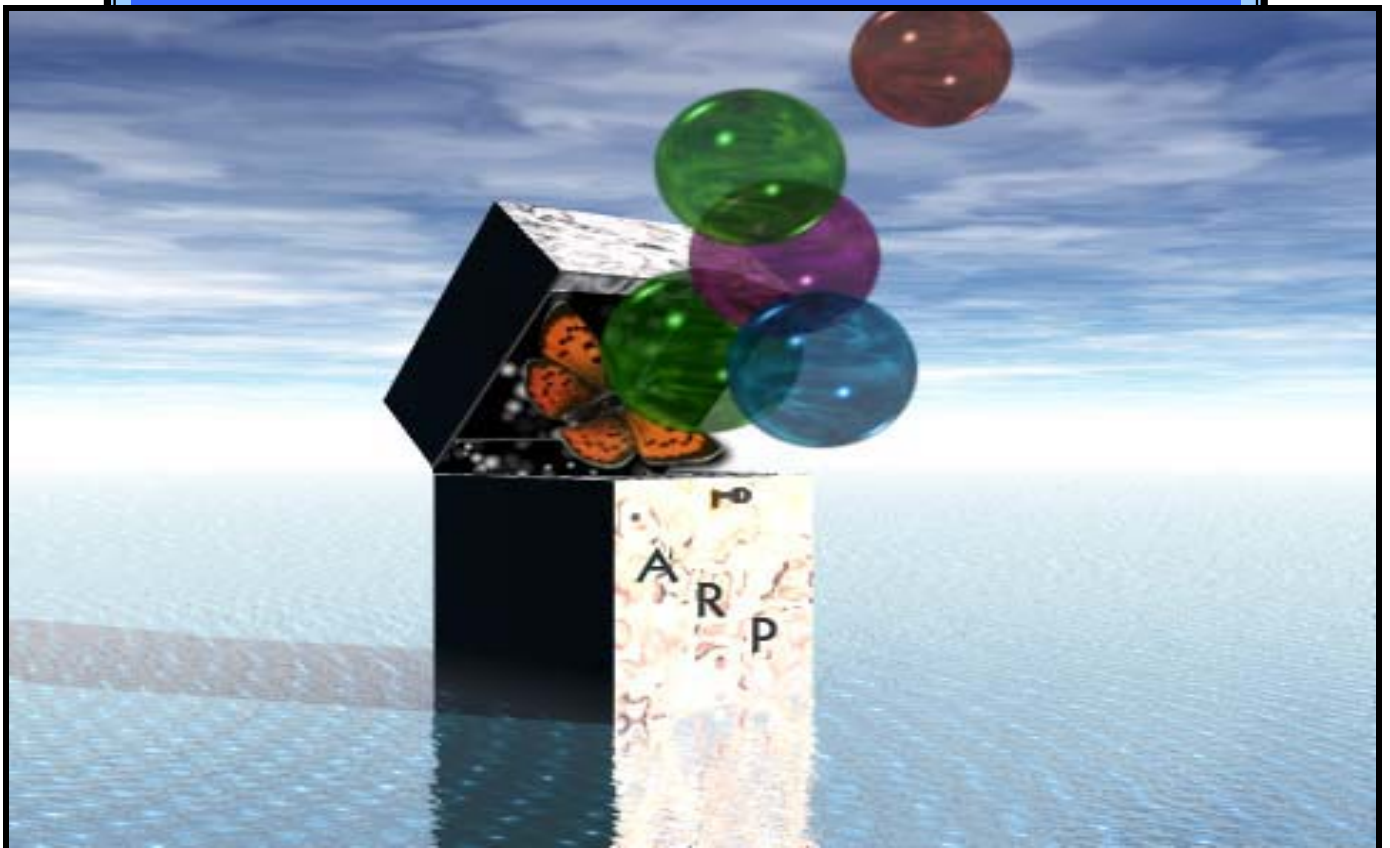


# Compassion Fatigue Educator Training

## Pre-Training Materials

### COMPASSION FATIGUE: A CRUCIBLE OF TRANSFORMATION



J. Eric Gentry, Ph.D. LMHC, CAC, CTS. MT

## That which is to give light



## Must endure burning

-Vicktor Frankl

In the pages that follow, you will find a brief introduction to Compassion Fatigue, three (3) assessment instruments, and a template for developing a Mission Statement. These materials are provided to you to prepare you for the CCFE training and as a way of maximizing the use of your time in the course. Please set aside about an hour to complete these materials and bring them with you to the training. The completion and scoring of the assessments are explained on the instruments. For the Mission Statement Exercise, complete all the questions and finish with a narrative Mission Statement for yourself that includes both personal and professional mission. If you have any questions, feel free to contact me at (941) 720-0143. - Eric

