

Compassion Fatigue and Burnout:
Understanding the Challenge and Cultivating Resilience

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I. Introduction

Compassion fatigue and burnout are well-studied phenomena in the fields of psychology and health care. Compassion fatigue describes the exhaustion that professionals experience resulting from prolonged exposure to secondary trauma and compassion stress. Burnout is a state of physical, emotional, and mental exhaustion caused by long-term involvement in emotionally draining situations. Few studies have explored how compassion fatigue and burnout present in the fields of law and fiduciary services. As elder law attorneys and fiduciaries managing special needs trusts, we serve individuals and their families that seek us out in times of distress due to caring for and managing the effects of acute and chronic disability and terminal conditions. We are often near the top of clients' call trees, and their caregivers and survivors look to us for guidance and answers. This constant exposure to client's fears, pain, and suffering, has an impact on our wellbeing, and it may also have a ripple effect on our practices, our clients, our staff, and our families. In this session, we will discuss compassion fatigue and burnout in our practices in order to grow awareness of the issue and identify strategies for how to cope with the weight of caring.

II. Definition of Compassion Fatigue

Dr. Charles R. Figley is a traumatologist and commonly acknowledged as the leading authority in compassion fatigue. Figley coined the term after his personal experiences serving and counseling veterans of the Vietnam War. As he helped veterans cope with their mental health, he came to recognize that he was personally beginning to take on their pain and suffering. Eventually, Figley went on to author the seminal text on the concept in 1995.¹

¹ See Charles R. Figley, *Compassion Fatigue: Secondary Traumatic Stress Disorders from Treating the Traumatized*, Brunner (1995).

Figley defines compassion fatigue “as a state of tension and preoccupation with the traumatized patients by re-experiencing the traumatic events, avoidance/numbing of reminders persistent arousal (e.g. anxiety) associated with the patients. It is a function of bearing witness to the suffering of others.”² The American Bar Association’s Commission on Lawyer Assistance Programs has defined compassion fatigue as “the cumulative physical, emotional and psychological effect of exposure to traumatic stories or events when working in a helping capacity, combined with the strain and stress of everyday life.”³ The terms compassion fatigue, secondary traumatic stress disorder, and compassion stress are often used interchangeably to describe this experience. Compassion fatigue is widely accepted in the psychological and medical communities; however, it does not have a formal diagnosis in the Diagnostic and Statistical Manual of Mental Disorders (DSM 5).

There is an emotional and physical burden created by caring for others in distress, and the cost of compassion fatigue can be measured. These materials include self-assessment tools for individuals that self-identify as someone that helps others, including the Compassion Satisfaction/Fatigue Self-Test for Helpers and the Professional Quality of Life Scale (PROQOL). The author encourages attendees to take the PROQOL assessment prior to the general session.

It should be noted that while compassion fatigue and burnout manifest in similar physical and psychological symptoms, compassion fatigue is distinguishable from burnout. Burnout is “a state of physical, emotional, and mental exhaustion caused by long term involvement in emotionally demanding situations rather than the specific exposure to the trauma and suffering of

² See Charles R. Figley, *Compassion Fatigue: Psychotherapists’ chronic lack of self care*, 58(11) J. Clin. Psychol. 1433, 1435 (2002).

³ See American Bar Association, www.americanbar.org/groups/lawyer_assistance/resources/compassion_fatigue (last visited October 6, 2022).

a specific client.”⁴ Burnout is a process, which occurs after having too much for too long,⁵ while compassion fatigue is the result of individuals that are exposed to trauma and also experiencing burnout.⁶

