than 40 hours per week. In addition to field, 40.6% of the students were enrolled in 12 or more semester credit hours, 22.8% were enrolled in 9 semester credit hours, and 36.6% were enrolled in 6 or fewer.

One other variable to be considered was the distance the students traveled from their homes to their internships. About half (52.3%) of the students traveled less than 20 miles to their internship. Of the remaining, 29.9% traveled 20–45 miles, 9.1% traveled 46–60 miles, and 8.6% traveled 61 miles or more. The internship settings for the students in the sample were varied: health services (20.8%), educational services (11.8%), mental health (20.8%), social services for specific populations or needs (28.1%), and the remaining were social or recreational services, criminal justice, community development or other (18.5%).

We computed the total score for each of the three constructs of the ProQOL (compassion satisfaction, burnout, and compassion fatigue) by adding the scores of the individual items. (Items 1, 4, 15, 17, and 29 were reverse-scored.) Overall, students had a mean score of 39.98 (*SD* = 6.36) on compassion satisfaction as compared to the instrument average score of 37. Students had a mean score of 26.67 (*SD* = 5.79) on risk for burnout, compared with 23 for the instrument average score. Students scored a mean of 12.65 (*SD* = 6.40), almost the same as the instrument average score (13) on the construct for compassion Fatigue. Table 1 summarizes the average scores and standard deviation for each of the items on the ProQOL R-IV.

Further exploration of the scores on the ProQOL R-IV indicates the nine statements that rated the highest were for the measures of compassion satisfaction, ranging from a mean of 4.38 (*SD* = .080) for "I like my work as a helper" to a mean of 3.51 (*SD* = 1.08) for "I feel invigorated after working with those I help." Only one statement for compassion satisfaction was rated lower (*M* = 2.09, *SD* = 0.75): "I get satisfaction from being able to help people." Table 2 illustrates the ratings on the measures for Compassion Satisfaction. The overall average for compassion satisfaction when converted to a 5-point score was 3.7.

The next grouping of average scores were primarily measures for burnout (see Table 3). The range of scores here were from a mean of 2.72 (*SD* = 1.26) for "I am a very sensitive person" to a mean of 1.79 (*SD* =

TABLE 2 Measures for Compassion Satisfaction

Statement	*M*	*SD*
12. I like my work as a helper.	4.38	0.80
30. I am very happy that I chose to do this work.	4.34	0.87
24. I am proud of what I can do to help.	4.25	0.96
22. I believe I can make a difference through my work.	3.95	1.21
18. My work makes me feel satisfied.	3.90	0.96
20. I have happy thoughts and feelings about those I help and how I could help them.	3.83	0.94
16. I am pleased with how I am able to keep up with helping techniques and protocols.	3.77	0.93
27. I have thoughts that I am a "success" as a helper.	3.71	0.98
6. I feel invigorated after working with those I help.	3.51	1.08
3. I get satisfaction from being able to help people.	2.09	0.89

Note. Responses were reported on a 6-point Likert-type scale ranging from 0 (*never*) to 5 (*very often*).

TABLE 3 Measures for Burnout

Statement	*M*	*SD*
29. I am a very sensitive person.	2.72	1.26
17. I am the person I always wanted to be.	2.23	0.98
19. Because of my work as a helper, I feel exhausted.	2.19	1.26
21. I feel overwhelmed by the amount of work or the size of my case(work)load I have to deal with.	2.19	1.58
4. I feel connected to others.	2.09	0.89
1. I am happy.	2.02	0.74
15. I have beliefs that sustain me.	1.79	1.04
26. I feel "bogged down" by the system.	1.79	1.42
10. I feel trapped by my work as a helper.	0.94	1.17
8. I am losing sleep over traumatic experiences of a person I help.	0.86	0.96

Note. Responses were reported on a 6-point Likert-type scale ranging from 0 (*never*) to 5 (*very often*).

