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# **Implementing Compassion Fatigue Prevention for Lay Employees Conducting Naloxone Training: An Example from Rural Arizona**

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## **ABSTRACT**

*As the opioid epidemic sweeps the nation, an increasing number of agencies are beginning to provide naloxone kits to the public. A rural county health department in Arizona that distributes naloxone kits realized the hidden consequences associated with distributing naloxone kits. For lay personnel who train lay people on how to administer naloxone kits, there are potential risks of compassion fatigue, secondary trauma, and burnout. Listening to the often trauma-laden stories of about loved ones misuse of opioids can evoke negative emotional feelings. Thus training on self-care to minimize secondary trauma is crucial and should be incorporated into naloxone distribution programs.*

*KEYWORDS* *secondary trauma, compassion fatigue, self-care, lay employees, naloxone training*

The use and distribution of naloxone kits is a heavily debated topic. Nationally, opioid-related deaths accounted for 42,249 or 66.4% of all drug overdose deaths, a 27.9% increase from 2015 (Seth, Scholl, Rudd, & Bacon, 2018). According to the

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Arizona Department of Health Services, administration of naloxone (also known as Narcan®) by first responders and law enforcement has risen yearly as opioid deaths in the state have swelled to 74% since 2012. With 6,316 naloxone doses administered statewide, emergency personnel and first responders are known to be the first line of defense for preventing an opioid overdose. For example, police officers in Arizona administered 549 naloxone doses to 405 people from June 2017 to June 2018 (Arizona Department of Health Services, 2018).

Lay employees are defined as staff who do not provide direct services to the community but are exposed to opioid-related experiences (e.g., administrative assistants, receptionists, security staff, etc.). For these individuals, self-care is an essential training component crucial for maintaining mental and physical health, but which is often left out by agencies that implement naloxone distribution programs (C. Turney, personal communication, May 10, 2018). Therefore, it is essential for agencies that provide the general public with naloxone kits, to make it a priority to establish employee training that educates lay employees on how to cope and debrief from the secondary trauma they may be exposed to during their distribution and use of naloxone kits. Doing so can aid in preventing compassion fatigue.

Compassion fatigue is common in many professions that focus on helping others (Bride, 2007). Exposure to repeated stressful events as a result of an individual's occupation has the potential to impact one's ability to provide services. However, compassion fatigue is also common amongst lay employees who work for agencies that provide a helping service to the public. Little is known about compassion fatigue and lay employees who work behind the scenes with social workers and other professionals and first responders.

The purpose of this Endpage is to offer insight into the importance of providing lay employees responsible for distributing naloxone kits with the necessary resources for self-care in order to prevent or minimize compassion fatigue and describes the lessons learned from an agency distributing naloxone in rural Arizona.

## NALOXONE DISTRIBUTION PROGRAMS

Naloxone education and distribution programs began to surface in the United States in the 1990s in response to the initial surge in overdose deaths from opioids (Seth et al., 2018). Although naloxone distribution programs may vary, in general they include training on how to administer naloxone and education for responding to an overdose. 'Naloxone is an opioid antagonist that reverses the effects of opioids, including symptoms of overdose such as sedation, respiratory suppression, and analgesia' (Buchman, Orkin, Strike, & Ross, 2018, p. 152).

Studies indicated a positive impact on the prevention of opioid-related overdoses and deaths when providing safe opioid prescription education (Giglio, Li, & DiMaggio, 2015; Kerensky & Walley, 2017). In a case study of Ohio, opioid overdose prevention programs expanded rapidly from 2012 to 2014, and as a result 149-overdose reversals were reported (Winstanley, Clark, Feinberg, & Wilder, 2016). Sixty-five percent of the sites were established in non-urban counties where the emergency response time can often be delayed (Winstanley et al., 2016).

As the opioid epidemic sweeps the nation, an increasing number of agencies, such as health departments and nonprofits, are establishing naloxone distribution programs to combat opioid-related deaths. Lay employees who are not trained to listen therapeutically to the emotional stories of people coming to their agency for a naloxone kit have essential training needs not only on how to administer the naloxone but also how to respond to the stories of the people. These lay employees are at high risk of experiencing compassion fatigue on the job.

