Compassion Fatigue, Burnout and Self-Care: A Resource Manual for Staff Employed by a Mental Health and Addiction Service Agency

by

Amanda Stolk

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* Procedures in this resource guide are meant to be used by agency staff, as part of the broader services they provide, or under supervision of agency staff.
Dedication

I would like to dedicate this thesis project to my pets, past and present, who provided me with my own self-care techniques.
Abstract

Compassion fatigue is prevalent for those who work with individuals living with mental health and addiction issues. Compassion fatigue has been defined as the “state of exhaustion and compilation of emotional, physiological, biological and cognitive effects that is the result of working directly with, and empathetically engaging with others who have experienced significant trauma,” (Hanson, 2014, p. 7). Mindfulness-based stress reduction is one of the most effective techniques that helps to reduce compassion fatigue and build resiliency against it. The Guide to Compassion Fatigue, Burnout, and Self-Care, was developed in both print and electronic formats to help support and provide psychoeducation regarding compassion fatigue, specifically for workers in an agency that serves individuals struggling with mental health and addiction issues. The main goals of the resource guide are; teaching one to be self-aware of the effects of compassion fatigue and its impacts on a person’s social, mental and physical well-being as well as to provide information on self-care techniques including mindfulness-based stress reduction therapy. Literature was reviewed on interventions used to address compassion fatigue and support the use of psychoeducation approaches through self-care workshops and manuals. This current guide is intended to be a companion to potential compassion fatigue workshops that may be conducted at the mental health agency. In addition, the guide could be provided as a standalone general resource for new employees of the agency. Although this guide was developed, its use in workshops is not known at this time. Given that this guide has not yet been used, conducting feedback surveys after the implementation of this guide would be useful to assess if the guide is positively contributing to the staff at the addiction and mental health service agency.

Keywords: compassion fatigue, resource guide, addictions, mental health, mindfulness-based stress reduction, self-care, burnout
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Chapter I: Introduction

For those whose careers involve helping individuals affected by mental illness, trauma, and addiction, there is often an increased risk of being exposed to vicarious trauma, burnout, and compassion fatigue (CF) (Butler, Carello & Maguin, 2017). These conditions can have many negative effects on the mental health worker’s physical, mental and emotional wellbeing; especially for those working with clients who have histories of trauma. Compassion fatigue can also affect a worker’s ability to convey empathy for their clients. Statistically speaking, over 50% of mental health workers who work with survivors of trauma will, at some time during their career, experience compassion fatigue (Bride, Jones & MacMaster, 2007). It is important that these workers maintain their sense of well-being, both in the workplace and outside of it, to maximize client care and their capacity to display empathy towards their clients.

Compassion fatigue is often described as a “state of exhaustion and compilation of emotional, physiological, biological and cognitive effects that is the result of working directly with, and empathetically engaging others who have experienced significant trauma,” (Hanson, 2014, p.7). Burnout is another similar condition, but unlike compassion fatigue, it focuses more on environmental and emotional stressors within employment in general (Turgoose & Maddox, 2017). The difference is that compassion fatigue focuses on the emotional, cognitive and psychological process that often results from interactions with others, which in this case, are clients who have heavy histories of trauma (Hanson, 2014; Turgoose & Maddox, 2017). This could include an assortment of mental health workers in all types of work environments, such as those who work with children in schools and community agencies dealing with individuals with mental health and addiction disorders. Also, Mathieu (2012) describes compassion fatigue as the “cost of caring;” a repercussion for those working within the helping professions. A phenomenon opposite of compassion fatigue is called compassion satisfaction, where workers employed within the profession of addiction and mental health often find pleasure from their work, which allows them to be in a positive and pleasurable state of mind when dealing with clients of their own (Butler et al., 2017).

Compassion fatigue and burnout have also been proven to significantly affect a worker’s capacity and interest to support and aid his or her clients as required (Figley, 2002). Signs of compassion fatigue often include but are not limited to; headaches, physical exhaustion, somatization and hypochondria, increased susceptibility to illness, absenteeism, anger and irritability, cynicism, avoidance of clients, attrition at their places of work, as well as compromised care for clients and much more (Mathieu, 2012). These symptoms of compassion fatigue and burnout place a significant impact on clients that the worker may be serving as well as the worker’s co-workers.

Because of the various effects that compassion fatigue has on mental health workers, it is important to understand a worker’s vulnerabilities to and their possible resiliencies against these conditions and to create an individualized self-care plan. It is also important to teach mental health workers skills that will aid in decreasing the risk of developing compassion fatigue. (Butler et al., 2016). Self-care is considered one way to reduce compassion fatigue and burnout. Self-care is about identifying one’s symptoms of compassion fatigue and burnout and being able to practice and possess skills that allow workers to not only help others, but help themselves to take action to reduce the effects of compassion fatigue, VT, and burnout. The purpose of this project is to develop a guide that informs mental health and addiction workers of the symptoms and the importance of self-care that is helpful when building a resilience to compassion fatigue.
This thesis will be organized into five chapters. Chapter I introduces the project, statement of the problem, the purpose, and significance of the outline the research question that guided this study. Chapter II presents a literature review, which includes more detail about compassion fatigue, burnout, self-care and mindfulness-based stress reduction. This chapter also includes and supports the rationale for the study and highlights the effects of compassion fatigue, burnout and the positive effects of mindfulness-based stress reduction. Chapter III reviews the methodology of development for the resource guide, and includes the targeted audiences, settings, procedures, and materials required to present the resource guide. After the resource guide is developed and modified, additional chapters will be added. In Chapter IV, the results of the resource guide will be specified including participant feedback. Chapter V consists of the summary of the study, discussion about the results, limitations and future implications of the findings of theory and practice. This chapter will also discuss further recommendations and final conclusions of the project as a whole.
Chapter II: Literature Review

Compassion Fatigue and Burnout

The term “compassion fatigue” (CF) first became a recognized condition when researchers were studying the effects of clients who were affected by post-traumatic stress disorder (Figley, 2002). This author discovered that the traumatizations of clients experienced did not only affect the clients themselves, but the mental health workers providing services to them. Figley also discovered that the mental health workers who were exposed continuously to a client’s trauma were beginning to acquire their own symptoms of trauma in which he defined as compassion fatigue. As mentioned previously, compassion fatigue is defined as an accumulation of emotional, psychological, and physiological stressors on the body that can cause a state of exhaustion and hinder one’s ability to help others within their profession (Figley, 2002; Hanson, 2015).

Burnout is considered to be similar to compassion fatigue and has three dimensions; exhaustion, cynicism, and a decline in professional efficacy (Maslach, 2017). Like compassion fatigue, burnout is considered to be an accumulation of stressful and emotionally demanding tasks which often debilitates an individual’s coping skills (Figley, 2002). This author described the difference between compassion fatigue and burnout. For example, burnout is accumulated by factors of where one is employed. In contrast, compassion fatigue is focused on the work that is being completed, for example, working with individuals who are struggling with addiction and mental health issues. Maslach characterizes exhaustion as having a loss of energy, fatigue, and feelings of being debilitated, while cynicism is described as being irritable, withdrawn and having negative, pessimistic attitudes towards clients. Inefficacy in terms of burnout is defined as low morale, significantly reduced productivity and sense of accomplishment towards the worker’s profession and having an inability to cope with the demands of the job (Maslach, 2017).

The terms burnout and compassion fatigue are often used interchangeably within the mental health profession. These two conditions share the similar physiological (e.g., fatigue, sleep disturbances), psychological and cognitive (e.g., poor memory, poor decision making, and lack of concentration) disturbances and changes within an individual (Phelps, Lloyd, Creamer & Forbes, 2009). Many workers who have experienced CF and/or burnout have often reported feeling that they were distancing themselves from their clients and were responding negatively and pessimistically to their client’s recovery and capacity to evoke positive change (Ray, Wong, White & Heaslip, 2013). This is particularly important to note as compassion fatigue does not only affect the workers themselves, but also the clients that they serve.

Maslach and Leiter (1997) researched the various elements of the mental health worker’s professional lives and how different components of a job, in general, could increase an employee’s vulnerability to acquire burnout. The authors identified six areas of professional vulnerabilities which included workload (demands of the job), control (the ability for employees to be able to make their own decisions and acquire resources regarding their work and own autonomy), rewards, community (positive relationships with their managers, co-workers and clients), fairness and values (Maslach & Leiter, 1997). Maslach and Leiter’s recent research from 2017 on these six specific areas of professional vulnerabilities indicated that these areas can serve as predictors of burnout, specifically in the constructs of workload, fairness, and control.