1.03) for "I have beliefs that sustain me" (reverse-scored). The overall average for burnout was 2.3, indicating that the respondents did not experience indicators for burnout to the same extent as they did compassion satisfaction. There were two statements for burnout that were rated very low: "I feel trapped by my work as a helper" ($M = 0.94$, $SD = 1.17$) and "I am losing sleep over traumatic experiences of a person I help" ($M = 0.86$, $SD = 0.96$). These scores of less than "1" indicate that respondents rarely or never experienced these reactions.

According to Stamm (1995), professional quality of life reflects compassion satisfaction (positive benefits to being a helping professional) and compassion fatigue (stressors related to helping others). Compassion fatigue consists of reactions associated with burnout (statements reflected in Table 3 that indicate exhaustion, frustration, anger) and secondary trauma. The third construct, characterized as compassion fatigue, is reflected in Table 4. These were rated the lowest, with an average score of 1.3 on the 5-point Likert-type scale.

TABLE 4 Measures for Compassion Fatigue

Statement	*M*	*SD*
2. I am preoccupied with more than one person I help.	2.82	1.35
5. I jump or am startled by unexpected sounds.	2.16	1.29
7. I find it difficult to separate my personal life from my life as a helper.	1.62	1.16
11. Because of my helping, I have felt "on edge" about various things.	1.35	1.17
13. I feel depressed as a result of my work as a helper.	0.93	0.97
28. I can't recall important parts of my work with trauma victims.	0.88	0.95
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.	0.85	1.21
9. I think that I might have been "infected" by the traumatic stress of those I help.	0.75	0.89
14. I feel as though I am experiencing the trauma of someone I have helped.	0.67	0.84
25. As a result of my helping, I have intrusive, frightening thoughts.	0.54	0.92

Note. Responses were reported on a 6-point Likert-type scale ranging from 0 (*never*) to 5 (*very often*).

There are two statements that were rated much higher (indicating greater frequency of experience of respondents): "I am preoccupied with more than one person I help" ($M = 2.82$, $SD = 1.35$) and "I jump or am started by unexpected sounds" ($M = 2.16$, $SD = 1.29$). These scores contrast notably from other scores that ranged from a mean of 1.62 ($SD = 1.16$), "I find it difficult to separate my personal life from my life as a helper" to 0.54 ($SD = 0.92$), "As a result of my helping, I have intrusive, frightening thoughts."

To determine any relation of other potential stressful variables that could affect the scores on the ProQOL R-IV, we ran chi-square and one-way analysis of variance tests. There were no statistically significant differences among variables such as age, ethnicity, number of enrolled classes, and distance traveled to field with any of the three constructs ($p > .05$). The only significant variable was employment. The analysis of the number of hours employed and burnout resulted in a significance of .023, $F = 1.736$; compassion fatigue resulted in a significance of .027, $F = 1.703$.

The results showed that these social work students are motivated and committed to the profession and have higher scores of compassion satisfaction than the instrument average. However, students' scores on their risk for burnout also were slightly higher than other helping professionals, and their risk for compassion fatigue during the field experience was about the same as other for helping professionals.

DISCUSSION

This initial study indicates that the demands of service provision in social work settings appear to have an equal or greater negative effect on students

as they do on more experienced professionals. However, the satisfaction that students receive from helping others is greater at this initial stage of professional life. This could support a theoretical perspective proposed by Stamm (1995) that compassion satisfaction is an important component that mediates the negative effects of burnout and compassion fatigue on social work students, and a powerful motivator for continued commitment to the profession.

A limitation of this research is the use of a nonexperimental research design. We did not measure students' level of compassion fatigue, burnout, and compassion satisfaction at the time the students began their field internship, which lessens the ability to determine the actual effect of the field experience. In addition, the current sample was drawn from one Southwestern U.S. university; there is a need to expand this research to include a larger sample from a variety of universities throughout the country.

