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COMPASSION FATIGUE IN CHILD WELFARE SPECIALISTS: EFFECTS OF SELF-CARE, COGNITIVE RIGIDITY AND EMOTIONAL CLARITY

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Abstract

Child welfare specialists work in high-stress environments and psychologically demanding roles, which can lead to high attrition rates, burnout, decreased mental health, secondary trauma, or compassion fatigue. Some studies suggest that self-care may help mitigate these negative effects. However, research specifically focused on child welfare specialists is scarce, and findings regarding the role of self-care remain inconclusive. Additionally, scientific literature suggests that other cognitive and emotional factors may also be important when addressing compassion fatigue in this population. The aim of this study was to identify predictors of compassion fatigue among child welfare specialists in Lithuania. It was hypothesized that higher cognitive rigidity, lack of emotional clarity, and lower levels of personal and professional self-care would predict higher levels of compassion fatigue. Child welfare specialists completed this self-reported survey after participating in a brief competency training based on simulated questioning of child avatars. Compassion fatigue was measured using the Compassion Fatigue Inventory. Self-care was assessed using the Self-Care Practices Scale, which distinguishes between professional and personal self-care. Cognitive rigidity was measured using the Cognitive Rigidity subscale from the Detail and Flexibility Questionnaire, and emotional clarity was assessed using the Lack of Emotional Clarity subscale from the Difficulties in Emotion Regulation Scale. Multiple linear regression analysis was conducted to examine these relationships. Preliminary results from the first two waves (n = 107) of this ongoing study indicate that all three variables significantly predicted compassion fatigue. Higher cognitive rigidity and lack of emotional clarity were associated with increased compassion fatigue. Lower levels of professional self-care also predicted reduced compassion; however, personal self-care did not have any significant effect. These findings highlight the importance of cognitive and emotional factors in high-stress work environments that may be related to compassion fatigue. Furthermore, they underscore the complex role of self-care as a potential protective factor in maintaining healthier boundaries at work. The practical implications of these findings will be discussed in detail.

Keywords: *Compassion fatigue, self-care, cognitive rigidity, emotional clarity.*

1. Introduction

Child welfare specialists play a significant role in promoting the safety and well-being of children while handling cases related to child abuse or neglect (King, 2024). This occupation carries significant work-related stressors such as high workload and overtime (Edwards & Wildeman, 2018), psychologically sensitive working conditions due to daily exposure to trauma experienced by individuals, family violence, and abuse (Osofsky et al., 2008). On some occasions, these specialists can even encounter potentially dangerous situations for their own health and safety (King, 2024). Due to the nature of their work conditions, child welfare specialists are at a high risk of developing compassion fatigue (Osofsky et al., 2008), which can further negatively influence their professional and personal lives.

Compassion fatigue emerges as a cumulative effect of long-term exposure while working with survivors of potentially traumatic life events (Osofsky et al., 2008). It focuses on a unique type of work-related stress that is often observed among caretaking professionals and is sometimes referred to as a "cost of caring" (Geoffrion et al., 2016). Osofsky and colleagues (2008) indicate that experiencing compassion fatigue in child welfare specialists can result in a variety of symptoms such as increased anger, sadness, cynicism, fear or anxiety about one's family, pessimism about people, use of alcohol or drugs, and diminished self-care. Therefore, specialists who experience compassion fatigue may find it hard to keep up with job requirements or may even consider leaving child welfare due to their decreased mental health and well-being.

Self-care practices are considered a significant resource for promoting resilience and are found to be associated with higher compassion satisfaction (La Mott & Martin, 2019). Ludick and Figley's (2017) proposed Compassion Fatigue Resilience Model indicates that self-care is a crucial factor in promoting resilience, positive adjustment, and having the potential to neutralize the negative effects of exposure to trauma-experienced individuals. While discussing the concept of self-care, Bressi and Vaden (2017) emphasize the need to separate professional self-care from personal self-care. According to these authors, professional self-care is largely guided by professional role expectations, including relationships with coworkers and clients. Meanwhile, personal self-care is guided by a variety of other roles outside of work that are related to family, community, or other important aspects of life and promotes a holistic attitude toward taking care of one's health and well-being (Bressi & Vaden, 2017). Considering the research provided, it is expected that lower levels of self-care will be a significant predictor of compassion fatigue in the current study.