III. Signs and Symptoms of Compassion Fatigue⁷

Physical	Emotional/ Cognitive	Behavioral	Work Related	Spiritual
Headaches	Mood swings	Substance use and abuse	Avoidance of clients or colleagues	Questioning life meaning
Digestive problems	Restlessness	Isolation	Dread	Loss of purpose
Muscle tension	Irritability	Increased interpersonal conflict	Reduced empathy	Lack of self-satisfaction
Issues sleeping	Sensitivity	Pessimism	More sick days	Anger at higher power
Fatigue	Anxiety	Moodiness	Absenteeism	Questioning religious beliefs
Cardiac symptoms	Depression	Hypervigilance	Decreased satisfaction	Loss of faith
Immuno-compromised	Resentment		Decreased ability to serve clients	Skepticism
	Loss of objectivity		Loss of productivity	
	Memory problems/ Brain fog		Reduced standards of care	
			More mistakes in work product	

⁴ Figley, *supra* note 2, at 1436.

⁵ Lee Norton, Jennifer Johnson, and George Woods, Burnout and Compassion Fatigue: What Lawyers Need to Know, 84(4) UMKC Law Review 987, 997 (2016).

⁶ Professional Quality of Life, Compassion Fatigue, <https://proqol.org/compassion-fatigue> (last visited on October 6, 2022).

⁷ *Id.*

			Feelings of incompetence	
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IV. Why are elder law attorneys and fiduciaries of special needs trusts at risk?

Traumatologist Eric Gentry proposed that many who enter caregiving professions suffer from compassion fatigue prior to even starting their professional careers, because they previously learned to care for others rather than learning to care for self.⁸ Law, at its core, is a helping profession, which means we are in the professional business of caring.

Empathy is an essential skill in good lawyering. “Empathy can aid the lawyer in building rapport with her client, thus fostering a more beneficial relationship; foster open and complete communication; lead to more thorough legal analysis; improve the image of the legal profession; and satisfy client expectations.”⁹ Understanding a client’s situation to provide competent advice is part of our role as counselors. “Lawyers may refer not only to law but to other considerations, such as moral, economic, social and political factors, that may be relevant to the client’s situation.”¹⁰ Yet, empathy coupled with exposure to trauma are key indicators of compassion fatigue.

Elder law and special needs law requires significant levels of empathy and compassion in order to discuss, advise, and advocate for our client’s most personal needs: their physical health, their identities, their loved ones and family members, and their financial well-being.

Compassion fatigue is an occupational hazard in this field. We should acknowledge the trauma that our clients face and that we are exposed to daily, including:

⁸ Jan Lanier, *Running on empty: Compassion fatigue in nurses and non-professional caregivers*, 44(1), The Bulletin Indiana State Nurses Association 10-14 (2017).

⁹ Kristin B. Gerdy, *The Heart of Lawyering: Clients, Empathy, and Compassion*, 3 Life in the Law 189, 192 (2013).

¹⁰ Model Rules of Professional Conduct R. 2.1 (2022).

- Clients being denied or terminated from benefits that provide needed income, housing, and health care services;
- Clients living in unsafe or unsanitary living conditions or facing housing insecurity;
- Clients getting evicted from long-term care facilities that provide needed care;
- Clients experiencing devastating losses to personal autonomy after health events;
- Clients experiencing sexual and physical assault from care providers;
- Caregivers facing exhaustion and decline in health from the physical, psychological, and emotional demands of caring for loved ones;
- Clients grappling with a terminal diagnosis and how long to pursue medical treatment;
- Caregivers navigating whether to continue life support for loved ones;
- Clients grieving significant familial and personal losses;
- Clients being restrained physically or medically due to their diagnosis; and
- Clients being scammed or financially exploited out of their savings.

V. Case Studies

The Overextended Elder Law Attorney: “No help coming”

In the height of the COVID-19 pandemic, an elder law attorney found herself sitting at a desk surrounded by death and suffering. Alone, with no staff around, she scanned her desk. Legal pads contained her notes from client meetings where the caregivers were desperate for help and services but petrified of exposing their vulnerable loved one to coronavirus. Post-its contained the names of clients that had recently died. Her Outlook inbox was flooded with pleas for help from the survivors regarding what to do next. The news ticker provided body counts,

while the obituary section of her newspaper told their stories. The red light on her phone indicated that more people needed to speak with her.