A review of the current literature associated with strategies and policies to address the opioid epidemic included well-designed observational research studies in conjunction with opioid overdose education and community naloxone distribution. While naloxone programs focused on the distribution of kits, and how the programs save lives, missing from the literature were studies related to the impact on lay employees participating in naloxone distribution programs and the importance of their self-care.

## COMPASSION FATIGUE AND SELF-CARE

Research shows that ‘people can become traumatized simply by learning about a traumatic incident’ (Figley as cited in Ortlepp & Friedman, 2002, p. 213). This secondary trauma can lead to compassion fatigue, depression, emotional exhaustion, frustration, and a loss of meaning in one’s accomplishments (Gribben, Kase, Waldman, & Weintraub, 2019). Educating lay employees who are not providing direct hands-on services on the importance of compassion fatigue and self-care is essential. Research on those who work behind the scenes with the same populations can be valuable to the field.

The American Psychiatric Association explains, ‘People can be traumatized without actually being physically harmed or threatened with harm’ (APA as cited in Ortlepp & Friedman, 2002, p. 213). Secondary trauma is an adverse reaction derived from listening to the trauma experiences of others (Stamm, 2010). Individuals who work in positions where they listen to the traumatic stories of others need to pay attention to their own emotional health in order to avoid short and long-term emotional and physical disorders, substance abuse, burnout, and experiencing stress in their personal and professional

relationships. Over time, listening to the traumatic stories could lead to nightmares, heightened fear, and an increase of feeling vulnerable (Beaton and Murphy, as cited in Bride, 2007).

## LESSONS LEARNED FROM RURAL ARIZONA

In 2018, Arizona initiated an evaluation protocol involving county health departments engaged in the implementation of the 'AZ Rx Drug Misuse and Abuse Initiative Toolkit.' The purpose of the evaluation was to gauge the implementation process of the department's program, explore what partnerships developed, identify training gaps, and identify the availability of resources. Six county health departments that implemented the toolkit in 2017 were evaluated. Semi-structured interviews were conducted with all six county health department personnel (program staff, program coordinators, and program directors) that implemented the toolkit in 2017, as well as with three county health departments which began implementation of the toolkit in 2018, one state university, and the Board of Pharmacy. A total of 27 individuals participated in the interviews.

Much information was gleaned on how rural communities throughout Arizona are managing the opioid epidemic with far fewer resources than urbanized areas. In urban areas, access to transportation, treatment providers, and nonprofit agencies that offer opioid education and resources are readily available. This is not the case throughout rural communities in Arizona; services related to opioid misuse are typically scarce and transportation becomes an issue. There are limited clusters of residents and large geographic regions to cover with scarce resources. Also lacking are resources to apply for grants to secure the needed funding to assist with combating the opioid epidemic.

In one instance, a rural county health department began a naloxone distribution program and offered training to all staff including lay employees focusing on the process of administering naloxone and, then, when distributing kits, completing a running log containing information related to who received the naloxone kits, and the date they were distributed. However, the training of lay employees did not include personal coping strategies to reduce the impact of secondary trauma and compassion fatigue. Unbeknownst to the lay employees, by participating in the process of distributing naloxone kits, they placed themselves at risk of impacting both their personal and professional lives by being exposed to another person's trauma.

Data from the semi-structured interviews conducted with rural county health department staff who were distributing naloxone revealed that lay employees were beginning to experience secondary trauma from listening to stories about people addicted to opioids. Individuals coming to obtain

naloxone kits (drug users, friends or family members) offered stories recounting how an opioid user initially began to use the drug, how they lived, and how families were negatively impacted by a loved one's misuse of opioids.

For some of the staff listening to the stories of other community members about how their loved one began using and/or misusing opioids was emotional because it reminded them of their own similar personal experiences. For example, a lay employee was assisting a family who had come into the agency to receive a naloxone kit. The story the family shared brought up many feelings about her own child who was coping with substance abuse issues and made it difficult for her to continue doing this work. For others who were never exposed to a loved one misusing opioids, hearing these stories from others in their community was startling and deeply upsetting.