Strategies for Prevention and Social Work Education

These findings emphasize a need for social work practitioners, educators, and students to be made aware of the costs and risks of working with clients experiencing severe trauma, and the possible effect on students, workers, and their families when so engaged. In spite of indications that some social work educators are beginning to address the consequences to students of vicarious exposure to negative life events, there is a consensus in professional literature much more should be done to prepare future social work practitioners during their course of professional preparation. Curriculum focused on self-care and prevention of compassion fatigue should be considered for integration into social work education for all students (Bride & Figley, 2007; Dziegielewski et al., 2004; Hesse, 2002).

Educators and agencies should assume some of the responsibility for lowering the risks and costs. This should begin with adequate screening by social work programs, for admissions and for field placement by social work programs, to determine an applicants' resilience and their awareness of the emotional demands of the profession. In the interview process, agencies need to include a proper screening of candidates for the job and openly discuss the risks for compassion fatigue at that particular place of employment. Those individuals who are motivated to enter the profession as a result of their own experience with trauma must be especially aware of the possibility for countertransference, the need to maintain professional boundaries, and to adopt appropriate self-care measures.

Along with adequate screening (both at the time of admissions and determination of field placement), social work programs need to develop strategies to prepare social work students before and during field internships for the potential professional stress associated with working with traumatized clients (Bride & Figley, 2007). Dane (2002) suggested a curriculum

sequence that begins with specific knowledge about trauma and then assists students as they examine their personal attitudes and reactions to traumatic situations. As students are encouraged to identify and use organizational supports, supervision, consultation, and networks of support upon entering the profession, they also should be taught the positive effect of physical, mental, and spiritual renewal in maintaining overall physical and emotional health.

Field supervisors and field seminar instructors (often adjuncts) should be trained in addressing compassion fatigue and regularly with students. Within field instruction seminars, there should be group support and discussion time to deal with stress and compassion fatigue as it is experienced by students in placement. Field seminar instructors must teach the principles of self-care and assist students in developing a healthy balance between their field practicum responsibilities, course work, and personal life in order to prepare them to face the challenges they may face upon graduation.

Field supervisors and field seminar instructors should be especially aware of the symptoms that a student is beginning to experience compassion fatigue. The importance of debriefing and ongoing support by well-trained field instructors and by faculty advisors are critical in assisting students with dealing with secondary trauma. One way of ensuring that this will be addressed is to make self-care a goal on learning plans. Students could be required to complete a self-care plan that will assist them in identifying potential triggers, developing strategies for coping and support, addressing their physical and psychological safety needs, and in developing support networks (Bussey, 2008).

Compassion Satisfaction

As social work is a profession that emphasizes a strengths perspective, it should be noted that a positive approach may be the most effective one in combating secondary trauma. The joy and meaning embedded in helping others should be emphasized, which will continue to provide encouragement and inspiration for those who serve traumatized clients. Instead of focusing on the negative consequences of the situations and circumstances workers encounter, educators should help social work students to dwell on the successful interventions that bring about healing and effective change for traumatized clients. Social work educators should incorporate and model curriculum that uses the strengths perspective as a method of encouraging and that assist students to develop a perspective that builds hope and a sense of efficacy and competence (Bell, 2003).

IMPLICATIONS AND CONCLUSION

We plan to expand this study to include social work students enrolled at other university social work programs. Research into the effectiveness of

various models would be a secondary focus for future studies. While few studies addressing compassion fatigue have been done with students, as noted, many articles focused on compassion fatigue among professionals suggest that education on the subject should begin during undergraduate and graduate education (Bride & Figley, 2007; Dziegielewski et al., 2004). It also might be helpful if agencies were to provide continuing education opportunities for their staff to address secondary trauma. Radley and Figley (2007) suggested that "compassion fatigue sets in when our heart gives up when it continues to give and give and give" (p. 211). Those entering the helping profession of social work must be prepared during their social work educational experience to deal with the challenges of compassion fatigue in order to achieve longevity and productivity throughout their careers.

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