Engaging in correctional health care can be a fulfilling career choice. However, burnout and compassion fatigue have become pressing issues in corrections. In general, correctional professionals experience higher levels of job stress compared to their community counterparts. If not guarded against, the cumulative challenges of the correctional work environment may affect staff negatively and produce poor outcomes, such as premature death, health problems, mental health concerns, social issues and decreased job performance.

Correctional officers tend to die sooner than average and have higher rates of stress-related illnesses. The likely culprit is overall lack of job satisfaction, which may lead to increased absenteeism and staff turnover. Low levels of job satisfaction have also been linked to burnout, and this may eventually lead to what is commonly referred to as compassion fatigue.

While there is some literature on CF and burnout among correctional officers, there is scant information on how these phenomena affect correctional health care staff. This article discusses ways that CF may adversely impact the well-being of qualified mental health professionals who work in jail and prison settings. When left untreated, CF may result in serious and detrimental personal costs to the individual and organization. These costs can be mitigated by positive self-care, which also will be addressed in this article.

What Is Compassion Fatigue?

CF is a general term applied to anyone who suffers as a result of serving in a helping capacity. CF has been seen in professions such as nursing, fire rescue and emergency care and in the general medical community. This phenomenon occurs as a consequence of knowing about a traumatizing event experienced by another.

Victims of CF may experience trauma indirectly through the retelling of traumatic events, as within a therapeutic encounter. A noteworthy percentage of offenders have experienced some form of trauma, particularly during childhood. In trauma-informed care, a best practices approach, processing horrific events may be a routine component of the counseling session. Working with inmates with trauma histories creates an environment where the QMHP may also experience that trauma to some degree. This places those who care for inmates at risk for CF. Regularly hearing detailed information about assaults, murders and robberies can traumatize the psyche of correctional staff and leave them vulnerable to CF.

Ironically, a reduced ability to be empathic about a traumatizing event may occur and potentially lead to desensitization. Common symptoms of CF include working excessive hours, isolating oneself, overeating and drinking or drug use to cope with what you have been indirectly exposed to. QMHPs may even behave anti-therapeutically and withdraw from the patient, become less active in session or rely solely on a supportive versus a problem-focused approach. Other signs are increased irritability, procrastinating, not returning calls or being routinely late for sessions or meetings.

It is important to clarify how CF differs from burnout and corrections fatigue. The concept of burnout first became widely known in the field of nursing. Those in the helping professions who neglect to satisfy human needs for
companionship, reasonable working hours, free time, vacation and so on can eventually succumb to burnout. But nursing is not the only health care profession prone to this kind of strain. QMHPs have undergone a dramatic increase in stress levels due to greater professional demands in caring for severely physically, emotionally and mentally ill patients, accompanied by limited resources. Burnout is insidious and its effects become progressively worse over time. While burnout is not specifically related to trauma, it can engender feelings of powerlessness and frustration.

Similarly, corrections fatigue is considered a gradual deterioration of the spirit, mind and body of the corrections officer. Although akin to compassion fatigue, corrections fatigue is not necessarily associated with exposure to secondary trauma, whereas the hallmark of CF is the repeated vicarious exposure to traumatic events.

Compassion fatigue is not the same as post-traumatic stress disorder in that the latter is personally/directly experienced. Moreover, CF reflects prolonged vicarious exposure to trauma as opposed to transient, work-related stress that may result in temporary feelings of anxiety or short-term memory or concentration problems. In contrast, CF involves significant impairment.

The Role of Trauma

The role of trauma has largely been overlooked until recently. Today, we are more aware of the effects of secondary traumatic stress on health care professionals. Traumatic stress differs from “ordinary stress” in that neural-chemical imprinting of traumatic stress often results in a memory of the event that can be evoked without conscious awareness of the person experiencing it. Secondary trauma can profoundly alter our physiologic reactivity and stress hormone secretion. To compensate for this ongoing hyperarousal, traumatized people, including clinicians, may withdraw, shut down or become emotionally numb, attempting to avoid the chronic noxious stimuli.

Helpers who have experienced trauma in their own lives may be more vulnerable to absorbing and internalizing the emotions of their patients. CF can be triggered suddenly, gradually or cumulatively—secondary to being presented with traumatizing material. After (re)telling of the event(s), changes in individual thinking and response transpire. These changes include responses such as sadness, avoidance, detachment or withdrawal. Depletion of emotional resources, somatic complaints, negative thinking and decreased intimacy may occur. Other symptoms of CF may include exhaustion, lack of appetite, disturbing dreams, emotional numbing, irritability, agitation, lack of attention to detail and distancing.