The attorney experienced multiple personal traumas immediately preceding and during this time: an assault, the loss of her father, the decline and death of two grandparents, and the end of a marriage. She also took on additional responsibilities within her firm and in professional organizations. Attorney found herself being flooded in meetings and feeling the need to disengage from the information clients provided to her. She began experiencing an increase in her anxiety, debilitating migraines, and issues sleeping. She felt like she was snapping at her staff and her family members. She also started to disengage with family and friends, because she did not feel like herself and did want to be the “downer”. It felt like she was taking longer to get through the work in front of her, and she wondered if she was cut out for the profession.

The Empathetic Trustee: “In you, I see me”

Beneficiary and his family are all immigrants. Shortly after moving to the United States, the Beneficiary, at the young age of 5 years old, fell into a pool at the apartment complex and suffered severe cerebral hypoxia. Beneficiary is one of 5 children. While professionals in their country of origin, his parents struggle to financially provide for the needs of their children here in the States. After the torts claim was completed, the Trustee was contacted at the recommendation of the family’s personal injury attorney and special needs attorney. The Trustee can empathize with the family’s hardships as he too grew up in poverty. His experience as a child motivated him to learn as much as possible about the financial industry to help others with money management. The Beneficiary’s family struggles to understand why the funds in the Special Needs Trust cannot be used for the collective benefit of the family. Trustee understands and can relate to their frustration. Growing up, when he or his siblings worked or had resources,

they always helped cover the rental and food costs for their family. The Trustee eventually finds ways to work with the family, and together they ensure that the Beneficiary receives a high level of care through a Medicaid home and community based waiver and additional supports that public benefits could not provide. Beneficiary attends an Eid al-Fitr celebration with his family. He suffers a seizure, and now requires a higher level of care than the family and the waiver care services cannot sustain him at home. The family is very upset as they want to personally provide the care for their child. The Trustee works with the family to help them locate skilled nursing facilities that can accommodate his care needs. Trustee works with the Beneficiary and his family through the Beneficiary's untimely death at age 25. Trustee learns about the death and leaves the office. He finds himself getting irrationally angry at a driver on his commute home. Once home, he decides he needs to blow off some steam and finds himself drinking heavily to try to get some sleep. He wakes up, checks his email on his cell phone, and begins to cry. He has already received correspondence from the Department of Human Services regarding their claim. He also has a caseload of 40 Special Needs Trusts to tend to where many of the Beneficiaries and their families are in similar situations. Their lives are a constant struggle to locate and manage quality care and financial resources for their loved ones with a disability. Trustee is starting to feel like there is no point and takes the day off to stream Netflix.

VI. If we notice signs of compassion fatigue, how do we begin to heal or recover?

Compassion fatigue can be debilitating. If an individual experiences compassion fatigue, they are also experiencing ramifications to their personal wellbeing, professional efficacy, familial, personal, and professional relationships. Compassion fatigue is not, however, without hope for recovery. We can begin to heal through establishing strong self care practices, including:

- Exercising boundaries;
- Striking better balance between our professional and personal lives;
- Taking breaks and vacations;
- Getting a minimum of 6 hours of sleep every night;
- Eating nourishing meals consistently throughout the day;
- Intentionally engaging with friends, family members, and colleagues;
- Establishing a meditation or spiritual practice;
- Moving our bodies; and
- Seeking professional support.^{11 12}

As leaders within the field, our offices, and our professional organizations, we also need to educate our colleagues on compassion fatigue and promote self-care practices by practicing them ourselves and creating a culture in which these practices are encouraged, supported, and celebrated.

VII. Conclusion

Compassion fatigue and burnout are occupational hazards in elder law and special needs law. While empathy enables us to better serve our clients, there is a significant weight to caring. We must take active steps to ensure that our exposure to empathy and trauma and our proclivity towards burnout does not compound to compassion fatigue, as it may have harmful effects on our physical, emotional, behavioral, professional, and spiritual wellbeing.