In a study by Killian in 2008, the author illustrated additional risk factors to Maslach and Leiter’s 1997 research for developing compassion fatigue. Killian interviewed 104 participants whose job titles included psychologists, social workers, marriage counsellors and more. Consistent themes of vulnerabilities of developing compassion fatigue within the participants included; the participant’s own histories of trauma, feelings of powerlessness specifically with the social welfare
and the judicial systems that clients are involved with, and an excessive number of hours working with traumatized clients. Killian (2008) also discovered through the interviews with participants that agency policies and lack of supervision and care contributed to compassion fatigue.

Self-Care and Resiliency

Although there may be a variety of factors that increase a person’s susceptibility to acquire compassion fatigue and burnout, there are many factors that can build resilience against these two conditions. Practicing various self-care techniques, working in a supportive, balanced work environment and various other conditions can increase an individual’s resiliency in order to not develop compassion fatigue (Mathieu, 2002).

Self-care is often suggested and is highly recommended for clinicians who work with individuals who have experienced significant traumatic events (Salloum, Kondrat, Johnco, & Olson, 2014). Self-care is about being able to engage in positive coping strategies and having the ability to balance work and home lives (Salloum et al., 2014). Specifically, self-care involves being aware of one’s own emotions when responding to traumas as told by clients.

Salloum et al. (2014) conducted a study to discover the association between compassion satisfaction and the use of self-care techniques (for example, daily exercise, eating healthy, and participating in activities that one enjoys doing). Compassion satisfaction is defined by the authors as gratification and pleasure that is derived from helping others who are in need. Salloum et al. implemented three training sessions for 139 clinicians working in a child welfare organization. The Professional Quality of Life Version 5 scale (ProQOL-5) and a survey about the participants’ demographic data were both used to collect information during and after three separate sessions which helped to measure a worker’s level of compassion fatigue, compassion satisfaction, and burnout. In addition, Salloum and his colleagues used a 14-item measure for trauma-informed self-care that was adapted from the Child Welfare Committee National Child Traumatic Stress Network (an organization based out of the United States of America which aids in the care of children who have had traumatic experiences) and in which they revised this tool using suggestions from the literature about self-care. This measure was categorized into three types of self-care practices and strategies and included team approaches, regular supervision, peer support, resources for workers, and personal self-care practices such as self-management and developing work-life balance plans. The results of this study indicated that individuals that practiced self-care reported higher rates of compassion satisfaction and lower levels of compassion fatigue and burnout than those who did not practice self-care techniques (Salloum et al., 2014).

Killian (2008), conducted various interviews with 20 clinicians who were employed in an addiction and mental health service agency treating survivors of childhood sexual abuse. The purpose of Killian’s study was to analyze and gain insight into participants’ views on self-care, stress (both from their work and home lives), compassion fatigue and vicarious trauma. After reviewing questions about stress and compassion fatigue, the participants were asked to talk about what they believed to be the meaning of self-care, and what types of self-care strategies they used to address their own stress (Killian, 2008). Strategies used by the clinicians in Killian’s study included; quality time with friends and family, spirituality, process time, and supervision among various others. Participants also described the importance of debriefing with their co-workers when necessary and physical exercise (such as going for walks and planning exercise times after work).

Interventions for Burnout and Compassion Fatigue

Numerous interventions for burnout and compassion fatigue have been conducted since the beginning of the 1980’s and are often divided into three different approach categories; person-
directed, organization-directed and/or a combined approach (Dreison et al., 2016). These authors conducted a meta-analysis and concluded that person-directed interventions were the most effective over a large amount of time.

The person-directed intervention typically involves teaching mental health providers how to use personal coping skills, increasing social supports and mindfulness and relaxation skills. They are usually presented through the use of workshops. Regardless of the category of interventions, all of them are effective to various degrees and have shown to have positive effects over time.

An example of a person-directed intervention includes the Burnout Reduction: Enhanced Awareness, Tools, Handouts and Education (BREATHE) workshop introduced and developed by Saylers et al. (2011). It consisted of a day-long workshop on various methods to help reduce compassion fatigue, burnout and vicarious trauma for community mental health providers. The workshop consisted of skill building in six different areas; imagery, self-care, contemplative practices (e.g., mindfulness and meditation), social (setting boundaries, creating support networks), physical, (e.g., Body scanning), and cognitive (e.g., cognitive restructuring and cognitive behavioural therapy techniques) (Saylers et al., 2011). The BREATHE model was tested for its effectiveness in reducing compassion fatigue and burnout six weeks after the workshop was implemented. Participants completed the Maslach Burnout Inventory on the day of registration for the workshop, the day that the workshop began and after the workshop had been completed. The scores on the final day of the workshop were compared to scores from the two pre-workshop inventories. The Maslach Burnout Inventory is the most used tool to measure levels of burnout, specifically for those working with clients who experience mental health and addictions issues (Maslach, 1997). High scores on the Maslach Burnout Inventory indicate high levels of professional burnout. Results from the post-measures determined that there was a significant reduction in the Maslach Burnout Inventory after the workshop was implemented, specifically in two components of burnout – emotional exhaustion and depersonalization. Saylers et al. (2011) mention that follow-ups longer than six weeks would be necessary to ensure that reductions in compassion fatigue and burnout would either stay the same or decrease. Saylers et al. also suggest that more frequent, intense training and assessments would help create a greater effect on participants and mental health workers who often experience burnout and compassion fatigue. Overall, a person-directed intervention is one approach to address and decrease burnout among employees and has been proven to be effective, not only with the BREATHE example but with many person-directed interventions as well (Dreison et al., 2016).

Butler, Carello and Maguin (2017) researched another person-directed intervention which examined the impact of introducing a psychoeducational program designed to address compassion fatigue, stress, and trauma for trainees and students entering a graduate social work program. These authors designed the program to help the students and trainees discover their own risk factors for developing CF within the helping profession. Butler et al. administered a survey with questions related to the development of CF such as the amount of trauma their clients had experienced, the stressors of fieldwork, the importance of self-care, current general stressors and their current levels of CF. Butler et al. (2017) discovered that being exposed to clients with higher levels of trauma often increased the clinician’s own stressors and exposure to burnout which often reactivated the clinician’s own traumatic history. This study noted that an educational program about CF and burnout would be extremely beneficial to students and trainees as it helps create an awareness of their vulnerabilities and resiliency to CF (Butler et al., 2017). Butler et al. as well as a narrative study by Turgoose and Maddox (2017), also noted that reduced self-care efforts by mental health workers placed them more at risk of developing CF.
An organization-directed intervention approach often focuses on the environment for workers, and what types of modifications that it could partake in to increase employee engagement and reduce burnout (Dreison et al., 2016). Some factors that an organization-directed approach reviews are insufficient resources for employees to complete their duties, heavy workloads, communications problems among various others. Examples of organization-directed interventions include the impact of job training on employees, such as training staff on behavioural approaches in a psychiatric ward, clinical supervision, psychosocial training, job redesign and employee support groups. These specific types of interventions have shown to have a limited impact on reducing compassion fatigue and burnout in comparison to a person-directed intervention (Dreison et al., 2016). Dreison et al. (2016) concluded, that of the two different interventions, person-directed is more effective than organization-directed although a combined-approach is more effective than both of person-directed or organization-directed alone.

Combined interventions have multiple aspects to them and are a combination of person-directed and organization directed approaches. Drieson et al. explained that these types of interventions could combine compassion fatigue and burnout workshops with ongoing job training or have staff-meetings that could affect the overall organization itself to initiate change within the agency. By providing a workshop based on compassion fatigue, burnout and vicarious trauma for workers in an agency that aids in the recovery and treatment of those with mental illness and addictions, rates of burnout for workers could decrease overall after the workshop is implemented.

Mindfulness-Based Stress Reduction Therapy

Mindfulness-based stress reduction (MBSR) is widely known to be an effective treatment for depression, anxiety and a wide array of physical and mental health conditions (Dobie et al., 2016; Elby et al., 2017). MBSR uses various self-awareness practices that allow an individual to focus on the present moment and to pay attention to the various internal and external stimuli around them (Elby et al., 2017). MBSR has shown to be effective for an array of careers and settings such as nursing and mental health. Mindfulness itself has shown positive effects in reducing psychological distress, increasing empathy, decreasing stress, and improving quality of living and relaxation (Theileman & Cacciatore, 2014). Mindfulness has also been shown to improve the development of empathy in a clinician, which is a strong and essential part of working with individuals with various mental health and addictions issues (Theileman & Cacciatore, 2014).

