



Compassion Fatigue: *Prevention for Professionals Who Work with Grief and Trauma*

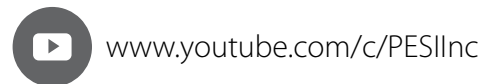
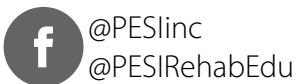
J. Eric Gentry, PhD, LMHC, DAAETS, FAAETS

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MATERIALS PROVIDED BY

J. Eric Gentry, PhD, LMHC, DAAETS, FAAETS is an internationally recognized leader in the study and treatment of traumatic stress and compassion fatigue. His Ph.D. is from Florida State University where he studied with Professor Charles Figley—a pioneer of these two fields. In 1997, he co-developed the Accelerated Recovery Program (ARP) for Compassion Fatigue—the world’s only evidence-based treatment protocol for compassion fatigue. In 1998, he introduced the Certified Compassion Fatigue Specialist Training and Compassion Fatigue Prevention & Resiliency Training. These two trainings have demonstrated treatment effectiveness for the symptoms of compassion fatigue and he published these effects in several journals. He has trained over 100,000 health professionals over the past 20 years.

Dr. Gentry was original faculty, curriculum designer and Associate Director of the Traumatology Institute at Florida State University. In 2001, he became the co-director and moved this institute to the University of South Florida where it became the International Traumatology Institute. In 2010, he began the International Association of Trauma Professionals—a training and certification body—for which he was the vice-president.

In 2005, Hogrefe and Huber published *Trauma Practice: Tools for Stabilization and Recovery*—a critically acclaimed text on the treatment of traumatic stress for which Dr. Gentry is a co-author. The Second Edition was released in 2010 and the Third Edition in 2015. He is also the author of the groundbreaking *Forward-Facing® Trauma Therapy: Healing the Moral Wound*. He is the co-author of *Forward-Facing® Professional Resilience: Resolution and Prevention of Burnout, Toxic Stress and Compassion Fatigue, Unlocking the Keys to Human Resilience, and Transformative Care: A Trauma-Focused Approach to Caregiving*. These books provide a new vision for trauma therapy in the 21st Century. He has written numerous chapters, papers, and peer-reviewed journal articles in the areas of traumatic stress and compassion fatigue. Dr. Gentry is a Master Traumatologist with over 35 years of clinical experience with trauma, Complex PTSD, personality disorders, and dissociation.

He is the President and CEO of The Forward-Facing® Institute and owner of Compassion Unlimited-- a private psychotherapy, training, and consulting practice—in Phoenix, AZ.

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Non-financial: J. Eric Gentry has no relevant non-financial relationship to disclose.

Materials that are included in this course may include interventions and modalities that are beyond the authorized practice of mental health professionals. As a licensed professional, you are responsible for reviewing the scope of practice, including activities that are defined in law as beyond the boundaries of practice in accordance with and in compliance with your professions standards.

**COMPASSION FATIGUE:
PREVENTION FOR PROFESSIONALS WHO WORK
WITH
GRIEF AND TRAUMA**



J. ERIC GENTRY, PHD, LMHC, FAAETS

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never

2=Rarely

3=Sometimes

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 not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
- _____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
- _____ 10. I feel trapped by my job as a *[helper]*.
- _____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
- _____ 12. I like my work as a *[helper]*.
- _____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
- _____ 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. I feel worn out because of my work as a *[helper]*.
- _____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- _____ 21. I feel overwhelmed because my case *[work]* load seems endless.
- _____ 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 am proud of what I can do to *[help]*.
- _____ 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 very caring person.
- _____ 30. I am happy that I chose to do this work.