Cognitive rigidity has been associated with psychopathology due to a lack of ability to move from non-adaptive cognitive patterns toward more adaptive ones (Morris & Mansell, 2018). However, child welfare specialists encounter various situations that may require well-established adaptation skills when dealing with uncertainty and unpredictability on a daily basis (King, 2024). Thus, higher cognitive rigidity could complicate healthy adaptation to work-related situations in a high-stress environment. In this way, over a longer period of time, cognitive rigidity could also contribute to increased compassion fatigue and reduce the possibility of switching toward healthier patterns such as reaching out for help or applying self-care when needed. Therefore, a higher level of cognitive rigidity in the current study is expected to contribute in predicting compassion fatigue among child welfare specialists.

Emotional clarity, as an individual's ability to understand one's emotions (Gratz & Roemer, 2004), may also play an important role in predicting compassion fatigue. Considering the previously mentioned psychologically difficult work conditions of this profession, it can be expected that these specialists experience various and predominantly negative emotions such as anger, sadness, or disgust at work, especially when encountering child abuse or neglect (Segal et al., 2024). Thus, lack of emotional clarity not only does not help to process experienced emotions as part of emotional regulation but can also become an additional stressor contributing to the overall negative emotional state and development of compassion fatigue.

Even though compassion fatigue is widely studied in various contexts, researchers usually focus more on healthcare professionals, while child welfare specialists receive less attention. Additionally, the literature emphasizes the need to address emotional and cognitive components of compassion fatigue. However, research on specific aspects such as emotional clarity and cognitive rigidity is still quite scarce. Therefore, the main goal of this study is to gain a deeper understanding of how self-care, emotional clarity, and cognitive rigidity contribute in predicting compassion fatigue. Additionally, we also aim to evaluate the importance of different levels of overtime and work experience within this model.

2. Method

2.1. Procedure

Respondents arrived at the Applied Psychology Research Laboratory of Mykolas Romeris University to participate in child avatar–based competence training that was prepaid by their workplace - the State Child Rights Protection and Adoption Service. The first wave of training occurred during April and May of 2025, while the second wave of training continued after a few months in October. All respondents in the current survey participated in only one training session (either in spring or in autumn). Each training session was held in a separate room and lasted about 1.5–2 hours. During the training, each child welfare specialist was paired with a specially uptrained laboratory researcher who operated the child avatar program. Each question asked towards the child avatar was coded by a laboratory researcher based on the question type (e.g., open, closed) and entered into the avatar algorithm to select the responses.

Training material consisted of four different scenarios in which child welfare specialists needed to interview child avatars in order to determine whether the child avatar had experienced a sexual abuse event or a no-abuse event scenario. All avatars were girls aged 6 or 8 years. Each age category included one sexual abuse event and one no-abuse event scenario. More information about this child avatar training program used can be found in a previously published paper by Segal and colleagues (2024).

After the training, all participants received feedback on their question formulation skills from the laboratory researcher and were then left alone in the room to complete a short feedback survey about their emotional state during the training. After completing the feedback survey, participants were redirected to an informed consent form for the current survey. SPSS version 26 was used to analyze the collected data. A two-way multivariate analysis of variance (MANOVA) was used to investigate whether there were any differences between groups with different levels of overtime and work experience on compassion fatigue

and its predictors in this study. Finally, a hierarchical multiple regression model was applied to determine statistically significant predictors of compassion fatigue among child welfare specialists.