## **A Few Comments on the Curse and Blessings of Compassion Fatigue**

On the previous page is a quote by Viktor Frankl who eloquently and elegantly summarizes the dilemma of compassion fatigue for every caregiver. We have all volunteered to be givers of light. In making this effort, we are all going to burn. It hurts to work with the population of clients with whom we provide care. It is not a pleasant thing to see track marks in the arm of a 17 year old prostitute nor bear witness to the stories of rape and torture that occur millions of times daily to children in the “war zones” of middle-class American homes. It challenges our views of an ordered world, a benevolent God and makes our heart hurt.

I have watched many excellent caregivers during my 19 years of work in this field say “enough,” and either move into administrative positions or simply leave the field completely burned out. It’s easy, and often even rewarded; to remain in denial about the effects of secondary traumatic stress and burnout (and primary trauma in the life of the caregiver) and believe those falling around me are “weak” while I cling to my “it’ll never happen to me” mantra. In devoting most of my research and clinical efforts during the past four years to studying and treating compassion fatigue, I have come away with a few “truths.” The first one is that no one is immune to the effects of secondary traumatic stress—some cope better than others and some hide it better than others—no one remain unaffected. If we simply refuse to address the issues of self-care and tend to our own resiliency, we may be lucky and “catch on fire” quickly, have our crises and make these necessary adjustments in our life. For those who are less fortunate, they get the slow burn. They get to watch their relationships slowly disintegrate because they can no longer tolerate intimacy, or witness their effectiveness as a caregiver dwindle because they are unable to hear one more story of abuse, or experience somatic symptoms (including weight gain, alcohol/drug usage) so intense that they can no longer find comfort inside their own skin. I have some experience with this last category, both as a caregiver who has lived through it and as a clinician who treats other caregivers who are at various stages in this downward spiral. This leads me to the second “truth” I have uncovered in this work...

This “truth” is that for all the pain, these symptoms are a blessing. They point out to the caregiver that his life is out of balance and needing intervention. My work with compassion fatigue has drawn heavily from the work of David Schnarch (1991, 1997) who works with couples’ sexuality. His deeply evocative approach holds that couples reach “gridlock” in their marital relationships because they have not yet matured to self-validated intimacy and are unable to soothe the anxieties of abandonment and engulfment that are naturally occurring in every committed relationship. As the individuals in a marriage “grow up” and are no longer in need of their partner’s approval, they are able to tolerate higher levels of intimacy and eroticism. As I became progressively fascinated with his theory and treatment, I began seeing that for many caregivers the most significant relationship they have, outside their marriage, is with their career. I further noticed that the more dependent that the caregiver was upon her work to provide her with feelings of worth and adequacy, the less resilient she was to the deleterious effects of helping (e.g., burnout). This understanding has become the theoretical engine that has driven the development and implementation of the Accelerated Recovery Program for Compassion Fatigue. Discussing this phenomenon

with the many caregivers that I have treated has led to the distillation of two key and critical ingredients for the prevention and treatment of compassion fatigue. These are the development and maintenance of a non-anxious presence and self-validated caregiving. It is my strong bias, borne out by the reports from several seasoned and thoroughly compassion-fatigued whom I have treated, that attention to maintaining these two important areas, along with good self-care renders the caregiver 100% resilient to the negative effects of caregiving. They still experience pain, maybe even more so, however this pain no longer diminishes them because they have found that to maintain their non-anxious presence and self-validation they must “re-fill” themselves with nurturing and active experiences. As it turns out, the best treatment and prevention for compassion fatigue is to live a good life.