When posed the question: *What is the most important thing in your life?*, it is easy for us to direct our focus to our family and careers. However, the most important thing in your life is

¹¹ Norton, *supra* note 5, at 998.

¹² See also, Professional Quality of Life, ProQOL Helper Card, <https://proqol.org/helper-pocket-card> (last visited on October 6, 2022).

you.¹³ Unless we are well, we will not be able to continue to do this important work. Remember, “helping shouldn’t hurt.”¹⁴

¹³ Juliette Watt, *Compassion Fatigue: What is it and do you have it?*, TEDx Conferences, https://www.youtube.com/watch?v=v-4m35Gixno&ab_channel=TEDxTalks (November 26, 2018).

¹⁴ *Id.*

Burnout Self-Test
Maslach Burnout Inventory (MBI)

The Maslach Burnout Inventory (MBI) is the most commonly used tool to self-assess whether you might be at risk of burnout. To determine the risk of burnout, the MBI explores three components: exhaustion, depersonalization and personal achievement. While this tool may be useful, it must not be used as a scientific diagnostic technique, regardless of the results. The objective is simply to make you aware that anyone may be at risk of burnout.

For each question, indicate the score that corresponds to your response. Add up your score for each section and compare your results with the scoring results interpretation at the bottom of this document.

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION A	0	1	2	3	4	5	6
I feel emotionally drained by my work.							
Working with people all day long requires a great deal of effort.							
I feel like my work is breaking me down.							
I feel frustrated by my work.							
I feel I work too hard at my job.							
It stresses me too much to work in direct contact with people.							
I feel like I'm at the end of my rope.							
Total score – SECTION A							

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION B	0	1	2	3	4	5	6
I feel I look after certain patients/clients impersonally, as if they are objects.							
I feel tired when I get up in the morning and have to face another day at work.							
I have the impression that my patients/clients make me responsible for some of their problems.							
I am at the end of my patience at the end of my work day.							
I really don't care about what happens to some of my patients/clients.							
I have become more insensitive to people since I've been working.							
I'm afraid that this job is making me uncaring.							
Total score – SECTION B							

Questions	Never	A few times per year	Once a month	A few times per month	Once a week	A few times per week	Every day
SECTION C	0	1	2	3	4	5	6
I accomplish many worthwhile things in this job.							
I feel full of energy.							
I am easily able to understand what my patients/clients feel.							
I look after my patients'/clients' problems very effectively.							
In my work, I handle emotional problems very calmly.							
Through my work, I feel that I have a positive influence on people.							
I am easily able to create a relaxed atmosphere with my patients/clients.							
I feel refreshed when I have been close to my patients/clients at work.							
Total score – SECTION C							

SCORING RESULTS - INTERPRETATION

Section A: Burnout

Burnout (or depressive anxiety syndrome): Testifies to fatigue at the very idea of work, chronic fatigue, trouble sleeping, physical problems. For the MBI, as well as for most authors, "exhaustion would be the key component of the syndrome." Unlike depression, the problems disappear outside work.

- Total 17 or less: Low-level burnout
- Total between 18 and 29 inclusive: Moderate burnout
- Total over 30: High-level burnout

Section B: Depersonalization

"Depersonalization" (or loss of empathy): Rather a "dehumanization" in interpersonal relations. The notion of detachment is excessive, leading to cynicism with negative attitudes with regard to patients or colleagues, feeling of guilt, avoidance of social contacts and withdrawing into oneself. The professional blocks the empathy he can show to his patients and/or colleagues.

- Total 5 or less: Low-level burnout
- Total between 6 and 11 inclusive: Moderate burnout
- Total of 12 and greater: High-level burnout

Section C: Personal Achievement

The reduction of personal achievement: The individual assesses himself negatively, feels he is unable to move the situation forward. This component represents the demotivating effects of a difficult, repetitive situation leading to failure despite efforts. The person begins to doubt his genuine abilities to accomplish things. This aspect is a consequence of the first two.