Dobie et al. (2016) studied the efficacy of MBSR on mental health professionals’ ability to reduce work-related stress over a course of eight weeks by providing psychoeducation sessions and guided mindfulness interventions. The participants of this study included a variety of mental health professionals such as social workers and occupational therapists within an inpatient mental health ward at a local hospital and had no prior experience with mindfulness. The aim of the study was to determine the impact of using mindfulness techniques. Dobie et al. hypothesized that after the intervention, levels of stress and depression would decrease and mindfulness skills would increase. The 8-week course included three psychoeducation sessions and weekly 15-minute sessions on MBSR techniques (Dobie et al., 2016).

To measure the impact of the sessions, Dobie et al. administered The Depression and Anxiety Scale (DAAS) as well as the Kentucky Inventory of Mindfulness Skills (KIMS) (Baer, Smith, & Allen, 2004) prior to the course beginning and immediately after the course ended. The scales were used for the following purposes. The KIMS allows the participants of the measure to rate their own skills of mindfulness using a Likert scale (Baer et al., 2004). This measurement consists of four categories of mindfulness skills which include, describing, observing, acting with awareness and accepting without judgment. Higher scores on the KIMS indicate that an individual has a great
awareness of their own use of mindfulness skills, while lower scores indicate lower levels of mindfulness skills. The DAAS is a self-reported measurement tool that provides a rating of the participant’s levels of anxiety, stress, and depression (Dobie et al., 2016). Higher scores on this scale indicate increased levels of anxiety, stress, and/or depression.

Dobie et al. implemented 15-minute daily sessions and included breathing awareness exercises and simple body movements. The psychoeducation courses were used to reflect on the participant’s challenges, if any, with practicing mindfulness and helped to increase the participants’ own understanding of mindfulness. After the eight weeks, Dobie et al. administered the DAAS and KIMS scales again and noticed some significant differences. These authors discovered that the scores for the DAAS decreased from the 77th percentile to the 45th percentile, particularly in the subscales of anxiety and stress (Dobie et al., 2016). The KIMS increased in all aspects of the measurement, specifically in observing their own skills of mindfulness from 39.9% to 43.8%. This indicated that providing psychoeducation and using MBSR programming for mental health workers is beneficial in helping decrease levels of anxiety and stress and aids in building resiliency against CF (Dobie et al., 2016).

Thieleman and Cacciatore (2014) initiated a study for professionals and volunteers working with individuals with severe and traumatic bereavement. These authors used two types of measurement tools to determine if there were correlations between levels of mindfulness and compassion fatigue as well as compassion satisfaction. Thielemann and Cacciatore (2014) hypothesized that high scores of mindfulness would positively correlate with higher levels of compassion fatigue. In their study, participants completed the Professional Quality of Life Scale (PRoQOL) and the Mindful Attention Awareness Scale (MAAS) which were administered by Thielemann and Cacciatore. The PRoQOL consists of 30-items and is a self-report measure that includes three different subscales; compassion satisfaction, secondary traumatic stress, and burnout. Scores lower than 22 on the compassion satisfaction subscale indicate low levels of satisfaction with work, while scores of over 42 indicate higher levels of satisfaction (Thieleman & Cacciatore, 2014). Additionally, scores of 42 or higher on the burnout and secondary traumatic stress subscales, indicate potential issues with burnout or secondary traumatic stress, while scores lower than 22 indicate the opposite. The MAAS is a 15-item self-report scale, with higher scores on this scale indicating higher levels of mindfulness attention.

The 41 participants included in the study were regularly trained in mindfulness and required 30 hours of training on compassion fatigue and mindfulness before they began their duties with the agency. They are also required to have ongoing education each year on mindfulness and new wave treatments for their own self-care. Results from this study revealed that Thielemann and hypothesis was true – higher levels of mindfulness indicate higher levels of compassion satisfaction and low levels of burnout/stress. These results could imply that the training that each of these professionals and volunteers received at the beginning of their training with this specific agency and throughout the year about compassion fatigue, mindfulness, and self-care strategies could contribute to higher levels of resiliency against compassion fatigue (Thieleman & 2014).
Chapter III: Methodology

Target Users

This manual is designed to be used by professionals working within an agency that provides services for those with mental health and addiction issues. This resource guide will be provided to all services within the agency including those within crisis services, residential, gambling, day treatment and court support services.

Design

The manual was designed and created by using several different methods. The author of the manual interviewed more than 12 individuals employed by the addiction and mental health services agency. These individuals were employed by several different programs within the agency which included vocational, addiction, crisis, residential services as well as employees of the Assertive Community Treatment Team. The employees also varied in status and seniority meaning that some individuals were managers and held leadership roles. The interview questionnaire can be found in Appendix A.

The manual was created using the feedback from the interviews. For example, some of the individuals mentioned wanting clear and concise definitions for compassion fatigue, burnout and compassion satisfaction. This suggestion was then researched thoroughly using textbooks, peer reviewed articles retrieved from the internet, EBSCOhost and St. Lawrence College Public Library.

The illustrations used in the manual were retrieved from Pixabay. Photos that were chosen were either closely related to the topic that was being discussed or had a neutral feel to the page. They were then placed in a Microsoft Word Document using a template given to the student by the communications director of Addiction Mental Health Services- Kingston, Frontenac, Lennox and Addington. This was given for the purpose of following the agency’s official branding. The official branding was necessary as this manual was suggested to be given to new and existing employees of the agency as part of their compassion fatigue workshops that they would be implementing in the future. Branding included the official colours of the agency, various fonts and font sizes, as well as headers and the title page. Verbal confirmation was given to use the logo as well through electronic mail.

The topics included in the resource manual consisted of clear definitions of compassion fatigue, burnout and compassion satisfaction, signs and symptoms of burnout and compassion fatigue, reasons for acquiring compassion fatigue and ways to build resilience to it. This included an explanation of self-care, its importance to the working professional, and techniques of self-care. In addition, the resource guide included exercises for self-care which was comprised of cognitive behavioural therapy and mindfulness-based stress reduction techniques. Lastly, a list of resources was included at the end of the manual for employees of the mental health and addiction agency to use if necessary. These topics were all carefully chosen by staff according to the interviews that were given as well as chosen through meticulous research.
Chapter IV: Results

A resource guide was developed using current research and practices in regard to compassion fatigue, burnout and self-care. The manual is divided into four separate sections; (a) introduction to compassion fatigue and burnout including the signs and symptoms of compassion fatigue/burnout, (b) the process of compassion fatigue/burnout and their causes, (c) building resiliency and self-care care techniques, (d) and appendices. This guide can be found in Appendix B.

The introduction of the resource guide includes basic definitions of compassion fatigue, compassion satisfaction and burnout. In addition, signs and symptoms of compassion fatigue and burnout are explained. This also includes information on the overlap of symptoms between compassion fatigue and burnout. Burnout is discussed in terms of where the employees work, and has its own set of specific symptoms that are separate from compassion fatigue.

The second section of the manual discusses how compassion fatigue and burnout is acquired, and what makes a person more vulnerable to developing these conditions. At the beginning of this section a chart of the compassion fatigue process (Figley, 2002) was included. This chart describes how a person’s concern for persons who use their services, exposure to suffering, their responses to a person’s suffering could have an impact and cause someone to acquire the signs and symptoms of compassion fatigue. The chart describes how different factors in an individual’s environment can help play a role in creating resiliency against compassion fatigue. In addition, specific details of risk factors are provided in this section, as well as the elements that can help a person find gratification in their work within the helping profession. Exercises are included to allow the reader to reflect and apply the material that was introduced in this section.

The third section of the manual includes suggestions for developing new skills and techniques to obtain compassion satisfaction and methods for self-care. This includes information and summary reviews from various resource guides, empirical papers and literature reviews. Some of the topics in this section also include methods for maintaining the professional self, knowing and becoming familiar with one’s self, and stress reduction techniques. This section also includes a “wellness wheel” which was given to the writer by the agency. This wheel describes all of the elements of the self that is required to help individuals feel fulfilled in their occupation life. Some of the elements within the wheel include; financial, physical, emotional, spiritual, intellectual, social, occupational, and environment.

The main focus of the self-care techniques in this section is mindfulness-based stress reduction therapy. This therapy is considered one of the most common and successful self-care techniques and is a protective factor against acquiring compassion fatigue. These topics within this section are displayed by different exercises that the reader can apply to their daily lives.