In my work with the Accelerated Recovery Program, I have had the good fortune to train the mental health professionals of the FBI (who have adopted the ARP) and 12 professionals who have provided ongoing relief services to the survivors of the OKC bombing and tornados for the past five years, along with many other clinicians from all over the world. With each of these caregivers, I have been blessed to witness them make their own transformations and come into alignment with them”selves”. This has been fascinating and rewarding work.

When we (Anna Baranowski, Ph.D. is the co-developer) found that the ARP was even more effective than we had hoped, we were approached by the Traumatology Institute to develop a training for clinicians wishing to implement the ARP with caregivers in their locale suffering with compassion fatigue. We developed the Certified Compassion Fatigue Specialist Training (CCFST) program and began offering this training in January of 1999. Since that time approximately 200 professionals have been trained as Compassion Fatigue Specialists and are implementing the ARP model. The most exciting aspect of this training is that we have included most of the interventions of the ARP in this two-day training to create a powerfully evocative and experiential certification training. We reasoned that if the ARP was effective in ameliorating individual’s compassion fatigue symptoms, wouldn’t the CCFST be effective in lessen the group’s? This was the advent of our “training-as-treatment” intervention that I have studied as part of my doctoral work. Our data collection and analysis has shown that the CCFST does, indeed, significantly lower compassion fatigue and burnout symptoms experienced by the participants.

This has been the legacy of our work with compassion fatigue, until now. I am honored, pleased and a little bit proud to get to share it with you.

-Eg

**NOTE: If you'd rather complete the new version of this instrument it is on-line at <http://www.isu.edu/%7Ebhstamm/tests/csfShort.htm>**

## ProQOL - R III

### **PROFESSIONAL QUALITY OF LIFE Compassion Satisfaction and Fatigue Subscales – Revision III**

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current situation. Write in the number that honestly reflects how frequently you experienced these characteristics **in the last 30 days**.

0=Never 1=Rarely 2=A Few Times 3=Somewhat Often 4=Often 5=Very Often

- \_\_\_\_\_ 1. I am happy.
- \_\_\_\_\_ 2. I am preoccupied with more than one person I help.
- \_\_\_\_\_ 3. I get satisfaction from being able to help people.
- \_\_\_\_\_ 4. I feel connected to others.
- \_\_\_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_\_\_ 6. I feel invigorated after working with those I help.
- \_\_\_\_\_ 7. I find it difficult to separate my personal life from my life as a helper.
- \_\_\_\_\_ 8. I am losing sleep over a person I help's traumatic experiences.
- \_\_\_\_\_ 9. I think that I might have been "infected" by the traumatic stress of those I help.
- \_\_\_\_\_ 10. I feel trapped by my work as a helper.
- \_\_\_\_\_ 11. Because of my helping, I have feel "on edge" about various things.
- \_\_\_\_\_ 12. I like my work as a helper.
- \_\_\_\_\_ 13. I feel depressed as a result of my work as a helper.
- \_\_\_\_\_ 14. I feel as though I am experiencing the trauma of someone I have helped.
- \_\_\_\_\_ 15. I have beliefs that sustain me.
- \_\_\_\_\_ 16. I am pleased with how I am able to keep up with helping techniques and protocols.
- \_\_\_\_\_ 17. I am the person I always wanted to be.
- \_\_\_\_\_ 18. My work makes me feel satisfied.
- \_\_\_\_\_ 19. Because of my work as a helper, I feel exhausted.
- \_\_\_\_\_ 20. I have happy thoughts and feelings about those I help and how I could help them.
- \_\_\_\_\_ 21. I feel overwhelmed by the amount of work or the size of my caseload I have to deal with.
- \_\_\_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I help.
- \_\_\_\_\_ 24. I plan to be a helper for a long time.
- \_\_\_\_\_ 25. As a result of my helping, I have intrusive, frightening thoughts.
- \_\_\_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_\_\_ 27. I have thoughts that I am a "success" as a helper.
- \_\_\_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_\_\_ 29. I am a sensitive person.
- \_\_\_\_\_ 30. I am happy that I chose to do this work.

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<http://www.isu.edu/~bhstamm>

# Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales

Please note that research is ongoing on this scale and the following scores should be used as a guide, not confirmatory information. Subscales and cut points are theoretically derived. When at all possible, data should be used in a continuous fashion, rather than with cut scores. Cut scores should be used for guidance and comparability of samples, not for diagnostic or confirmatory information.