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YOUR SCORES ON THE PROQL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout _____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress _____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section** total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

3. _____
6. _____
12. _____
16. _____
18. _____
20. _____
22. _____
24. _____
27. _____
30. _____

Total: _____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- *1. _____ = _____
*4. _____ = _____
8. _____
10. _____
*15. _____ = _____
*17. _____ = _____
19. _____
21. _____
26. _____
*29. _____ = _____

Total: _____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

2. _____
5. _____
7. _____
9. _____
11. _____
13. _____
14. _____
23. _____
25. _____
28. _____

Total: _____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

SYMPTOMS OF COMPASSION FATIGUE

Physical Symptoms

- I have had increased absenteeism “sick days”
- I have been feeling physically ill
- I have been feeling fatigued
- I have been feeling keyed-up and nervous
- I am doing less rather than more exercise
- Normal sleep has been more difficult for me
- I have lost enjoyment in intimate and sexual activities

Psychological Symptoms

- I have noticed myself being more cynical and pessimistic
- I noticed that I was trying to avoid feelings by numbing or shutting down
- I have had work-related nightmares/bad dreams
- I have lost interest and enjoyment in activities
- I have difficulty in making decisions or making poor decisions
- I feel like I have lost some of my self esteem

Emotional Symptoms

- I have anger directed toward my supervisors or co-workers
- I have been feeling flat, depressed, and hopeless more than I used to
- I have been more angry and irritable than normal
- I have moments of dread when thinking about going to work
- I am having trouble finding hope
- I am less connected to my spiritual and religious beliefs than I used to be
- I have felt overwhelmed more than three times the past week

Spiritual Symptoms

- I have been avoiding spending time with my friends and family
- I fear for the safety of myself and my loved ones
- I have engaged less rather than more in activities that used to bring me pleasure
- I have had a lack of time for self
- I find it difficult to trust others
- I have feelings of despair and hopelessness

Professional Symptoms


- I have been unable to get work or something specific to work out of my head
- I have had unwanted memories pop up in my head of past events from work
- My productivity at work has been reduced
- I have felt like quitting my job more than once
- I find paperwork and menial tasks getting in the way of my enjoyment of work

Five or more checked could indicate that you may be suffering from compassion fatigue symptoms

Symptoms of Secondary Traumatic Stress

Intrusive Symptoms
<ul style="list-style-type: none"> • Thoughts and images associated with patient's traumatic experiences and/or suffering • Obsessive and compulsive desire to help certain patients • Patient/work issues encroaching upon personal time • Inability to "let go" of work-related matters • Perception of patients as fragile and needing the assistance of caregiver ("savior") • Thoughts and feelings of inadequacy as a care provider • Sense of entitlement or special-ness • Perception of the world in terms of victims and perpetrators • Personal activities interrupted by work-related issues
Avoidance Symptoms
<ul style="list-style-type: none"> • Silencing Response (avoiding hearing/witnessing client's traumatic material) • Loss of enjoyment in activities/cessation of self care activities • Loss of energy • Loss of hope/sense of dread working with certain patients • Loss of sense of competence/potency • Isolation • Secretive self-medication/addiction (alcohol, drugs, work, sex, food, spending, etc) • Relational difficulties
Arousal Symptoms
<ul style="list-style-type: none"> • Increased anxiety • Impulsivity/reactivity • Increased perception of demand/threat (in both job and environment) • Increased frustration/anger • Sleep disturbance • Difficulty concentrating • Change in weight/appetite • Somatic symptoms

**Compassion Fatigue:
Prevention for Professionals Who Work with
Grief and Trauma**



J. Eric Gentry, PhD, LMHC, FAAETS

1

**Effectiveness
and
Limitations**

The first half of this presentation is an exposition on Compassion Fatigue—its causes, symptoms, and course. This part of the presentation is simple a discussion of the development of the construct of compassion fatigue and how it is articulated in the literature and understood by the primary contributors.

Sinclair et al., (2017) argue that the constructs of Compassion Fatigue—Secondary Traumatic Stress and Burnout (as measured by the Oro-QOL 5)—fail to capture and explain the breadth of the phenomenon of work-related stress across helping professions

2

2

**Effectiveness
and
Limitations**

The second half of the presentation explores the trademarked resilience skills of the Forward-Facing® Professional Resilience workshop. This workshop has 11 peer-reviewed journal articles—published between 2001 and 2017—that detail the effectiveness of this program in lessening Compassion Fatigue Symptoms (e.g., Secondary Traumatic Stress and Burnout) and enhancing Resilience and Compassion Satisfaction/Professional Quality of Life.

