Compassion Fatigue in Foster Parents

Executive Summary

By

Theda Parker, MSW

A thesis
submitted in partial
fulfillment of the requirements for the degree of
Master of Social Work
in the College of Health and Human Services
California State University, Fresno
May 2009
Compassion Fatigue in Foster Parents
Executive Summary

Compassion is sometimes the fatal capacity for feeling what it is like to live inside somebody else's skin. It is the knowledge that there can never really be any peace and joy for me until there is peace and joy finally for you too.

Frederick Buechner

Abstract

The purpose of this exploratory study is to examine the concept of compassion fatigue in foster parents. In the past this concept has been applied to helping professionals such as social workers and therapists; however, little attention has been paid to the effect that a child’s trauma has on foster parents. This study takes a quantitative approach using the Professional Quality of Life Scale, Version IV to measure the concepts of compassion fatigue, compassion satisfaction, and burnout. A short demographic survey was also administered that documented respondents’ training, support, and experience related to their foster care role. Convenience sampling was utilized and participants (N = 35) were accessed through two foster parent associations. The findings suggest that foster parents may be at greater risk for experiencing compassion fatigue than helping professionals, particularly foster parents who have more experience. Further, burnout was found to have a positive relationship with compassion fatigue and a negative relationship with compassion satisfaction. The variables of support and training were not found to have a significant relationship with any of the ProQOL-IV constructs. This study supports the need to further examine this phenomenon in foster parents. In particular research should focus on what variables serve to mediate or enhance one’s risk for compassion fatigue and what are the implications for being both at risk for compassion fatigue and burnout simultaneously.
Problem Statement

Since the legitimization of Child Welfare Services in the 1960’s, the outcomes for the children within this system have been of particular concern. Over the years there has been an increased level of understanding regarding the role of trauma in the lives of these children. The National Child Traumatic Stress Network states that “Traumatic Stress involves intense feelings of terror, horror or helplessness, especially in response to serious injury to self, witnessing serious injury or the death of others, imminent threats of serious injury or death, or a violation of personal physical integrity” (Taylor & Siegfried, 2005, p. 5); with one study estimating that 50% of children within the Child Welfare System had experienced some form of trauma (Taylor & Siegfried, 2005). In addition, trauma is more insidious for individuals when it has been experienced on an ongoing basis or at the hands of a primary attachment figure, as is often the case within the Child Welfare System (Webb, 2006).

As a result of early traumatic experiences, maltreated children are likely to have problems in all areas of development, including social, emotional, and physical development (Putman, 2006). These problems later manifest themselves in a high incidence of mental illness, issues regarding substance abuse, and conduct problems. The trauma that these children experience not only affects them, but has an impact on those around them. One aspect of trauma research seeks to understand the impact that a child’s traumatic experiences have on the individuals whose role it is to help them. Several terms have been used to explain this phenomenon. However, most commonly this is referred to as Secondary Traumatic Stress or Compassion Fatigue (CF). Primarily this area of trauma research has focused on helping professionals, such as therapists and social workers, with little attention being paid to those who spend day in and day out with
these children and are often the first people to experience the child’s trauma, foster parents (Figley, 2002).

This study draws upon empirical research regarding the study of compassion fatigue in helping professionals and seeks to explore this concept as it relates to foster parents. This is an important area of study because although the number of children in the foster care system has been steadily rising in recent years, this has been met with a steady decline of foster parents. One study estimates that between 1985 and 1990, the number of foster parents decreased from 147,000 to 100,000. Although some of this attrition is natural and can be attributed to life changes or the adoption of foster children, researchers have sought to identify the other factors that contribute to this decline such as training, personal characteristics, parenting style, self care, and the child’s needs and characteristics, as well as support both inside and outside the home (Brown, 2008; Sanchirico, Lau, Jablonka, & Russell, 1998). Placement instability is another issue facing children in the system, with an estimated 22% to 56% of children experiencing some level of placement instability within care, much of which can often be attributed to behavior problems in the child (Price et al., 2008).