## Psychometric Information

Means and standard deviations are based on previous tests, with interpolation for new items. The psychometric properties are at least as good as the original test (Compassion Satisfaction alpha = .87; Burnout alpha = .90 and Compassion Fatigue alpha = .87), and should be improved based on improved item-to scale statistics. The addition of the new items should reduce the known collinearity between Compassion Fatigue and Burnout. Please note that while we provide cut scores based on the 95th percentile, we do not recommend that the measure be used for anything other than screening, and we prefer from a statistical perspective, to use the continuous numbers. New data area being collected and if there are way to improve the scoring these data will be posted as soon as it is available. Currently, there are several studies using the ProQOL format. If you would be willing to donate your raw data to the databank, we will run your sample against the existing database for you.

## Newest Article

Larsen, D. Stamm, B.H. & Davis, K. (2002). Telehealth for Prevention and Intervention of the Negative Effects of Caregiving. *Traumatic StressPoints*, 16, (4).  
<http://www.istss.org/publications/TS/Fall02/telehealth.htm>.

### Theoretical Score Cut-points, set at 95<sup>th</sup> percentile.

- a. Potential for Compassion Satisfaction (x): 20 and above=moderate to high satisfaction; 19 and below=low satisfaction
- b. Risk for Burnout (check): 28 or less= low risk; 29 and above= high risk.
- c. Risk for Compassion Fatigue (circle): 27 or less= low risk; 28 and above= high risk.

### Self-scoring directions

1. Be certain you respond to all items.
2. On some items the scores need to be reversed. Next to your response write the reverse of that score. (i.e. 0=0, 1=5, 2=4, 3=3) Reverse the scores on these 5 items: 1, 4, 15, 17, 29
3. Mark the items for scoring:
  - a. Put an x by the following 10 items: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30
  - b. Put a check by the following 10 items: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29
  - c. Circle the following 10 items: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28
4. Add the numbers you wrote next to the items for each set of items and compare on theoretical scores.



# TRAUMA RECOVERY SCALE

**PART I**

\_\_\_yes\_\_\_no I have been exposed to a traumatic event in which **both** of the following were present:

- a. experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, **AND**
- b. my response involved intense fear, helplessness or horror.

- If **yes** is answered please complete Part II & III;
- If **no** is answered complete Part III (omit Part II)

**PART II**

**Directions:** Please read the following list and check all that apply.

	<u>Type Of Traumatic Event</u>	<u>Number of Times</u>	<u>Dates/Age(s)</u>
<input type="checkbox"/>	1. Childhood Sexual Abuse	_____	_____
<input type="checkbox"/>	2. Rape	_____	_____
<input type="checkbox"/>	3. Other Adult Sexual Assault/Abuse	_____	_____
<input type="checkbox"/>	4. Natural Disaster	_____	_____
<input type="checkbox"/>	5. Industrial Disaster	_____	_____
<input type="checkbox"/>	6. Motor Vehicle Accident	_____	_____
<input type="checkbox"/>	7. Combat Trauma	_____	_____
<input type="checkbox"/>	8. Witnessing Traumatic Event	_____	_____
<input type="checkbox"/>	9. Childhood Physical Abuse	_____	_____
<input type="checkbox"/>	10. Adult Physical Abuse	_____	_____
<input type="checkbox"/>	11. Victim Of Other Violent Crime	_____	_____
<input type="checkbox"/>	12. Captivity	_____	_____
<input type="checkbox"/>	13. Torture	_____	_____
<input type="checkbox"/>	14. Domestic Violence	_____	_____
<input type="checkbox"/>	15. Sexual Harassment	_____	_____
<input type="checkbox"/>	16. Threat of physical violence	_____	_____
<input type="checkbox"/>	17. Accidental physical injury	_____	_____
<input type="checkbox"/>	18. Humiliation	_____	_____
<input type="checkbox"/>	19. Property Loss	_____	_____
<input type="checkbox"/>	20. Death Of Loved One	_____	_____
<input type="checkbox"/>	21. Terrorism	_____	_____
<input type="checkbox"/>	23. Other: _____	_____	_____
<input type="checkbox"/>	24. Other: _____	_____	_____
<input type="checkbox"/>	25. Other: _____	_____	_____

Comments:

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**TRSTRAUMA RECOVERY SCALE**

J. Eric Gentry

**PART III**

Place a mark on the line that best represents your experiences during the past week.