While the application of these skills have demonstrated effectiveness across samples of diverse populations of professionals (e.g., physicians, nurses, mental health professionals, faith leaders, animal care professionals and law enforcement officers), there are—to date—no current randomized controlled trials to establish efficacy.

3

3

The risks associated with this presentation and utilization of the content in practice is minimal. Self-regulation of the autonomic nervous system is a central resilience skill and taught during this day-long workshop. This skill functions as a powerful mitigator for distress, discomfort and anxiety. However, anytime someone engages in self-evaluation there exists the possibility of uncovering and experience painful and uncomfortable affective and cognitive states.

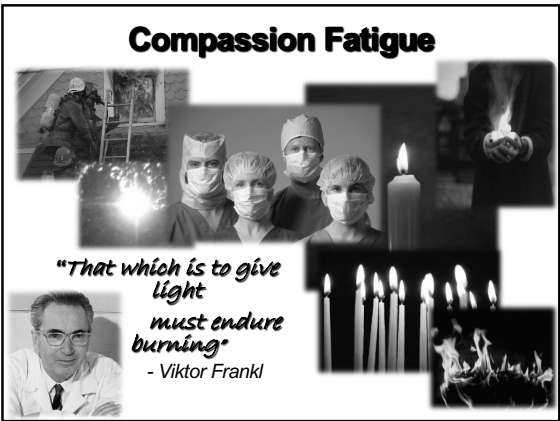
Risks

4

4



5



6

Compassion Fatigue



The Problem

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Year	Author(s)	Study/Findings
2016	Craigie, Slatyer, Hegney, Osseiran-Moisson, Gentry, Davis, Dolan, Rees	Mindful Self-Care and Resilience Intervention (MSCR) – AU 8-hour Workshop + 1-hour weekly follow-up (12 hr total) Significant reduction for sx of Burnout, Trait-Negative Affect & Depression. Significant improvement in Compassion Satisfaction
2016	Cocker & Joss	Meta-analysis of 14 existing interventions / 10 showed reduction in one factor (STS; BO; CS); None showed effectiveness with all three; Recommendations for Gentry's Accelerated Recovery Program
2017	Sinclair, Raffin-Bouchal, Vasturino, Mijovic-Kondejewski, Smith-MacDonald	90 studies from the nursing literature and healthcare, physical, emotional, social and spiritual health of healthcare providers is impaired by cumulative stress related to their work, which can impact the delivery of healthcare services; however, the precise nature of compassion fatigue and that it is predicated on the provision of compassionate care is associated with significant limitations. Reported no effective treatments.
2020	Cavanagh, Cockett, Heinrich, Dolig, Fiest, Guichon, Page, Mitchell & Dolig	71 studies; CF across all practitioner groups studied; relationships to demographic variables not significant or unclear. CF exists across diverse practitioner groups. Prevalence is highly variable, and its relationship with demographic, personal, and/or professional variables is inconsistent. Questions are raised about how to mitigate compassion fatigue.
2020	Gentry & Dietz	Forward-Facing® Professional Resilience: 9 studies reporting significance across all three domains (STS, BO & CS). One-day workshop teaching resilience skills (heavy emphasis on ANS regulation)

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Compassion Fatigue

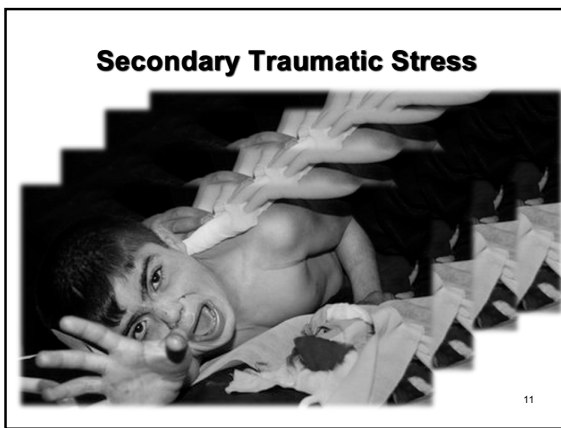
Secondary Traumatization + Burnout (Figley, 1995)