**Methodology**

A review of the literature indicates that standardized measures of CF also measure the concepts of compassion satisfaction and burnout, thus these two variables are included in this study. In addition the literature regarding trauma and compassion fatigue indicates that there are a number of factors which serve to mediate or promote the effects that secondary exposure to trauma has on an individual. This study looks at just a few of these factors and seeks to answer the following questions:

1) What is the relationship between being exposed to trauma as a foster parent and compassion fatigue?
2) What is the relationship between the number of year’s foster parenting and compassion fatigue, compassion satisfaction, and burnout?

3) What is the relationship between support and compassion fatigue, compassion satisfaction, and burnout?

4) What is the relationship between receiving training regarding self-care and compassion fatigue, compassion satisfaction, and burnout?

5) What is the relationship between receiving training regarding trauma and compassion fatigue, compassion satisfaction, and burnout?

6) What is the relationship between compassion fatigue, compassion satisfaction, and burnout?

Participants were foster parents recruited to this study using convenience sampling and were drawn from two counties on the Central Coast of California; nearly an equal number of participants were drawn from each county. Data were collected through one mass mailing and attendance at one foster parent training event. A total of 35 individuals participated in the study (14 males and 21 females). Seventy-one percent (71%) of participants indicated having 1 to 5 years of experience, while 17% identified having 5 to 10 years of experience, and 11% had over 10 years of experience.

Each participant was provided with a packet that included a brief explanation of the study, a demographic survey, and the Professional Quality of Life Scale, version IV (ProQOL-IV). The ProQOL-IV is a self-test for people in the helping arena, which is composed of three distinct scales that measure compassion fatigue, compassion satisfaction, and burnout. The concept of compassion fatigue (CF) has been identified as being similar to the concept of secondary traumatic stress (STS) in that it has symptoms similar to those found in an individual with PTSD. CF results from stress incurred through exposure to another’s suffering in combination with a lack of support within the helper’s environment (Figley, 2002). Compassion
satisfaction refers to the sense of satisfaction that one gets from helping others and serves as a sustaining force for helping professionals (Bride, Radey, & Figley, 2007). Burnout is a result of work stressors related to pressure, constraints, and a lack of understanding in the work environment (Sprang, Clark, & Whitt-Woosley, 2007; Valent, 2002).

The ProQOL-IV consists of 30 questions. The responses are measured on a likert scale, with six response categories ranging from never to very often. Responses are to be based on experiences in the last 30 days. The ProQOL-IV is known to be a reliable and valid measure of compassion fatigue, compassion satisfaction, and burnout.

**Results**

The findings of this study indicate that foster parents may be at greater risk for experiencing compassion fatigue than other helping professionals as reflected in the standardized data that are available for the ProQOL-IV instrument. In regards to the demographic variables studied in relationship to the three ProQOL constructs, the findings suggest that there is a significant positive relationship between the number of years as a foster parent and compassion fatigue, indicating that foster parents with more experience may be at greater risk for experiencing CF. Support was another variable addressed and the findings indicated that there was not a statistically significant relationship between support and any of the three ProQOL-IV constructs. This study further looked at the variable of training, specifically regarding self-care and trauma in relationship to the three constructs. The findings indicated that there was no statistically significant relationship between these variables. Finally this study looked at the relationship between the three ProQOL-IV constructs. The findings indicated that burnout has a positive relationship with compassion fatigue and negative relationship with compassion satisfaction. This finding is statistically significant.
**Discussion**

This study is exploratory in nature, with an overarching goal of understanding the relationship between compassion fatigue and foster parenting. Several concepts were drawn out of the empirical literature, such as demographic characteristics, support, and training to examine the relationship to compassion fatigue, compassion satisfaction, and burnout. Few of the findings bore statistically significance, however this could be attributed to the fact that the findings are based on a small sample size that was selected using convenience sampling as opposed to random sampling. Regardless of these methodological limitations much can still be gleaned from the results.