- 1. I make it through the day without distressing recollections of past events.  
0% \_\_\_\_\_ 100% of the time
- 2. I sleep free from nightmares.  
0% \_\_\_\_\_ 100% of the time
- 3. I am able to stay in control when I think of difficult memories.  
0% \_\_\_\_\_ 100% of the time
- 4. I do the things that I used to avoid (e.g., daily activities, social activities, thoughts of events and people connected with past events).  
0% \_\_\_\_\_ 100% of the time
- 5. I am safe.  
0% \_\_\_\_\_ 100% of the time
- I feel safe.  
0% \_\_\_\_\_ 100% of the time
- 6. I have supportive relationships in my life.  
0% \_\_\_\_\_ 100% of the time
- 7. I find that I can now safely feel a full range of emotions.  
0% \_\_\_\_\_ 100% of the time
- 8. I can allow things to happen in my surroundings without needing to control them.  
0% \_\_\_\_\_ 100% of the time
- 9. I am able to concentrate on thoughts of my choice.  
0% \_\_\_\_\_ 100% of the time
- 10. I have a sense of hope about the future.  
0% \_\_\_\_\_ 100% of the time

AS – FS

**Scoring Instructions:** record the score for where the hash mark falls on the line (0-100) in the box beside the item (average 5a with 5b to get score for 5). Sum scores and divide by 10.

**Interpretation:** 100 – 95 (full recovery/subclinical); 86 - 94 (significant recovery/mild symptoms); 75 – 85 (some recovery/ moderate symptoms); 74 (minimal recovery/severe); below 35 (possible traumatic regression)

**Mean Score**

## MISSION STATEMENT

*A Mission Statement is designed to provide it's author with direction, purpose and motivation towards actualizing all of his/her potentials--professional and personal. It is written in an active and declarative voice an should empower its writer with a clear vision of her/his "best self"...the persons we are becoming. This exercise is designed to help you bring into focus this "best self" and to identify pathways to facilitate the continued evolution toward this goal*

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An empowering Mission Statement:

1. Represents the deepest and best within you. It comes out of a solid connection with your deep inner life.
2. Is the fulfillment of your own unique gifts. It's the expression of your unique capacity to contribute.
3. Is transcendent. It's based on principles of contribution and purpose higher than self.
4. Addresses and integrates all four fundamental human needs and capacities. It includes fulfillment in physical, social, mental and spiritual dimensions.
5. Is based on principles that produce quality-of-life results. Both the ends and the means are based on true north principles.
6. Deals with both vision and principle-based values. It's not good enough to have values without vision - you want to be good, but you want to be good for something. On the other hand, vision without values can produce a Hitler. An empowering mission statement deals with both character and competence; what you want to be and what you want to do in your life.
7. Deals with all significant roles in your life. It represents a lifetime balance of personal, family, work, community - whatever roles are yours to fill.
8. Is written to inspire you - not impress anyone else. It communicates to you and inspires you at the most elemental level. (Covey, 1997, p.107)

**1. Time-limited exercise.** *Take five minutes and complete the following questions:*

a. *List the most important achievements you have made in your life:*

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b. *List your most important guiding principles and values (e.g., family, faith, honesty, etc.):*

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c. *What dreams do you have for yourself that are yet unfulfilled?*

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d. *What are your greatest strengths?*

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e. **Stop.** Review the above and circle the top five (5) in each category. What does this tell you about yourself? Where are you in alignment with your values & principles; where are you out of alignment? *Take a moment to simply write down your thoughts after reviewing the above:*

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**2. Self-reflective questions.** These next set of questions are designed to assist you in looking at yourself from a systems perspective. We have learned that effective and comfortable living involves the ability to balance multiple, and often competing, demands. By answering the following questions you should begin to see where you are functioning well and where you may be out of balance.

a. What do other people say are my strengths and best qualities?  
*(Optional—ask three of your trusted friends what strengths they see in you)*

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b. What activities give me the greatest pleasure?

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c. What activities give me the greatest sense of accomplishment?

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d. Who are the people who had the most impact on my life? Why?