FIGLEY INSTITUTE

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COMPASSION FATIGUE	
Secondary Traumatic Stress	Burnout
<ul style="list-style-type: none"> • Cause: witnessing/ interacting with traumatized or suffering patients/clients • SX nearly identical to PTSD (anxiety + avoidance) • Gradual and cumulative • Behavioral resolution and resiliency 	<ul style="list-style-type: none"> • Cause: demanding and toxic environment • Cause Redux: perceptions of a demanding and toxic environment • SX: Anxiety to compulsivity to hopelessness • Perceptual resolution & resiliency

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Traumatic Stress Symptoms		
Intrusive	Hyperarousal	Avoidance & Numbing
Unwanted memories	Fear/Anxiety/STRESS	Procrastination
Rumination	Weight +/-	Depression
Worrying about work	Sleep Problems	Self Rx
Overly concerned for co-workers	Irritability/easily angered	Relational problems
Dreams/nightmares	Impulsive	Isolation/Hopeless
Perceiving world as hostile and dangerous place	Compulsive Behavior	Blame/Judgmental
	Increased Perceived Threats	Chronic Fatigue

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Secondary Traumatic Stress Symptoms

DSM V

STS(D) = PTS(D)

- Repeated Exposure (workplace)
- Gradual Onset

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Healing Compassion Fatigue



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**Resolving STS
With Imaginal Exposure**



Developing/Utilizing Support




Sharing Narratives + Relaxed Body

=
Healing and Sustained Resiliency with Compassion Fatigue Symptoms




15

Preventing STS




Witnessing Trauma & Suffering



Relaxation


+

= Resiliency/Prevention



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Burnout



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Burnout

“Burnout is a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment”
(Maslach & Goldberg, 1998; 2003)

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Burnout Causes

Psychologists

- High workload
- Constant workload
- Excessive demands
- *found no significant effects for work setting on burnout*
- Emotional exhaustion
- Lack of/under-utilized social support
- Perceived accessory work (administrative)
- Experience of conflicting emotions
- Selection of field – more susceptible to MH issues [ACE - mine]
- Stigma of seeking help (60+% did not seek help when they knew they needed it)
- *Despite the awareness of the importance of minding one's own mental health and armed with the knowledge of how to do so, many applied psychologists appear not to practice what they preach*
- Burnout is the result of a slow loss of resources brought about by continual stress from the work environment
- interpretation of job demands as hindrance vs challenge
- Over-involvement with patient

McCormack, H. M., MacIntyre, T. E., O'Shea, D., Herring, M. P., & Campbell, M. J. (2018). The prevalence and cause (s) of burnout among applied psychologists: A systematic review. *Frontiers in psychology, 9*, 1897.

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Burnout

**“The chronic condition of
perceived demands
outweighing
perceived resources”**

- Gentry & Baranowsky, 1998

**Perceived Threat = Fight/Flight = Sympathetic
Dominance = Chronic Anxious presence = Burnout**



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From Burnout to Resolution & Resilience

SELF-REGULATION/RELAXATION

+

PERCEPTUAL CHANGE & MATURATION

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Perceptual Maturation

Detoxifying Workplace

- External vs. Internal Locus of Control
- Real vs. Perceived Threat
- Demand vs. Choice
- Outcome Driven vs. Personal Best Practice
- Relinquish Entitlement/Victim Stance
- Acceptance of Anxious Systems
- Intention, Purpose & Meaning
- PMA

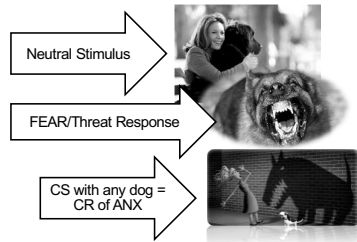


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Traumagenesis

Pairing Sensory Stimulus with Threat Response =
Conditioned Stimulus

Essentially ALL trauma is associational learning



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PATHWAYS of Traumagenesis



PTS – Posttraumatic Stress
STS – Secondary Traumatic Stress
ENV – Environmental/Ambient

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**Resolving STS and BO with
Reciprocal Inhibition & *in vivo* Exposure
(Extinction)**

CS + RELAXATION =
Desensitization (extinction) of CR [ANX]

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Compassion Fatigue

STRESS

- Is your job stressful?
- If so, what are some of the causes?
- What are some of the effects?