The final part of the manual includes two questionnaires; the Skovholt Practitioner and Self-Care Scale (2014) as well as the Self-Care Inventory (2010), which allows readers of the manual to discover their own resiliencies, their own self-care tendencies and how their professional and personal factors can affect their overall well-being. It also includes a self-care maintenance plan that is specific to the reader’s own strengths and preferences.

The manual was printed in 8.5’ by 11’ booklet form and was bound together as one. It was also available online on the agency’s staff website and can be accessed by staff at any time.
Chapter V: Discussion

Mental health workers are often expected to work at high performance levels to help their clients who are dealing with mental health and addiction issues – and in doing so many often forget about their own self-care and how much of an impact their own exposure to these traumatic stories can have on their physical, mental and emotional well-being. Therefore, it is important for this guide to act as a resource for mental health workers, who are at increased risk of obtaining compassion fatigue and burnout.

This resource guide was created with the intention to address the symptoms and causes of compassion fatigue and burnout within the mental health and addiction field as well as to allow its readers to be able to recognize the signs and symptoms of the conditions. For example, many mental health workers will seem more withdrawn from their clients and their co-workers or seem to be easily irritated. It is intended to emphasize the importance of self-care and the impacts of compassion fatigue for the employee. The impacts for the employees could include increased absenteeism, poor productivity during work (such as not taking proper notes) and reduced rapport with clients.

Based on observations while creating this resource guide, there appears to be a lack of resources for self-care and compassion fatigue which was observed by the author in various aspects of the agency – specifically within residential services where the employees often encounter crisis situations within the clients’ homes almost on a daily basis. Although the agency does have a wellness committee and a program for employees to access individual counselling, there does not appear to be many alternative programs and resources provided by the agency that are focused on the individual. The hope for this resource guide is to inform management and other administrative staff about the need for more resources addressing compassion fatigue and burnout. These additional resources could include funding for initiatives such as training, intensive workshops and peer mentoring which have been proven to increase resiliency and decrease susceptibility to burnout and compassion fatigue.

Within this resource guide, the many aspects of employee wellness and compassion satisfaction are discussed. This included the prevalence of compassion fatigue, the risks of obtaining compassion fatigue, and resource and reflective exercises for workers to help them create their own self-care plan and activities. These resources specifically included mindfulness-based stress-reduction activities as well as a template for a self-care plan that the reader can create on their own. In addition, two questionnaires were included so that the reader can easily evaluate their own levels of compassion fatigue and burnout as well as their current levels of self-care.

Strengths

A major strength of this resource guide is that it provides various different types of self-care techniques, instead of just relying on a singular suggestion. This resource guide can be easily generalized to various mental health agencies across the province as it is relevant to all agencies providing services for individuals with mental health and addiction issues.

In addition, by allowing this resource guide to be given to new employees of the agency, it will help them become more familiar with compassion fatigue and burnout at the beginning of their careers, and the resource guide could potentially allow them to be more mindful of themselves and the importance of self-care particularly when working with vulnerable, and often traumatized clients.

Another strength of this resource guide is its accessibility. Employees of the agency have easy access to the manual through the staff website, and in addition, would be able to request a physical
copy of the resource guide at any time. Employees can benefit from having this manual in their office, or being able to bring it home at any time to review the materials and topics discussed within it. Lastly, this resource guide is easy to read, and is aesthetically pleasing to look at. The fonts are easy to read and the pictures and graphs that are included within the manual are related to each of the topics discussed.

**Challenges/Limitations**

There are some challenges and limitations with this resource guide. These limitations include the lack of time to implement the guide for staff and the inability to create a feedback survey to determine if this guide is an effective tool for self-care.

This resource is optional for the workers to review, therefore some workers may not be aware of compassion fatigue or burnout, or may have trouble identifying healthy ways to provide care for themselves and outside of the workplace. Furthermore, they may believe that the resource guide is impractical and could decide not to review it.

Another limitation of this manual is the potential stigma the worker may encounter when seeking this guide as a resource for their own compassion fatigue and burnout. Although the agency itself takes a highly collaborative approach to end stigma for the clients, many staff may find it difficult to reach out for help on their own. Accessing help and resources for the workers themselves can be seen as stigmatizing and perhaps can display the inability to take care of themselves and therefore unable to care for clients that they serve.

**Future Implications**

In the future, a more collaborative effort with the agency’s coordinators of the compassion fatigue workshops and wellness team could be used to further implement and assure more exercises could be included that would fit the overwhelming needs of staff as well as more information on employee supports within the agency itself. As well, it would be beneficial for more managers to take a role in implementing compassion satisfaction and employee wellness exposure while addressing their employees at team meetings each week and to have check-ins. A suggestion could be using the self-care plan in the appendix of the resource guide and assisting in having the guide become more accessible and open for employees.

Additionally, more research is needed to define what specific interventions are successful with treating compassion fatigue and burnout. This would include interventions that have follow-ups that are longer than six months and could use refresher interventions if necessary. As well, more research would be beneficial to address compassion fatigue and burnout within the various teams at addiction and mental health agencies, such as community support, residential support, counselling and more, as each team is exposed to trauma at different levels than others, and therefore the need for different interventions may be required.
References


Appendix A: Staff Interview Questions

1. How would you define compassion fatigue and self-care?
2. How do you define psychological/emotional well-being and mental health?
3. What do you believe to be some symptoms of burnout/compassion fatigue for you? Some examples – I feel less invested in my organization/clients, more depressed, angrier etc.
4. Do you believe that symptoms of burnout/compassion fatigue affect your ability to provide adequate care to the clients in your organization? Why or why not?
5. Do you see burnout/compassion fatigue affecting others’ ability to provide adequate care to the clients in your organization? If so, how? Please describe.
6. What are some components of the workplace that could help you combat burnout and compassion fatigue?
7. What are some techniques that you use to separate work life from home life?
8. If you are feeling stressed at work, what are some techniques that you use to decrease the feelings of stress or being overwhelmed?
9. If there were to be a manual/booklet to be created regarding well-being and self-care, what types of tools and information would you like to see in it?
10. Do you have any more questions or comments about compassion fatigue, well-being and self-care?
Appendix B: Compassion Fatigue and Self-Care Guide

Self-Care, Burnout and Compassion Fatigue
A Resource Guide for Employees of AMHS-KFLA

*All photos in this manual were acquired through the free photo database, Pixabay. All other charts are used with permission.
Definitions
Compassion Fatigue, Burnout and Compassion Satisfaction

“The expectation that we can be immersed in suffering and loss daily and not be untouched by it is as unrealistic as expecting to be able to walk through water without getting wet.” – Remen, 1996

Compassion Fatigue

Compassion Fatigue is defined as “the cost of caring” (Mathieu, 2002). Many describe it as a “state of exhaustion and compilation of emotional, biological, physiological and cognitive effects that are the result of working directly with and empathetically engaging with others who have experienced significant trauma” (Hanson, 2014, pg. 3). It is also described as a state of exhaustion that can often hinder one’s ability to help others within the helping profession such as those who work within the field of mental health. Its onset can sometimes be sudden but its effects can last for long periods of time.

Compassion Fatigue was first recognized as a term when researchers were studying the effects of those diagnosed with post-traumatic stress disorder. The researchers discovered that after continuous exposure to listening and engaging with the clients, workers themselves were affected by the client’s trauma.
Burnout

Burnout is a similar to condition to compassion fatigue but focuses more on the environmental and emotional stressors within employment and work. Some of these environmental stressors could be problems with co-workers, loss of job security or having diminished control within the workplace. Burnout is cumulative over time and is often not trauma related.

Burnout has often been divided into four stages; enthusiasm, stagnation, frustration and apathy.

Compassion Satisfaction

Compassion satisfaction is often referred to as the positivity involved in caring. Basically, it is the ability to receive gratification when helping others within the helping professions, (Stamm, 2005). It is about the pleasures that you derive from being able to help others, such as feeling like you are contributing to the greater good of society and the people that require care.

Differences Between Compassion Fatigue and Burnout

Burnout and compassion fatigue are very similar and can co-exist with another. An easy way to remember the difference between the two is that compassion fatigue is associated with the work that you do, while burnout is associated with WHERE you work. As well, burnout emerges over time while compassion fatigue has more of a rapid onset and a faster recovery (if recognized and managed early, and if it is less severe).
OVERLAP WITH CF AND BURNOUT

There are many symptoms of Compassion fatigue and burnout that overlap with one another. These include:

- Emotional exhaustion
- Reduced sense of personal accomplishment and meaningful work
- Mental exhaustion
- Decreased interactions with others (isolation)
- Depersonalization
- Physical Exhaustion

Signs and Symptoms

There are many symptoms of burnout and compassion fatigue.