2.2. Participants

Out of 113 child welfare specialists from both waves who participated in competence training, 107 agreed to answer the questions for the current survey and were included in further data analysis. Almost all child welfare specialists (99.1%) were directly working with families and children on a daily basis. Most of the specialists had been working in the State Child Rights Protection and Adoption Service for less than a year (29%) or 1–2 years (28%), while less than half had more experience in this workplace: 2–5 years (12.1%) or more than 5 years (24.3%). The remaining 6.5% of specialists did not answer this question. Working overtime often or very often was common for almost half of the sample (43.9%).

2.3. Instruments

a) *Compassion fatigue (CF)* was measured using the Compassion Fatigue subscale from the Compassion Fatigue Inventory (Eng et al., 2021). The Compassion Fatigue subscale had 9 items that were evaluated by respondents on a 5-point Likert scale from Strongly disagree (1) to Strongly agree (5). Item examples include: "My will to help has declined" and "My work bores me more often than before."

b) *The Self-Care Practices Scale (SCPS)* was developed by Lee and colleagues (2020) and consists of two subscales—Personal self-care and Professional self-care. Each subscale has 9 items that respondents evaluate on a 5-point Likert scale from Never (1) to Very often (5). Examples include: "I participate in activities that I enjoy" (personal self-care) and "I take small breaks throughout the workday" (professional self-care).

c) *Cognitive rigidity (CR)* was measured using the Cognitive Rigidity subscale from the Detail and Flexibility Questionnaire (Roberts et al., 2011). The Cognitive Rigidity subscale had a total of 12 items, which participants evaluated on a 6-point Likert scale from Strongly disagree (1) to Strongly agree (6). These items measure the extent to which individuals agree with statements reflecting cognitive rigidity, such as "I like doing things in a particular order or routine" and "I get angry if other people do not do things my way."

d) *Emotional clarity (EC)* was assessed using the Lack of Emotional Clarity subscale from the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004). The subscale consisted of 3 items, which participants evaluated on a 5-point Likert scale from Never (1) to Very often (5). Examples include: "I am confused about how I feel" and "I have difficulty making sense out of my feelings."

After receiving the necessary permissions from the authors, all instruments used in this study were translated from English to Lithuanian by three psychology researchers from the Applied Psychology Research Laboratory. The final Lithuanian version of each instrument was achieved through mutual discussion between the first two authors of this paper. The Cronbach's alpha for internal consistency of each instrument in the current study was considered sufficient for further data analysis: CF = 0.881, CR = 0.802, EC = 0.861, SCPS = 0.853. Subscales of SCPS showed slightly lower, but still acceptable, internal consistency: Personal self-care = 0.782 and Professional self-care = 0.767. This study was approved by the local Research Ethics Committee of Mykolas Romeris University.

3. Results

First, it was analyzed whether emotional clarity, cognitive rigidity, personal self-care, professional self-care, and compassion fatigue differed between groups with different levels of overtime and work experience in the State Child Rights Protection and Adoption Service. Due to the relatively small sample the overtime variable was merged into two groups: low overtime (specialists who worked overtime rarely or not at all) and high overtime (specialists who often or almost always had overtime). Work experience was coded into two groups: specialists with less than 2 years of work experience and specialists with more than 2 years. A two-way MANOVA was conducted to examine the effects of overtime (low vs. high), work experience (short vs. long), and their interaction on emotional clarity, rigidity, compassion fatigue, professional self-care, and personal self-care. All assumptions for the two-way MANOVA were assessed and met, including multivariate normality, linearity, homogeneity of variance–covariance matrices, independence of observations, absence of multicollinearity, and lack of significant outliers. The MANOVA revealed a significant multivariate effect trend only for overtime (Wilks' $\Lambda = .91$, $F(4, 93) = 2.42$, $p = .054$, partial $\eta^2 = .09$). The only variable showing a significant difference based on overtime levels was professional self-care, $F(1, 96) = 9.27$, $p = .003$, partial $\eta^2 = .09$, indicating that professional self-care differed between low and high overtime groups. Specialists with low overtime reported higher levels of professional self-care ($M = 3.82$, $SD = 0.49$) compared to specialists with high overtime ($M = 3.53$,

SD = 0.495). No significant differences were observed for work experience or for the interaction between overtime and work experience.