- Total 33 or less: High-level burnout
- Total between 34 and 39 inclusive: Moderate burnout
- Total greater than 40: Low-level burnout

A high score in the first two sections and a low score in the last section may indicate burnout.

CARING FOR YOURSELF IN THE FACE OF DIFFICULT WORK

Our work can be overwhelming. Our challenge is to maintain our resilience so that we can keep doing the work with care, energy, and compassion.

10 things to do for each day

1. Get enough sleep.
2. Get enough to eat.
3. Do some light exercise.
4. Vary the work that you do.
5. Do something pleasurable.
6. Focus on what you did well.
7. Learn from your mistakes.
8. Share a private joke.
9. Pray, meditate or relax.
10. Support a colleague.

For more information see your supervisor and visit www.psychosocial.org or www.proqol.org

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SWITCHING ON AND OFF

It is your empathy for others helps you do this work. It is vital to take good care of your thoughts and feelings by monitoring how you use them. Resilient workers know how to turn their feelings off when they go on duty, but on again when they go off duty. This is not denial; it is a coping strategy. It is a way they get maximum protection while working (switched off) and maximum support while resting (switched on).

How to become better at switching on and off

1. Switching is a conscious process. Talk to yourself as you switch.
2. Use images that make you feel safe and protected (switch off) or connected and cared for (switch on) to help you switch.
3. Find rituals that help you switch as you start and stop work.
4. Breathe slowly and deeply to calm yourself when starting a tough job.

We encourage you to copy and share this card. This is a template for making the pocket cards. You may make as many copies as you like. We have heard from some organizations that they have made thousands of copies. Some people find that it is helpful to laminate the cards for long-term use. The ProQOL helper card may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold.
www.proqol.org

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.

YOUR SCORES ON THE PROQOL: 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.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, 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. (Alpha scale reliability 0.88)

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.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, 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. (Alpha scale reliability 0.75)

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.

If your score is above 41, 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. (Alpha scale reliability 0.81)

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 then 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	And my Compassion Satisfaction level is
22 or less	Low
Between 23 and 41	Moderate
42 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	And my Burnout level is
22 or less	Low
Between 23 and 41	Moderate
42 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 then 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	And my Secondary Traumatic Stress level is
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Compassion Satisfaction/Fatigue Self-Test for Helpers

Adapted with permission from Figley, C.R., (1995). Compassion Fatigue, New York: Brunner/Mazel.
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(b) no changes are made, & (c) it is not sold.*

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. This self -test helps you estimate your compassion status: This includes your risk of burnout, compassion fatigue and satisfaction with helping others. Consider each of the following characteristics about you and your current situation. Print a copy of this test so that you can fill out the numbers and keep them for your use. Using a pen or pencil, write in the number that honestly reflects how frequently you experienced these characteristics **in the last work week**. Then follow the scoring directions at the end of the self-test.

0 Never	1 Rarely	2 A Few Times	3 Somewhat Often	4 Often	5 Very Often
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Items About You

- _____ 1. I am happy.
- _____ 2. I find my life satisfying.
- _____ 3. I have beliefs that sustain me.
- _____ 4. I feel estranged from others.
- _____ 5. I find that I learn new things from those I care for.
- _____ 6. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
- _____ 7. I find myself avoiding certain activities or situations because they remind me of a frightening experience.
- _____ 8. I have gaps in my memory about frightening events.
- _____ 9. I feel connected to others.
- _____ 10. I feel calm.
- _____ 11. I believe that I have a good balance between my work and my free time.
- _____ 12. I have difficulty falling or staying asleep.
- _____ 13. I have outburst of anger or irritability with little provocation
- _____ 14. I am the person I always wanted to be.
- _____ 15. I startle easily.
- _____ 16. While working with a victim, I thought about violence against the perpetrator.
- _____ 17. I am a sensitive person.
- _____ 18. I have flashbacks connected to those I help.
- _____ 19. I have good peer support when I need to work through a highly stressful experience.
- _____ 20. I have had first-hand experience with traumatic events in my adult life.
- _____ 21. I have had first-hand experience with traumatic events in my childhood.
- _____ 22. I think that I need to "work through" a traumatic experience in my life.
- _____ 23. I think that I need more close friends.
- _____ 24. I think that there is no one to talk with about highly stressful experiences.
- _____ 25. I have concluded that I work too hard for my own good.
- _____ 26. Working with those I help brings me a great deal of satisfaction.
- _____ 27. I feel invigorated after working with those I help.