Symptoms Specific to Compassion Fatigue

- Affects many dimensions of your well-being
- Nervous system arousal (and therefore sleep disturbance)
- Cognitive ability decreases
- Emotional intensity increases
- Behaviour and judgement are impaired
- Isolation and loss of morale
- Depression and PTSD
- Loss of self-worth and emotional modulation
- Identity, worldview and spirituality impacted
- Loss of hope and meaning – existential despair
- Changes in beliefs and psychological needs – safety, trust, esteem, intimacy and control.
Signs of Work-Related Stress and Burnout

The following is a list of signs of work-related that could temporarily affect you while you are at work in a clinician atmosphere. If these signs are consistent for you, it may be time to address the need for alternative aid including talking with others, increasing self-care techniques and more. These symptoms are how signs of work-related stress can affect a personal overall:

- Feeling anxious or apprehensive
- Getting tired easily and frequently
- Feeling under pressure and seem to be perplexed by demands of the work
- Lack of patience and/or tolerance for others including clients and co-workers
- Becoming forgetful
- Uninterested in socializing and engaging in recreational activities
- Feeling like there is not enough time for yourself, family or friends.
- Becoming irritable with self, others
- Cynical
- Little satisfaction from what are usually enjoyable activities
- Feeling unfulfilled at the end of the day
- Loss of appetite and sleep
- Little satisfaction from what are usually enjoyable activities
- Feeling unfulfilled at the end of the day
- Loss of appetite and sleep
There are also some signs of work-related stress that present specifically in the workplace, while individuals are at work. These include:

- Feelings of being overwhelmed by the needs of the clients
- Decreased commitment to work
- Resentment towards employers
- Increased absences and being late
- Poor boundaries
- Personal life and work life blend into one another
- Decreased empathy and compassion towards clients that you serve
- Seeing self as indispensable
The Compassion Fatigue Process

The Compassion Fatigue Process (Figley, 2001)
Causes of Compassion Fatigue and Burnout

There are various risk factors that contribute to a worker's experience with compassion fatigue.

Here are some noted by Figley:

- Trauma for the client was caused intentionally by another individual and was not an accident
- Longer exposure to trauma than others
- Significant amount of stressors occurring in the helpers' life when they were exposed by a client's trauma
- Personal history of trauma
- Lack of social support
- Clinician is prone to anxiety or habitually negative
- Works in isolation
- Idealistic expectations of ability to help others without consequences to self

There are four different elements of risk to consider: the nature of a client's trauma, the characteristics of the client and the therapist, and the work setting.
Elements for Finding Gratification in Your Work

1. Many want quick solutions- helpers often disappoint with success over a period of time.
2. Sometimes the helper is not the right person at the right time.
3. Readiness for change – sometimes there is a gap between a client and a clinician
4. People ask for help because they must seek a solution to an unsolvable problem
5. Working with clients who are not as easy to help as you would have hoped.
6. Motivational Conflicts
7. Negative Feelings from Clients are often transferred onto the Helpers
8. Clients may have greater needs than what social, education and health services can meet
9. Helpers can have difficulty in saying no
10. Being surrounded by others’ stresses and emotional pains
11. Nature of the Helping Profession
12. Constantly providing empathy, interpersonal sensitivity and being aware of one-way caring
13. Control by External Others
14. Seeing Success can Sometimes be Rare
15. Normative Failure
16. Continuing the Same Jobs- Cognitive deprivation and Boredom
17. Cynical, Critical, Negative Colleagues and Managers
18. Legal and Ethical Fears
19. Practitioner Emotional Trauma
20. Practitioner Physical Trauma

**Exercise:**

Pick 5 of the difficult elements mentioned above. Have any of these been a significant risk for you or a problem that you have encountered before? What methods have you used and tried to alleviate the impact of this hazard? How effective has that been?
Building Resilience

There are many ways to build a resilience against compassion fatigue. There are many positive factors when working with individuals with mental health and addictions issues. Some rewards of the work are:

Rewards of Work

- Intellectual stimulation
- Satisfaction of helping others and increasing an individual's capacity to enjoy life
- Pleasure of being able to reduce distress in a client's life
- Being able to connect with others on intimate levels and to be trusted with an individual's stories and distress
- Being able to challenge oneself to help individuals with goals and strategies that will help them with the "now" and figuring things out in real time.
- Unlimited variety of situations and stimulations – work is very rarely boring.
Reducing the Risk of Compassion Fatigue

- Decrease in the intensity and amount of exposure to secondary trauma
- Older Age
- Strong Social Supports
- Impersonal trauma rather than interpersonal trauma
- Calm, non-anxious temperament
- Willing to look for meaning in suffering
- Extensive experience in working with those affected by trauma
- Forming close connections and relationships with colleagues

From Skovholt's book – the Resilient Practitioner: He explains what keeps practitioners well, and what doesn't, as shown in this chart.

<table>
<thead>
<tr>
<th>Factors That Sustain the Professional Self</th>
<th>Factors That Deplete the Professional Self</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joy in participating in others' growth</td>
<td>Feeling unsuccessful in helping the Other</td>
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<tr>
<td>Feeling successful in helping others</td>
<td>Professional boundaries that allow for</td>
</tr>
<tr>
<td>Closely observing human life (creativity,</td>
<td>excessive other-care and too little self-care</td>
</tr>
<tr>
<td>courage, ingenuity, tolerance of pain)</td>
<td>Low peer support</td>
</tr>
<tr>
<td>and meaningful human contact</td>
<td>Low supervisor support</td>
</tr>
<tr>
<td>Finely tuned professional boundaries</td>
<td>High organizational conflict</td>
</tr>
<tr>
<td>Peer support</td>
<td>Excessive seriousness in purposes and style</td>
</tr>
<tr>
<td>Supervisor support</td>
<td>Little attention to long-term professional</td>
</tr>
<tr>
<td>Low level of organizational conflict</td>
<td>development</td>
</tr>
<tr>
<td>Sense of humor and playfulness</td>
<td>Inability to accept any ambiguous endings</td>
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<tr>
<td>Constant focus on professional</td>
<td>or normative failure</td>
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<tr>
<td>development and avoidance of</td>
<td>Neglecting the importance for self and</td>
</tr>
<tr>
<td>stagnation and pseudodevelopment</td>
<td>others of a positive closure experience at</td>
</tr>
<tr>
<td>Tolerance of some ambiguous endings and</td>
<td>the time of professional separation</td>
</tr>
<tr>
<td>normative failure</td>
<td>Insufficient salary and benefits (or</td>
</tr>
<tr>
<td>Accepting a closure experience at the</td>
<td>educational credits, if the practitioner</td>
</tr>
<tr>
<td>time of professional separation</td>
<td>is in training</td>
</tr>
<tr>
<td>that is positive for both parties</td>
<td>No distinguishing between idealism and</td>
</tr>
<tr>
<td>Sufficient salary and benefits or</td>
<td>realism</td>
</tr>
<tr>
<td>educational credits if the practitioner</td>
<td></td>
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<td>is in training</td>
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</tr>
</tbody>
</table>
Methods for Maintaining the Professional Self

1. Finding Meaningful Work
2. Maximizing the experiences of Professional Success
3. Avoiding the thought of grandiosity and savoring the small “I made a difference” victories.
4. Thinking Long Term
   - It can take thousands of hours to develop skills in counselling and therapy. By breaking these into small steps helps with motivation and establishing success.
5. Creating, sustaining and designing an individual development method
   - Training and learning does not stop once we are finished school. Some ways to grow is to ask for feedback and to be open about new information. As well, to gain more knowledge and create more development things like working with others on new projects, reading books based off of your profession
6. Professional Self-Understanding
7. Creating a greenhouse of growth at work
   a. Learning environment where practitioner growth is encouraged
   b. Leadership that promotes balance between caring for others and self
   c. Professional Social Support from peers
   d. Receive support from mentors, supervisors and bosses
   e. Being nurtured from work
   f. Learning how to be professional and playful, have fun, tell jokes, laugh
8. Using professional venting and expressive writing to release stressing and distressful emotions.
9. Being a “good enough” practitioner
   - Clinicians sometimes expect themselves to contribute 100% effort all the time and strive for almost
     perfection - this is not always obtainable. Clinicians can put themselves in states of exhaustion and
     can unintentionally forget to focus on other parts of their profession. Be aware that you cannot
     always be the perfect clinician, and as long as there is the motivation to learn from others and grow
     as a person, a “good enough” practitioner you will be.