A hierarchical multiple regression with the backward method was used to examine which variables – emotional clarity, cognitive rigidity, professional self-care, and personal self-care – significantly predicted compassion fatigue among child welfare specialists. All assumptions for hierarchical multiple regression were assessed and met, including linearity, independence of errors, homoscedasticity, normality of residuals, absence of multicollinearity, and lack of influential outliers. In the first step, cognitive rigidity, emotional clarity, professional self-care, and personal self-care were entered simultaneously. The model was statistically significant, $F(4, 102) = 11.26$, $p < .001$, and explained 30.6% of the variance in compassion fatigue ($R^2 = .31$, adjusted $R^2 = .28$). In the second step, personal self-care was removed from the model. The model remained statistically significant, $F(3, 103) = 14.69$, $p < .001$, explaining 30.0% of the variance in compassion fatigue ($R^2 = .30$, adjusted $R^2 = .28$). Lack of emotional clarity ($\beta = .28$, $t = 3.08$, $p = .00$), cognitive rigidity ($\beta = .28$, $t = 3.10$, $p = .002$), and professional self-care ($\beta = -.27$, $t = -3.25$, $p = .002$) all remained as significant predictors of compassion fatigue.

4. Discussion

The results of this study support the existing literature on compassion fatigue and its contributing factors. The observed importance of self-care and emotional clarity aligns with the Compassion Fatigue Resilience Model (Ludick & Figley, 2017). In this model, the authors emphasize the role of emotional factors, including empathic ability, which helps for the specialists not only to understand another's position, emotions, needs, and pain, but also to provide the appropriate empathic response. Considering the results of the current study, empathic ability may be closely related to emotional clarity, helping child welfare specialists navigate emotionally charged work situations more effectively.

The findings regarding self-care overall support its important role in the mechanism of compassion fatigue (Ludick & Figley, 2017) and further validate research highlighting the differences between personal and professional self-care components (Lee et al., 2020). The results also point out the need to promote professional self-care and healthier boundaries at work to reduce the risk of developing compassion fatigue. However, for child welfare specialists who already have an intense workload and high levels of overtime (Edwards & Wildeman, 2018), practicing professional self-care can be like a double-edged sword: increased workload not only contributes to the cumulative effect of compassion fatigue but also leaves fewer opportunities to find time to take care of themselves. Therefore, it may be helpful to support specialists in establishing healthy boundaries at work and provide trainings focused on increasing emotional clarity and cognitive flexibility, thereby enhancing their ability to adapt and respond to daily work stressors.

The main limitations of this study include the relatively small sample and respondents' emotional state after the trainings. The current sample represented a significant proportion of child welfare specialists in Lithuania (from about 500 specialists directly working with children and families). However, this sample size is relatively small for statistical analysis and may affect the accuracy of observed effect sizes. Additionally, respondents' answers could have been influenced by their emotional state, which might have been affected by exposure to the training material (e.g., fatigue after the training or emotional reactions to the abuse event scenarios).

Future research could further explore factors contributing to the use of personal and professional self-care among child welfare specialists and its role in reducing compassion fatigue. It is also important to investigate personal and organizational barriers that prevent specialists from practicing self-care in high-stress work environments. Longitudinal studies could provide a deeper understanding of self-care and compassion fatigue over time and identify factors that support stronger organizational backing and healthier boundaries at work. Finally, interventions aimed at increasing emotional awareness and cognitive flexibility could be beneficial in reducing compassion fatigue among child welfare specialists.

5. Conclusion

This study highlights the importance of factors predicting compassion fatigue among child welfare specialists in Lithuania. Lack of emotional clarity, higher cognitive rigidity and lower professional self-care were found to be significant predictors of compassion fatigue. Additionally, among the variables examined, professional self-care was lower for child welfare specialists with high overtime compared to colleagues with low levels of overtime. However, personal self-care and the duration of work experience in child welfare field did not appear to play a meaningful role in explaining the calculated model of compassion fatigue.

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