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**STRESS
Cause and Effect**

Causes:		Effects:
Paperwork		Insomnia
Schedule		Irritability
Demands		Anger
Administration		Isolation
Risk & threats		Weight problems
Patient satisfaction		Anxiety
Advancement		Relational problems
Reimbursement		Depression
Mean Patients		Helplessness

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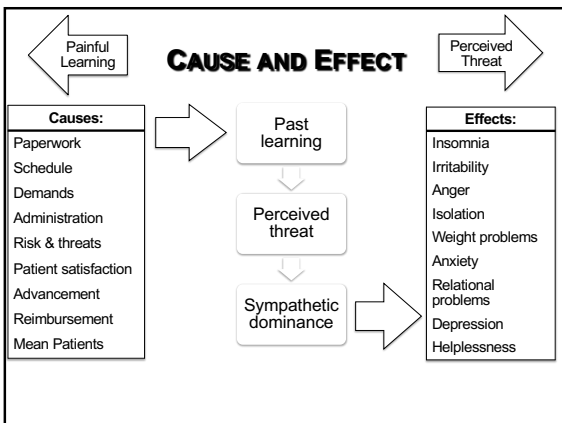


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STRESS = PHYSIOLOGICAL RESPONSE TO PERCEIVED THREAT

Physiological	Brain Mechanics	Other Effects
▲ Heart Rate	▲ Basal Ganglia & Thalamic Fx	▲ Obsession
▲ Breathing Rate	▼ Neo-cortical Fx	▲ Compulsion
▼ Breathing Volume	▼ Frontal Lobe activity	▼ Speed & Agility
Centralized Circulation	<ul style="list-style-type: none"> ▼ Executive Fx ▼ Fine motor control ▼ Emotional regulation ▼ Impulse Control 	
▲ Muscle Tension	▼ Temporal Lobe Activity	▼ Strength
	<ul style="list-style-type: none"> ▼ Language (Wernicke' s) ▼ Speech (Broca' s) 	
▲ Energy	▼ Anterior Cingulate	Constricted thoughts & behaviors
▲ DIS-EASE		Fatigue

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30

Who is squeezing the muscles in your body?



You cannot have relaxed muscles and be stressed at the same time

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RESILIENCE

The Solution



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Between stimulus and response there is a space. In that space is our power to choose our response. In our response lies our growth and our freedom.

Viktor Frankl



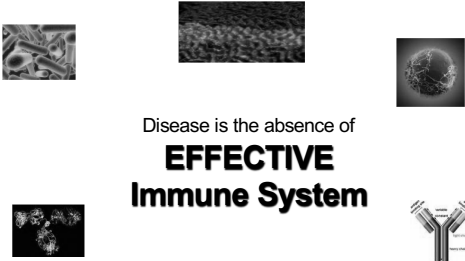
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The Space Between
Jim Dietz, MD



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Disease



Disease is the absence of
EFFECTIVE
Immune System

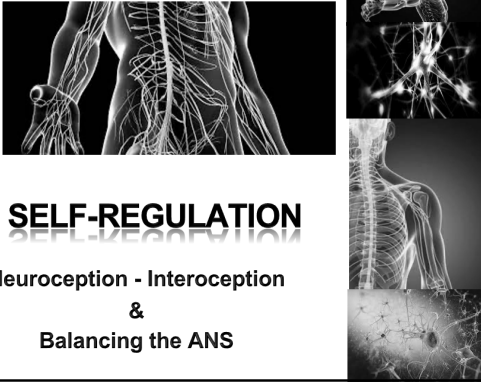
Not the presence of a
TOXIC ENVIRONMENT

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Compassion Fatigue Resilience Skills
"Antibodies"

- 1. Self-regulation** – ability to immediately shift from sympathetic to parasympathetic dominance (especially when perceiving threat)
- 2. Intentionality** – Principle-based vs. demand driven; fealty to covenant
- 3. Perceptual Maturation/Self-validation** – other's reaction and valuation do not determine behavior; integrity > reputation
- 4. Connection/Support** – develop and utilize support network
- 5. Self-care & Revitalization** – aerobic activity (3x/week) primary; re-fueling


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SELF-REGULATION
 Neuroception - Interoception
 &
 Balancing the ANS

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RESILIENCY SKILLS
 Antibody 1: Self Regulation



Chill

Developing 'bodyfull-ness'

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**Neuroception/Interoception +
 Acute Relaxation = Self-Regulation**

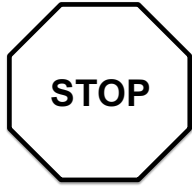


Chill

Developing 'bodyfull-ness'

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Who is squeezing the
muscles in your body?