CF may produce unintended consequences in the workplace, such as diminishing staff morale or impeding team accomplishments. CF costs the organization and reduces productivity via absenteeism, poorly functioning teams, conflicts, incomplete assignments, negativism and inflexibility. These issues are magnified in correctional settings, where CF and burnout are so common.

Why Do We Neglect Ourselves?

All too often, those of us in the helping professions put ourselves at the bottom of our own lists. While we may take great care of others, we aren’t as diligent about taking care of ourselves. We may also deny our own challenges and, thus, avoid dealing with them. How can we encourage our patients to seek balance and look after themselves when dealing with stressful situations, yet we don’t heed our own advice when we ourselves are struggling? A few reasons and cognitive errors are offered below:

- You may not recognize the severity of your own level of distress, and you don’t make adequate time for self-reflection.
- Your distress may mask itself in physical symptoms (e.g., headaches), which lead to a search for more of a physical/medical explanation instead of a psychological one.
- You may think you just need a vacation rather than looking at the bigger picture of what needs to change.
- Even though you recognize the need for self-care, you may decide that it’s not feasible due to the many demands on your time.
- You do not give yourself permission to find help.
- You may feel that since you are a helper, you should be able to help yourself. In other words, you feel
embarrassed or humiliated because you think therapists should be able to solve their own problems.

- You have doubts regarding the efficacy of therapy.
- You have feelings of superiority that hinder your ability to identify your own need for help.
- You may know many of the mental health professionals in your area and that may prevent you from seeking help.

When a QMHP fails to take care of him- or herself, it can lead to incapacitating personal distress, dysfunctional relationships, moral and spiritual issues, and impaired professional behavior such as ethical violations.

Those who work in correctional settings are encouraged to pay close attention to their personal and professional needs, including obtaining regular clinical consultation.

**The Importance of Prevention**

There are many effective strategies that can minimize the negative effects of burnout and compassion fatigue. These include establishing strong social support in both personal and work life, balancing work and home life, finding satisfaction and purpose in your work, modulating exposure to trauma when possible, practicing optimal self-care, using supervision, obtaining training and education about work-related stress and being appropriately self-aware.

Managing empathy is also important. Although emotional contagion is an inevitable consequence of human interaction, as clinicians we can choose whether or not we are infected by another’s feelings by developing the appropriate skills. It is common to react to another’s pain, but this may bode unfavorably for the unaware therapist over time. Clinicians are especially prone to the chameleon effect—a tendency to copy mannerisms, facial expressions and breathing patterns of those we serve. Learn to identify whether your feelings and body sensations are the result of overempathizing.

**Compassion Satisfaction**

The flip side to CF is compassion satisfaction. This is the upside to the work we do and is based on the notion that there are intrinsic rewards that arise out of helping. You may feel positive about your collegial relationships, your ability to contribute to the work setting, contributing to a safer society and helping others through our work. Experiencing a “helper’s high” is when you feel that you are in the right place at the right time, and that what you are doing is making a difference. Healthy levels of compassion satisfaction allow you to feel reenergized by the act of helping, satisfaction with the progress of your patients and optimistic about your ability to make a difference. It is essential to work on building your own resilience and not take it for granted as a fixed human trait.

**Calendar It!**

Although it may sound paradoxical, structuring and planning ahead when it comes to adequate self-care ensures greater calm and clearer thinking on your part. Both you and your patients will benefit from this. Ask yourself about the following as they relate to self-care: regular exercise, problematic drinking or drug use, participation in leisure activities, social life, sleeping, relaxing, eating, productivity and maintaining healthy professional boundaries. Remember, you are responsible for your self-care.

**Organizational Considerations**

On a broader scale, organizations can provide ways to offset CF and burnout, such as providing regular breaks for employees and offering alternate posts (e.g., inpatient, outpatient, reception/intake, segregation) in which a QMHP works. These rotations may minimize upsetting exposure and promote cross-training. CF can be mitigated by openly discussing it during staff meetings, encouraging peer support, increasing awareness through education and trainings, holding debriefing sessions and providing access to employee assistance program services and supportive groups. Team meetings and case supervision are also an excellent forms of organizational or peer support. Sending individuals to training sessions and bringing in speakers to provide on-site, staff-wide training may also help with employee morale and worker satisfaction.

These cost-effective strategies could lead to improved patient outcomes and enhanced feelings of appreciation among health care providers. Such supportive activities may reduce feelings of isolation and distress in staff. When a climate of appreciation, support and attention to professional development is created, individuals will experience
fewer of the negative reactions of burnout and CF.

**Take Care of Yourself!**
I hope that after reading this article, you will take steps to engage in self-care and guard against CF and burnout. Were you able to recognize any unhealthy patterns so that they may be addressed in a constructive manner? Taking a proactive approach to ward off burnout and CF will help you sustain a long, productive career as a correctional health care professional.

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