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e. When I look at my work/career life, what activities do I consider of greatest worth?

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f. When I look at my personal life, what activities do I consider of greatest worth?

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g. What talents do I have that no one else really knows about?

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h. What are my physical needs and capabilities—what principles will bring these into fulfillment?

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i. What are my social needs--what principles will bring these into fulfillment?

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j. What are my mental/intellectual needs--what principles will bring these into fulfillment?

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k. What are my spiritual needs--what principles will bring these into fulfillment?

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l. What are my important roles in life (husband/wife, leader, mother/father).

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m. What are the most important lifetime goals I want to fulfill in each role?

Role: \_\_\_\_\_

Lifetime

goal(s): \_\_\_\_\_

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Role: \_\_\_\_\_

Lifetime

goal(s): \_\_\_\_\_

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Role: \_\_\_\_\_

Lifetime

goal(s): \_\_\_\_\_

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Role: \_\_\_\_\_

Lifetime

goal(s): \_\_\_\_\_

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n. What results am I currently getting in my life that I like?

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o. What results am I currently getting that I don't like?

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p. What would I really like to be and do in my life?

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**4. Practice.**

Practice with the following sentence forms to start to create your vision and mission for yourself.

It is my mission:

- To live: \_\_\_\_\_  
\_\_\_\_\_
- To work: \_\_\_\_\_  
\_\_\_\_\_
- To continue: \_\_\_\_\_  
\_\_\_\_\_
- To love: \_\_\_\_\_  
\_\_\_\_\_
- To be: \_\_\_\_\_  
\_\_\_\_\_
- To become: \_\_\_\_\_  
\_\_\_\_\_
- To believe: \_\_\_\_\_  
\_\_\_\_\_
- To promote: \_\_\_\_\_  
\_\_\_\_\_
- To strive: \_\_\_\_\_  
\_\_\_\_\_
- To seek: \_\_\_\_\_  
\_\_\_\_\_

Covey, S.R., Merrill, A.R., & Merrill, R.R. (1997) *First things first*. New York: Simon & Schuster





## **MISSION STATEMENT INSTRUCTIONS (Alternate Short Version)**

On your journey toward wellness and recovery from Compassion Fatigue we invite you to explore your early memories of being a caring person, how this led you to become a working caregiver, what that means to you and what keeps you from achieving your ideal in your work.

Please consider the following categories and try to answer them being in general or as specific as you wish. This is an exploration and therefore there can be no right or wrong approach or answer. Follow your instincts on this one and they will send you in just the right direction.

### **YOUR PROFESSIONAL DEVELOPMENT**

\*What is it about you that led you toward helping others?

### **PERSONAL & PROFESSIONAL ETHICS**

\*What are the values that you will never compromise in your work with clients?

### **COMMITMENTS**

\*What are you committed to offer clients? What are you committed to offer yourself?

### **STRENGTHS: Clients & your own**

\*What do you believe about your clients? What about your own strengths?

### **YOUR IDEAL**

\*If you were to become your ideal caregiver how would like look to you?

### **ROADBLOCKS AND BAD TRAFFIC**

\*What impediments keep you from this ideal?

These are just some questions designed to stir your thinking on this topic. Give yourself some time to think about your personal Mission Statement, then take the plunge and commit your thoughts to paper. However, make sure to offer yourself creative license in this endeavor. Remember, there is no right or wrong Mission Statement and, chances are, it will be in continual evolution as long as you practice in this field. This is a wonderful gift to give yourself and can be a source of empowerment and inspiration for you in the future. Enjoy.

**PERSONAL MISSION STATEMENT (Alternate Short Version)**  
USE AS MUCH SPACE AS YOU NEED!

**YOUR PROFESSIONAL DEVELOPMENT**

\*What is it about you that led you toward helping others?

**PERSONAL & PROFESSIONAL ETHICS**

\*What are the values that you will never compromise in your work with clients?

**COMMITMENTS**

\*What are you committed to offer clients? What are you committed to offer yourself?

**STRENGTHS: Clients & your own**

\*What do you believe about your clients? What about your own strengths?

**YOUR IDEAL**

\*If you were to become your ideal caregiver how would like look to you?

**ROADBLOCKS AND BAD TRAFFIC**

\*What impediments keep you from this ideal?