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RESILIENCY SKILLS
Antibody 1: Self Regulation




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Intentionality
Mission – Purpose – Meaning



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RESILIENCY SKILLS
Antibody 2: Intentionality




DO YOU GO WHERE YOU AIM YOURSELF?

- Living/working in accordance with Mission/Covenant & Code of Honor
- Requires self-regulation
- Internal locus of control
- Principle-based living
- Tolerance of pain for growth
- Self-validation
- Maturation of spirituality

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RESILIENCY SKILLS
Antibody 2: Intentionality




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Perceptual Maturation
Two Categories

Detoxifying Workplace



Personal Optimization



45

Perceptual Maturation

Detoxifying Workplace

- External vs. internal locus of control
- Real vs. Perceived Threat
- Demand vs. choice
- Outcome Driven vs. personal best practice
- Acceptance of Anxious Systems
- Intention, Purpose & Meaning



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RESILIENCY SKILLS Antibody 3: Perceptual Maturation



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RESILIENCY SKILLS Antibody 4: Connection/Support



- Created sanctuary and community
- Ability to safely “tell on yourself”
- Licensing others to confront symptoms
- **Opportunity to narrate secondary traumatic stress experiences**
- Resolving attachment trauma
- Responsibility to “train” support group

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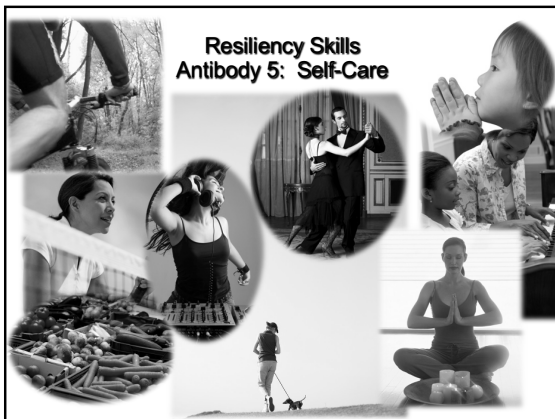
RESILIENCY SKILLS
Antibody 4: Connection/Support



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51


Which Do You Burn?

FuelorYourself



52

**Resiliency Skills
Antibody 5: Self-Care**



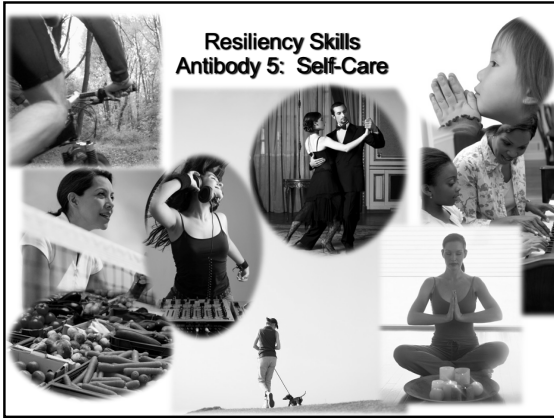
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Compassion Fatigue