In regards to the relationship between compassion fatigue and foster parenting, the findings of this study showed that more foster parents scored within the top 25th percentile than did helping professionals. It is interesting to speculate why this occurred. One plausible explanation may be that the nature of the relationship between foster parents and the children in their care is quite different than that a helping professional, such as a social worker, would have with a child. Object Relations Theory suggests that foster parents may be more vulnerable to a child’s trauma through the nature of the attachment process.

In regards to the gender variable, the fact that there is no statistical difference in the occurrence of compassion fatigue, compassion satisfaction, or burnout between genders is not surprising, as several previous studies with helping professionals indicated a similar finding (Stamm, 2005). In regards to years of experience, this study indicated a statistically significant relationship with compassion fatigue. This finding is inconsistent with other studies (Nelson-Gardell & Harris, 2003; Sprang et al. 2007), which found no relationship between experience and compassion fatigue. This finding may be further indicative that the nature of the relationship between foster parents and the children in their care is different than that of a helping professional and child and it should be researched further.

Support was another variable measured in this study. The findings of this study indicate that there was not a significant relationship between support and any of the three ProQOL-IV
constructs, which is contrary to finding for helping professionals (Farmer, Lipscombe & Moyers, 2005; Meadors and Lamson, 2008). This finding is perhaps reflective of a lack of clarity in the question or the fact that the questions did not measure gradients of support. A more effective way to measure this variable would be to study additional stressors in the family and the actual need for support.

The empirical literature regarding compassion fatigue indicates that training can play an important role in mediating the effects of secondary exposure to trauma (Meadors and Lamson, 2008; Sprang et al., 2007) This study specifically looked at training regarding self-care and how to address trauma in children who have experienced abuse or neglect in relationship to the three ProQOL-IV constructs and found that there was not a significant relationship among any of these variables, which is contrary to the findings in the empirical literature and perhaps suggests a need to focus training efforts specifically on the subject of compassion fatigue or the need to control for various training constructs, such as length, focus, and how long ago the training occurred.

Finally, this study looked at the relationship among the three ProQOL-IV constructs. The findings indicated that burnout has a positive relationship with compassion fatigue and a negative relationship with compassion satisfaction. These findings have statistical significance. The lack of a significant relationship between compassion fatigue and compassion satisfaction is not surprising. Although the relationship between these two constructs is not entirely clear, Stamm (2005) suggests that a balance exists between these two experiences where one can simultaneously experience compassion fatigue and compassion satisfaction; however, a sense of compassion satisfaction may be diminished as compassion fatigue increases (Bride et al., 2007; Stamm, 2002). Further, according to Stamm (2005) the positive correlation between compassion fatigue and burnout is one of concern and can lead to “the greatest risk for negative outcomes, including but not limited to, depression or PTSD and bad professional judgment” (p. 5).
Policy Implications

As previously stated the outcomes for children within the child welfare system are poor and often time these outcomes can be attributed to a general lack of understanding regarding the traumatic experiences that abused and neglected children endure as well as a lack of placement stability for these children. Although the findings from this research do not provide any hard and fast answers to resolving these problems, this research is one more step toward understanding the factors that may contribute to these problems. In particular, the noxious combination of burnout and compassion fatigue is of concern and may have implications for outcomes that have yet to be considered in this study such as decreased coping capacity for foster parents and even abuse of children while in out-of-home care. Further research regarding these concepts in foster parents could lead to a better understanding of potential risk and protective factors which could in turn influence policies within the agency or government level.

Although this study did not indicate that there was a statistically significant relationship between compassion fatigue and training, further research in this area would be important since previous studies with helping professionals have identified a strong relationship between these variables, especially when the training specifically addressed compassion fatigue. Findings from future studies regarding training and compassion fatigue may indicate new ideas for curriculum in foster parent trainings. Given the newness of this area of study, future research could take on a number of perspectives, ranging from characteristics specific to the child or foster parent, to the context of the relationship. The ultimate goals of such studies should be to identify ways to better empower foster parents in their helping roles in order to improve outcomes for children in the foster care system.
References