10. Understanding the reality of pervasive early professional anxiety.

11. Increasing cognitive excitement and decreasing boredom by reinventing oneself.

12. Learning to set boundaries, create limits and say no to unreasonable requests.
Knowing and Becoming Familiar with One’s Self

Sometimes our own experiences can help enhance a client’s experience with therapy, and at other times it can interfere. It is best to learn skills to tell the difference between interfering and enhancing therapy by reflecting on one’s self. By acknowledging and being aware of one’s own biases and past therapists will be able to recognize your own feelings and allow yourself to think clearly.

Write up your own history and ask as many questions as you would a client. You do not have to write it down, but can imagine it and rethink this at times. The point of this exercise is to try to know yourself better as you would try to get to know your clients. Here are some of those questions.

1. Take note of your current living situation and marital status. Are you satisfied or not?
2. List any children and their ages. Comment on relationships between the family members as well as the family as a whole. Note the physical and mental health of each family member. Do you have any animals? What type of role do they play in your life and in your family structure?
3. How is your own physical and mental health?
4. List close friends and family members and how they may affect your life, in both positive and negative ways? Do you feel supported?
5. Describe your job and your workplace and the various aspects of it; support from colleagues, interactions with clients, daily duties. What do you enjoy about it? What do you dislike about it?
6. Consider your financial situation – is this an area of stress for you?
7. List any life events with significant emotional charge – they can be events that made you happy, made you sad, angry, disgusted, enraged etc.
Self-Care and Stress Reduction

Stress is often defined as the perception of pressure and the body’s response to that pressure, according to Psychology Today. Stress often triggers various hormones and can have a strenuous impact on a person. There are various ways to reduce stress, such as mindfulness, learning perception changes etc. Stress can impact individuals in all aspects of a person’s life, and that’s why it is important to confront stress and identify it before it negatively impacts that person’s life. Participating in self-care and stress reduction techniques often reduces the risk of developing serious problems and negative reactions to events.

Self-care helps one make decisions and promotes clearer thinking when dealing with clients and other daily tasks.

In this section of the manual, we will focus on self-care techniques which includes mindfulness.
AMHS-KFLA WELLNESS WHEEL

- Environmental: Ability to recognize our impact in our home, community and world.
- Occupational: Ability to receive personal fulfillment from maintaining job balance.
- Intellectual: Ability to open our minds to new ideas & experiences.
- Spiritual: Ability to establish peace & harmony in our lives.
- Emotional: Ability to understand & acknowledge all feelings in a productive manner.
- Physical: Ability to maintain a level of physical health.
- Financial: Ability to understand & manage our financial resources effectively.
- Social: Ability to establish & maintain relationships with family, friends and coworkers.
- Recreational: Ability to participate in activities that promote health & well-being.

How are you caring for your wellness?
Guiding The Process Of Self-Care

Focus on the following:

1. How do you cope now?
   - Identify what you do now to manage and destress and if those strategies are working for you.

2. What would you like to do?
   - At the end of this manual, there is a self-care assessment tool that will show you what gaps there may be in your self-care plan. Reflect on your answers in this tool. This may help guide you as to what you want to do next.

3. Outlining your plan
   - Use the maintenance plan worksheet included in this manual to see what you currently do and find if there are alternatives to use across each of the domains – as noted left in the principles of self-care.

4. Obstacles to implementing your self-care plan
   - Identify which obstacles that you may have maintaining your self-care plan

5. Make a commitment to yourself
   - Make goals for yourself regarding your self care plan and how you will achieve your care plan.

6. Share your intentions with others and follow your plan
Why is Self-Care So Important?

Creating a plan can be useful in many ways. Remember, self-care is individualized and not all suggestions work for each person. But, whatever self-care technique anybody uses, the outcomes from practicing them are the same.

Self-care plans help individuals

- To become more mindful and self-aware of their feelings, thoughts and behaviours.
- Helps people to regain a sense of control in their lives, which includes how they may react to situations and stressful event
- Help provide better service and support to clients
- Prevent future burnout and compassion fatigue.
- Reduce current levels of stress
- Introduces individuals to new hobbies
- Increase productivity
- Increase the possibility to educate others about compassion fatigue, burnout and self-care
- Increase motivation
Stress in the Workplace

Workspace should be a comfortable and nourishing spot for you. There are many things to consider when it comes to your workspace. Ask yourself the following:

- How are things arranged?
- What are you usually looking at when you are in your workspace?
- Is there clutter? Do you feel like there could be some balance between clutter and non-clutter to make you feel comfortable?
- How comfortable is the furniture to you? How does it feel?
- Do you like having greenery or something else to make you feel comfortable?
- Do you have enough light or privacy even?

If you work at different spaces throughout the week, what can you take with you that provides comfort and a feeling of being taken care of?
21 Tips to Reduce Stress in the Workplace

By S. Santorelli

1. Take a few minutes in the morning to be quiet and meditate--sit or lie down and be with yourself...gazing out the window, listen to the sounds of nature or take a slow, quiet walk.

2. While your car is warming up, take a minute to quietly pay attention to your breathing.

3. While driving, become aware of body tension, e.g. hands wrapped tightly around the steering wheel, shoulders raised, stomach tight, etc. Consciously work at releasing, dissolving that tension. Does being tense help you to drive better? What does it feel like to relax and drive?

4. Decide not to play the radio and be with yourself.

5. Stay in the right lane and go 55 miles per hour.

6. Pay attention to your breathing or to the sky, trees, etc., when stopped at a red light or a toll plaza.

7. After parking your car at your workplace, take a moment to orient yourself to your workday.

8. While sitting at your desk, keyboard, etc., monitor bodily sensations and tension levels, and consciously attempt to relax and let go of excess tension.

9. Use your breaks to truly relax rather than simply "pause". For example, instead of having coffee and a cigarette, take a 2 - 5 minute walk, or sit at your desk and recoup.

10. At lunch, changing your environment can be helpful.

11. Or try closing the door (if you have one) and take some time to consciously relax.

12. Decide to "stop" for 1-3 minutes every hour during the workday. Become aware of your breathing and bodily sensations. Use it as a time to regroup and recoup.

The "Little Green Dots" exercise is a great reminder of being mindful. Place dots where you on objects that you find you look at a lot – a clock, the door, computer monitor etc. The little green dot stickers act as a reminder to be mindful and to take the time to centre yourself and use mindfulness techniques if need be.
13. Use the everyday cues in your environment as reminders to "center" yourself, e.g. the telephone ringing, turning on the computer, etc. Remember the "Little Green Dots."

14. Take some time at lunch or break to share with close associates. Choose topics not necessarily work-related.

15. Choose to eat one or two lunches per week in silence. Use it as a time to eat slowly and be with yourself.

16. At the end of the workday, retrace your activities of the day, acknowledging and congratulating yourself for what you've accomplished and make a list for tomorrow.

17. Pay attention to the short walk to your car, consciously breathing. Notice the feelings in your body, try to accept them rather than resist them. Listen to the sounds outside the office. Can you walk without feeling rushed?

18. While your car is warming up, sit quietly, and consciously make the transition from work to home. Take a moment to simply be; enjoy it for a moment. Like most of us, you're heading into your next full-time job: home.

19. While driving, notice if you're rushing. What does this feel like? What could you do about it? Remember, you've got more control than you can imagine

20. When you pull into the driveway or park your car, take a minute to come back to the present. Orient yourself to being with your family or household members.

21. Change out of work clothes when you get home; it helps you to make a smoother transition into your next "role." You can spare the five minutes to do this. Say hello to each of the family members; center yourself at home. If possible, make the time to take 5 - 10 minutes to be quiet and still.
Mindfulness-Based Stress Reduction

What is it?

There are different types of mindfulness practice. Formal and Informal. Formal is designed to have the person plan and take time out of their day to focus and in check in on oneself. It requires you to focus inwards towards yourself and not so much focus on the environment around you.

For formal mindfulness, it is best to choose 1 or 2 practices per day and practice these for approximately 10-15 mins. This will allow you to reflect on various parts of life, such as success, happiness, challenges and life in general.