To address the issue of employees experiencing emotional distress, the department developed techniques and trainings to assist all employees who were distributing naloxone kits. Three approaches were developed to combat compassion fatigue and secondary trauma: (1) an annual training with a six-month follow-up refresher course which trained employees on what to expect during the time they were providing one-on-one training on naloxone use with a community member, (2) information on secondary trauma coping mechanisms, and (3) a senior employee who met with the lay employee in a confidential space designated explicitly for lay employees to debrief and express their feelings after providing a training on how to administer naloxone.

## NEED FOR FUTURE RESEARCH

There are gaps in the literature that connect stress, secondary trauma, and other facets of a lay employee's life and how this may make them more susceptible to experiencing secondary trauma (Stamm, 2010). Specifically, literature states that opioid-related overdose rates within rural communities occur at a much higher rate than in urban settings. Yet, studies rarely focus on lay employees and the geographic characteristics related to providing lifesaving services in rural and isolated areas of the country.

We argue that if more attention is not given to lay employees involved in this type of opioid response efforts, organizations may lose competent employees due to inadequate training and conscious attention to the impact factors of compassion fatigue and secondary trauma. There is a 'need to focus on the interaction between individual and contextual factors in order to make any advances in understanding the nature of an individual's

response to exposure to traumatic material' (Green, Wilson, & Lindly as cited in Ortlepp & Friedman, 2002, p. 214).

Research efforts could potentially utilize the Compassion Satisfaction (CS) and Compassion Fatigue (CF) theory (Stamm, 2010) to address this issue of compassion fatigue and burnout, especially if coupled with the Professional Quality of Life Scale (PQLS) (Stamm, 2010). The CS and CF theory is based on the positive (pleasure that is derived from doing a job) and negative (frustration, anger, exhaustion) aspects associated with the work people do in their job, and the PQLS measures the quality employees feel in relation to their work as a helper. Both the positive (the good stuff) and the negative (the bad stuff) aspects of doing one's job influences one's professional quality of life (Stamm, 2010). The CS and CF theory draws from an individual's professional quality of life, which is based on three environments the employee is exposed to (1) work, (2) client, and (3) person (Stamm, 2010). Based on the three environments the employee will experience compassion satisfaction or compassion fatigue. The PQLS was developed to identify elements in an individual's work environment associated with characteristics and tasks related to exposure to secondary trauma (Stamm, 2010). Utilizing the CS and CF theory in tandem with the PQLS could provide valuable insights on understanding the theoretical path to compassion fatigue, burnout, secondary traumatic stress, and the positive and negative outcomes when helping individuals who have experienced traumatic events (for a discussion of these issues as they relate to social workers see Senreich, Straussner, & Steen, 2019).

We have an obligation to the population we serve, our loved ones, coworkers, and ourselves to ensure we are not damaged by the work we do (Stamm, 2010). The risk of exposing lay personnel to secondary trauma and compassion fatigue while distributing naloxone kits should be of great concern to trained professionals and all agencies who provide this service.

## CONCLUSION

Despite the vast amount of research that has been conducted on compassion fatigue and professionals who are social workers, first responders, probation officers, prison guards, victim advocates, counselors, doctors, and nurses, there is a need to conduct research on compassion fatigue on lay employees who work behind the scenes with these professionals. An extensive search of the literature regarding compassion fatigue and self-care among lay employees, yielded one research study that was conducted with lay trauma counselors (Ortlepp & Friedman, 2002). Additionally, there is limited research which explores the perspectives of employees who work in agencies that provide naloxone kits (Buchman et al., 2018 as cited in Buchman

et al., 2018). If we intend to retain lay employees in this field, careful consideration should be given to ensure the negative consequences of the work are lessened.

There are several practical implications for including secondary trauma related resources and training into intervention programs within organizational settings. The curriculum could consist of, at the least, the following essential elements: (1) strategies to reduce an individual's chances of developing secondary trauma by focusing on increasing resiliency skills, (2) use of self-care strategies, (3) targeting methods of social support in and outside the workplace, (4) modification of caregiving skills, and (5) identification of the early onset signs of secondary trauma. From an organizational perspective, naloxone distribution programs need to recognize the workplace hazard of secondary trauma and offer training in personal care and alternative approaches to manage the effects. Peer mentors and enhanced support from program staff would assist in alleviating this potential occupational hazard. A multidimensional approach at an organizational level, involving lay employees, organizational policy, and management will yield positive outcomes in minimizing and preventing compassion fatigue and secondary trauma.

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