



**Innovations in Counseling: Working With Minority Populations (Part 9 Session 7)
Combating Compassion Fatigue: A Workshop for BIPOC Clinicians**

Webinar Follow-up Question and Answer Session With
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[Additional Handouts From Presenter](#)

Question from A. Vosburg:

What is an effective way to get clients to understand or benefit from the uses of ACES?

Answer from Presenter

Clients can get a better understanding of the use of ACES if we approach it from a strengths-based perspective. All too often clients think that their symptoms make them weak or defective in some way. We can use the ACES to help our clients understand better how their brains work and why they are predisposed to using their flight/flight/freeze response even for a situation that does not require a threat response. They are not doing anything wrong and they are not broken. Their brains are falling back into learned patterns from childhood that helped them to survive their traumatic experiences. If anything, clients have over-adapted because of their painful past learning. It can also help to recommend a book such as “The Body Keeps the Score” so that clients can gain insight into how trauma leaves long lasting impacts on our minds and our bodies. There is a short video linked below which also explains the connection between ACES and current symptomology that is easy for clients to understand and can be used in session.

<https://www.youtube.com/watch?v=ccKFkcfXx-c>

Question from V. Godoy:

How you differentiate that from a generalized anxiety disorder?

Answer from Presenter

Differentiating between Compassion Fatigue and Generalized Anxiety Disorder (GAD) would require a look at the DSM V. Based on that criteria, for a diagnosis of GAD, we would need to see: excessive anxiety and worry occurring more days than not for at least 6 months; the individual finds it difficult to control the worry; and at 3 of the following symptoms: restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension or sleep disturbance; symptoms cause clinically significant distress; symptoms are not attributable to the effects of a substance and symptoms are not better explained by another mental disorder. This is

different than the symptoms discussed with regards to Compassion Fatigue though there is some overlap. Those symptoms include: fatigue, feeling nervous, sleep disturbance, less exercise, taking more sick days, numbness, decreased self-esteem, difficulty making decisions, nightmares about work, irritability, trouble finding hope, feeling overwhelmed, dreading going to work, avoiding friends and family, finding it difficult to trust, feelings of hopelessness, being less engaged in activities, decreased productivity, unwanted memories of work and feeling like you want to quit your job. As you can see, there is some commonality but Compassion Fatigue does not meet the DSM V criteria for GAD.