Some suggestions for formal mindfulness practices include

- Doing 5-10 mins daily of breathing awareness practice
- Keeping a daily record of your practices to see what you have done, and keep a practice worksheet.
- Being aware of your stress reactions throughout the week

Informal mindfulness practices help to yourself refocus during the day, especially if things throughout the day are becoming overly stressful and even mundane.

Some suggestions for this include

- Paying attention to your breathing, up to 4 or 5 times per day and focus on the cycles of breathing
- Eat mindfully one time this week.
- Choose a routine activity that is done on an “automatic pilot”, such as brushing teeth, showering, typing up notes at work, or take a walk around the building even.
Seven Principals of Mindfulness

- Non-judgment: intentionally assume the mind frame of an impartial witness.
- Patience: a form of wisdom that allows us to give ourselves the space and time to have our experiences.
- A beginner’s mind: a mindset that is willing to experience everything as if it is the first time.
- Trust: having trust in yourself and honoring your own knowledge and experience.
- Non-striving: an attitude that eschews the usual state of trying to get somewhere or accomplish something in particular, but encourages the practitioner to simply be.
- Acceptance: seeing things as they really are in each moment, rather than as you would like them to be or as the worst interpretation may present; in other words, taking things as they come.
- Letting go: related to the attitude of acceptance, letting go refers to the attitude of intentionally releasing control and allowing ourselves to fully participate in our experience.
Some Mindfulness Activities

Focused Object Exercise

Find an object in the room and begin to examine it. It could be a stress ball, pencil, paper etc.

In this exercise you will pay attention and note how the object:

- Feels
- Looks – note the colour, shape, any identifying features on the object such as writing, pictures etc.
- Smells (if any)
- Tastes (if it’s food)

The purpose of this exercise is to be able to bring your mind to the present and to focus on the object itself. While doing this exercise, it likely that your mind won’t be spending much time and energy ruminating and focusing on sometimes stressful parts of your life. It is suggested to practice this when you feel that you need grounding or need to take a step back and pause for a moment from work.

Mindful Seeing

If you feel overwhelmed by the absence of stimuli, specifically visual stimuli while you are in an office or another place at work, mindful seeing aids in enhancing stimuli and allows the worker to take a moment for themselves.
1. Look out a window or even go outside where there are objects and sights to be seen and focus on. Focus on the pattern, sounds, textures of objects that you see outside. Instead of just thinking “bird”, notice the bird’s colours, noises, feathers etc.

2. Notice the wind, and how it may interact with the objects outside such as the trees.

3. Try to notice and see the world through the perspective of someone who may not know the area well. Look at it as if you were needing to describe it to someone.

4. If you become distracted, try to bring yourself back by focusing on a colour or a shape again to put you in the right frame of mind.

**Five Sense Exercise:** Grounding is a technique that helps keep someone in the present. They help reorient a person to the here-and-now and in reality. Grounding skills can be helpful in managing overwhelming feelings or intense anxiety. They help someone to regain their mental focus from an often intensely emotional state.

- Name 5 things you can see in the room with you.
- Name 4 things you can feel (“chair on my back” or “feet on floor”)
- Name 3 things you can hear right now (“fingers tapping on keyboard” or “to”)
- Name 1 good thing about yourself

**Grounding Exercise**

Re-orient yourself in place and time by asking yourself some or all of these questions:

1. Where am I?  
2. What is today?  
3. What is the date?  
4. What is the month?  
5. What is the year?  
6. How old am I?  
7. What season is it?
Standards for Establishing and Maintaining Wellness

These standards of care were created to help promote healthy coping skills within workers who work with clients who experience trauma. This standard of self-care was created by the Green Cross Academy of Traumatology.

Section A. Commitment to Self-care

1. Make a formal, tangible commitment: Written, public, specific, and measurable promise of self-care.

2. Set deadlines and goals: The self-care plan should set deadlines and goals connected to specific activities of self-care.

3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self-care.

Section B: Strategies for letting go of work

4. Make a formal, tangible commitment: Written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiring, and generate joy of life.

5. Set deadlines and goals: The letting go of work plan should set deadlines and goals connected to specific activities of self-care.

6. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self-care.
Section C. Strategies for gaining a sense of self care achievement

7. Strategies for acquiring adequate rest and relaxation: The strategies are tailored to your own interest and abilities that result in rest and relaxation most of the time.

8. Strategies for practicing effective daily stress reductions method(s): The strategies are tailored to your own interest and abilities in effectively managing your stress during working hours and off-hours with the recognition that they will probably be different strategies.

VI. Inventory of Self Care Practice -- Personal Section A: Physical

1. Body work: Effectively monitoring all parts of your body for tension and utilizing techniques that reduce or eliminate such tensions.

2. Effective sleep induction and maintenance: An array of healthy methods that induce sleep and a return to sleep under a wide variety of circumstances including stimulation of noise, smells, and light.

3. Effective methods for assuring proper nutrition: Effectively monitoring all food and drink intake and lack of intake with the awareness of their implications for health and functioning

Section B: Psychological

4. Effective behaviours and practices to sustain balance between work and play

5. Effective relaxation time and methods

6. Frequent contact with nature or other calming stimuli

7. Effective methods of creative expression

8. Effective skills for ongoing self-care
   a. Assertiveness
b. Stress reduction

c. Interpersonal communication

d. Cognitive restructuring

e. Time management

9. Effective skill and competence in meditation or spiritual practice that is calming


Section C: Social/interpersonal

11. Social supports: At least 5 people, including at least 2 at work who will be highly supportive when called upon.

12. Getting help: Knowing when and how to secure help — both informal and professional — and that the help will be delivered quickly and effectively.

13. Social activism: Being involved in addressing or preventing social injustice that result in a better world and a sense of satisfaction for trying to make it so.

VII. Inventory of Self Care Practice – Professional

1. Balance between work and home: Devoting sufficient time and attention to both without compromising either.

2. Boundaries/limit setting: Making a commitment and sticking to it regarding

   a. Time boundaries/overworking

   b. Therapeutic/professional boundaries
c. Personal boundaries

d. Dealing with multiple roles (both social and professional)

e. Realism in differentiating between things one can change and accepting the others

3. Getting support/help at work through

   a. Peer support

   b. Supervision/consultation/therapy

   c. Role models/mentors

4. Generating work satisfaction: By noticing and remembering the joys and achievements of the work.

VIII. Prevention Plan Development

1. Review current self-care and prevention functioning

2. Select 1 goal from each category

3. Analyze the resources for and resistances to achieving goal

4. Discuss goal and implementation plan with support person

5. Activate plan

6. Evaluate plan weekly, monthly, yearly with support person

7. Notice and appreciate the changes
# Appendix A: Self-Care Assessment Tool

The Self-Care Assessment Tool can be used to help you identify strategies for self-care. Reflect on each of the items below to determine how many self-care strategies apply to your life.

To complete the Self-Care Assessment Tool, place the number beside each item that most closely reflects your current lifestyle:

- 1 = It has never occurred to me to do this
- 2 = Never
- 3 = Sometimes
- 4 = Fairly Often
- 5 = Frequently

## Physical Self-Care

<table>
<thead>
<tr>
<th>Activity</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eat regularly (e.g. breakfast &amp; lunch)</td>
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<tr>
<td>Eat a well balanced, healthy diet</td>
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<tr>
<td>Exercise at home or go to the gym</td>
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<td>Lift weights</td>
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<tr>
<td>Practice martial arts</td>
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<tr>
<td>Get regular medical care for prevention of health problems</td>
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<tr>
<td>Get medical care when needed</td>
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<tr>
<td>Take time off when you’re sick</td>
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<tr>
<td>Get massages to help reduce muscle tension</td>
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<td>Do physical activity that is fun for you</td>
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<tr>
<td>Take time to be sexually intimate</td>
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<tr>
<td>Get enough sleep</td>
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<tr>
<td>Wear clothes you like</td>
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</tr>
</tbody>
</table>