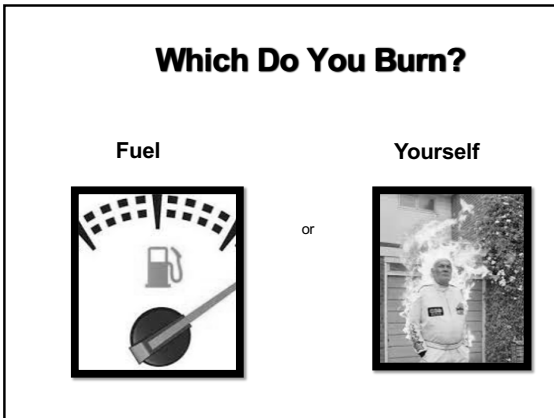


*"That which is to give light
Must endure burning"*
- Viktor Frankl

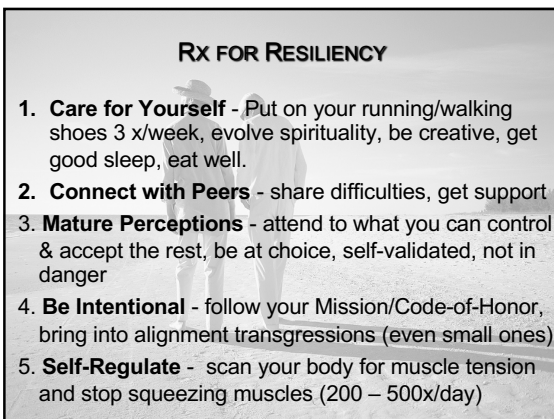
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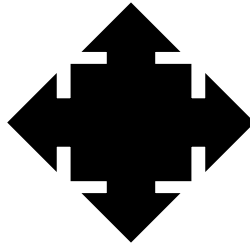


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SKILLS for RESILIENCE



The skills for resilience and optimization offered in this training are born from the principles and protocols that made the Accelerated Recovery Program for Compassion Fatigue (1998; 2002; Gentry, Baranowsky & Dunning) the first and only evidence-based treatment for the symptoms of compassion fatigue. Over the next decade, they were researched and refined with the cooperation of health care professionals including physicians, EMTs, nurses, mental health professionals, palliative and spiritual care professionals.

Today the tools of this training are being utilized in many different health care contexts all over the country with clear results: professionals who practice the simple disciplines and principles in this training find themselves happier, healthier, more productive and less stressed. They are no longer victimized by their work or workplace as they learn new ways of perceiving the sources of their distress and skills for ameliorating these work-related symptoms. Empowered with new understanding and practices for regulating themselves, they find increased resilience to “toxic” work environments as they discover a capacity for optimizing their quality of life.

The Skills

Today’s session will focus on four specific skills for resilience and optimization in the professional healthcare environment¹. These are: (1) Self-regulation; (2) Perceptual Maturation; (3) Connection & Support; (4) Self-care & Revitalization. Disciplined use of these skills, principles and practices will reward the professional caregiver with greater freedom from work-related stress. Continued practice of these skills can result in the increased well-being in your professional and personal lives. While these skills were developed to help professionals navigate the difficult demands of the health care environment, they are equally usefully across all spheres of life—family, marriage, community, and personal development.

¹ **Intentionality** is the fifth resilience and optimization skills that we utilize in helping professionals become more resilient. It is included in this manual but discussed only briefly in today’s workshop. While this important skill has proved valuable in helping professionals enhance their resilience and improve their work experience, it is beyond the time constraints of today’s workshop. If you would like more information about this or anything in this workshop, please feel free to contact us.

2021 Citations for Effectiveness of the Professional Resilience Workshop

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Compassion Fatigue Awareness Project: <https://www.compassionfatigue.org>

The American Institute of Stress: <https://www.stress.org/military/practitionersleaders/compassion-fatigue>

American Psychological Association/Compassion Fatigue:
<https://www.apa.org/topics/covid-19/compassion-fatigue>

**Compassion Fatigue among Healthcare, Emergency and Community Service Workers:
A Systematic Review** (Cocker & Joss; 2016). National Institute of Health:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4924075/>

Professional Quality of Life Self-Test (Pro-QOL 5):
https://proqol.org/Compassion_Fatigue.html

SAMHSA Compassion Fatigue:
<https://store.samhsa.gov/sites/default/files/d7/priv/sma14-4869.pdf>

Burnout – Psychology Today: <https://www.psychologytoday.com/us/basics/burnout>

Gift from Within: <https://www.giftfromwithin.org>

The Figley Institute: <http://www.figleyinstitute.com>

American Academy of Experts in Traumatic Stress: www.aaets.org