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1 Adapted from Saddvitne & Pearlman & TSI Staff. *Transforming the Pain: A Workbook on Vicarious Traumatization*, 1996.
<table>
<thead>
<tr>
<th>Psychological Self-Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make time for self-reflection</td>
</tr>
<tr>
<td>Go to see a psychotherapist or counsellor for yourself</td>
</tr>
<tr>
<td>Keep a journal</td>
</tr>
<tr>
<td>Read literature unrelated to work</td>
</tr>
<tr>
<td>Do something at which you are a beginner</td>
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<tr>
<td>Take a step to decrease stress in your life (e.g. delegate)</td>
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<tr>
<td>Notice your inner experience – your dreams, thoughts, feelings</td>
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<tr>
<td>Let others know different aspects of you</td>
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<tr>
<td>Engage your intelligence in a new area, cultural activity, sports event, etc.</td>
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<tr>
<td>Be curious</td>
</tr>
<tr>
<td>Say no to extra responsibilities sometimes</td>
</tr>
<tr>
<td>Spend time outdoors</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional Self-Care</th>
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</thead>
<tbody>
<tr>
<td>Spend time with others whose company you enjoy</td>
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<tr>
<td>Stay in contact with important people in your life</td>
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<tr>
<td>Treat yourself kindly (supportive inner dialogue or self-talk)</td>
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<tr>
<td>Feel proud of yourself</td>
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<tr>
<td>Reread favourite books, re-watch favourite movies</td>
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<tr>
<td>Identify comforting activities, objects, people, relationships, places, and seek them out</td>
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<tr>
<td>Allow yourself to cry</td>
</tr>
<tr>
<td>Find things that make you laugh</td>
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<tr>
<td>Express your outrage in a constructive way</td>
</tr>
<tr>
<td>Play with children</td>
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<tr>
<td><strong>Spiritual Self-Care</strong></td>
</tr>
<tr>
<td>Make time for prayer, meditation, reflection</td>
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<tr>
<td>Spend time in nature</td>
</tr>
<tr>
<td>Participate in a spiritual gathering, community or group</td>
</tr>
<tr>
<td>Be open to inspiration</td>
</tr>
<tr>
<td>Cherish your optimism and hope</td>
</tr>
<tr>
<td>Be aware of intangible aspects of life</td>
</tr>
<tr>
<td>Be open to mystery, not knowing</td>
</tr>
<tr>
<td>Identify what is meaningful to you and notice its place in your life</td>
</tr>
<tr>
<td>Sing</td>
</tr>
<tr>
<td>Express gratitude</td>
</tr>
<tr>
<td>Celebrate milestones with rituals that are meaningful to you</td>
</tr>
<tr>
<td>Remember and memorialize loved ones who are deceased</td>
</tr>
<tr>
<td>Nurture others</td>
</tr>
<tr>
<td>Have ‘awesome’ experiences</td>
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<tr>
<td>Contribute to, or participate in, causes you believe in</td>
</tr>
<tr>
<td>Read inspirational literature</td>
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<tr>
<td>Listen to inspiring music</td>
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<tr>
<td>Workplace / Professional Self-Care</td>
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<td>-----------------------------------</td>
</tr>
<tr>
<td>Take time to eat lunch</td>
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<tr>
<td>Take time to chat with co-workers</td>
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<tr>
<td>Make time to complete tasks</td>
</tr>
<tr>
<td>Identify tasks that are exciting and rewarding and promote growth</td>
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<tr>
<td>Set limits with clients and colleagues</td>
</tr>
<tr>
<td>Balance your caseload so no one day is “too much”</td>
</tr>
<tr>
<td>Arrange your workplace so it is comfortable and comforting</td>
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<tr>
<td>Get regular supervision and consultation</td>
</tr>
<tr>
<td>Negotiate for your needs</td>
</tr>
<tr>
<td>Have a peer support group</td>
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</tbody>
</table>
## Appendix B: My Self-Care Maintenance Plan Worksheet

<table>
<thead>
<tr>
<th>Mind</th>
<th>Body</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Practice</td>
<td>Current Practice:</td>
</tr>
<tr>
<td>New Practice:</td>
<td>New Practice</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotions</th>
<th>Spirit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current Practice</td>
<td>Current Practice</td>
</tr>
<tr>
<td>New Practice:</td>
<td>New Practice:</td>
</tr>
<tr>
<td>Work</td>
<td>Relationships</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Current Practice</td>
<td>Current Practice</td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>New Practice:</td>
<td>New Practice:</td>
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<td></td>
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<tr>
<td>Other</td>
<td>Other</td>
</tr>
<tr>
<td>Current Practice</td>
<td>Current Practice</td>
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<tr>
<td></td>
<td></td>
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<tr>
<td>New Practice:</td>
<td>New Practice:</td>
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</tbody>
</table>

What are some barriers to the self-care strategies? How will I address these barriers?

What are some negative coping strategies that I would like to use less? What will I do instead?
Appendix C: Skovholt Practitioner Professional Resilience and Self-Care Inventory

The Checklist consist of four sub-scales: Professional Vitality, Personal Vitality, Professional Stress and Personal Stress

1 = Strongly Disagree 2 = Disagree, 3 = Undecided, 4 = Agree, 5 = Strongly Agree

**Professional Vitality**

1. I find my work as a practitioner or a student to be meaningful.
2. I viewed self-care as an ongoing part of my professional work/student life.
3. I am interested in making positive attachments with my clients.
4. I have the energy to make these positive attachments with my clients.
5. The directory/chair of my site is dedicated to practitioner welfare.
6. On the dimension of control of my work, I am closer to high control than low control.
7. On the dimensions of demands at my work, I have reasonable demands rather than excessive demands from others.
8. My work environment is like a greenhouse – where everything grows – because the conditions are such that I feel supported in my professional work.

**Subscale Score for Professional Vitality (Possible Score is 8-40)**

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**Personal Vitality**

9. I have plenty of humor and laughter in my life.
10. I have a strong code of values/ethics that gives me a sense of direction and integrity.
11. I feel loved by intimate others.
12. I have positive/close friendships
13. I am physical active and receive the benefits of exercise.
14. My financial life (expenses, savings and spending) is in balance.
15. I have a lot of fun in my life.
16. I have one or more abundant sources of high energy for my life (e.g. friends and family, pleasurable hobby, enjoyable pet, the natural world, a favourite activity).

17. To balance the ambiguity of work in the caring professions, I have some concrete activities that I enjoy where results are clear cut. (e.g. gardening; a fantasy sports team; a craft such as weaving and knitting; remodeling and painting; fixing up a car; a collection, such as coins/rocks.)

18. My eating habits are good for my body.

19. My sleep pattern is restorative.

Subscale Score for Personal Vitality (Possible Score is 11-55) ____________

Professional Stress

20. There are many contradictory messages about both practicing self-care and meeting expectations of being a highly competent practitioner. I am working to find a way through these contradictory messages.

21. Overall, I have been able to find a satisfactory level of “boundaried generosity” (defined as having both limits and giving of oneself) in my work with clients.

22. Witnessing human suffering is central in the caring professions (e.g. client grief etc.) I am able to be very present to this suffering, but not be overwhelmed by it or experience too much of what is “sadness of the soul”.

23. I have found a way to have high-standards for my work yet avoid unreachable perfectionism.

24. My work is intrinsically pleasurable most of the time.

25. Although judging success in the caring profession is often confusing, I have been able to find useful ways to judge my own professional success.

26. I have at least one very positive relationship with a clinical supervisor/mentor.

27. I am excited to learn new ideas, methods, theories and techniques in my field.

28. The level of conflict among staff at my organization is low.

Subscale Score for Professional Stress (Possible is 9-45) ____________
Personal Stress

29. There are different ways that I can get away from stress and relax (e.g. television shows or movies, meditating, reading, social media, watching sports)

30. My personal life does not have an excessive number of one-way caring relationships in which I am the caring one.

31. My level of physical pain/disability is tolerable.

32. My family relations are satisfying.

33. I derive strength from my personal values and/or my spiritual or religious practices and beliefs.

34. I am not facing major betrayal in my personal life.

35. I have one or more supportive communities where I feel connected.

36. I am able to cope with significant losses in my life.

37. I have time for reflective activities (journaling, expressive writing or thinking in solitude; or talking through one’s concerns with others).

38. When I feel the need, I am able to get help for myself.

Subscale Score for Personal Stress (Possible score is 10-50)

Total Score for the subscales (possible score is 38-190)
Resources for Employees

Websites

Overcoming Compassion Fatigue
http://www1.pspinformation.com/?sub1=d70d3f34-2ae8-11e8-b173-604756011bdf

Books

The Compassion Fatigue Workbook
By Francois Mathieu

Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized
By Charles R. Figley

Overcoming Compassion Fatigue: A Practical Resilience Workbook
By Martha Teater, John W. Ludgate

The Resilient Practitioner: Burnout and Compassion Fatigue Prevention
By Thomas M Skovholt, Michelle Trotter-Mathison

A Mindfulness-Based Stress Reduction Workbook
By Bob Stahl, Elisha Goldstein