Compassion Satisfaction/Fatigue Self-Test for Helpers - CONTINUED

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

- ___ 28. I am frightened of things a person I helped has said or done to me.
- ___ 29. I experience troubling dreams similar to those I help.
- ___ 30. I have happy thoughts about those I help and how I could help them.
- ___ 31. I experienced intrusive thoughts of times with especially difficult people I helped.
- ___ 32. I have suddenly and involuntarily recalled a frightening experience while working with a person I helped.
- ___ 33. I am preoccupied with more than one person I help.
- ___ 34. I am losing sleep over a person I help's traumatic experiences.
- ___ 35. I have joyful feelings about how I can help the victims I work with.
- ___ 36. I think that I might have been "infected" by the traumatic stress of those I help.
- ___ 37. I think that I might be positively "inoculated" by the traumatic stress of those I help.
- ___ 38. I remind myself to be less concerned about the well being of those I help.
- ___ 39. I have felt trapped by my work as a helper.
- ___ 40. I have a sense of hopelessness associated with working with those I help.
- ___ 41. I have felt "on edge" about various things and I attribute this to working with certain people I help.
- ___ 42. I wish that I could avoid working with some people I help.
- ___ 43. Some people I help are particularly enjoyable to work with.
- ___ 44. I have been in danger working with people I help.
- ___ 45. I feel that some people I help dislike me personally.

Items About Being a Helper and Your Helping Environment

- ___ 46. I like my work as a helper.
- ___ 47. I feel like I have the tools and resources that I need to do my work as a helper.
- ___ 48. I have felt weak, tired, run down as a result of my work as helper.
- ___ 49. I have felt depressed as a result of my work as a helper.
- ___ 50. I have thoughts that I am a "success" as a helper.
- ___ 51. I am unsuccessful at separating helping from personal life.
- ___ 52. I enjoy my co-workers.
- ___ 53. I depend on my co-workers to help me when I need it.
- ___ 54. My co-workers can depend on me for help when they need it.
- ___ 55. I trust my co-workers.
- ___ 56. I feel little compassion toward most of my co-workers
- ___ 57. I am pleased with how I am able to keep up with helping technology.
- ___ 58. I feel I am working more for the money/prestige than for personal fulfillment.
- ___ 59. Although I have to do paperwork that I don't like, I still have time to work with those help.
- ___ 60. I find it difficult separating my personal life from my helper life.
- ___ 61. I am pleased with how I am able to keep up with helping techniques and protocols.
- ___ 62. I have a sense of worthlessness/disillusionment/resentment associated with my role as a helper.
- ___ 63. I have thoughts that I am a "failure" as a helper.
- ___ 64. I have thoughts that I am not succeeding at achieving my life goals.
- ___ 65. I have to deal with bureaucratic, unimportant tasks in my work as a helper.
- ___ 66. I plan to be a helper for a long time.

Index of Clinical Stress (Abel, 1991)

Name: _____

Date: _____

This questionnaire is designed to measure the way you feel about the amount of personal stress that you experience. It is not a test, so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows:

- 1=None of the time
 - 2=Very little
 - 3=A little of the time
 - 4=Some of the time
 - 5=A good part of the time
 - 6=Most of the time
 - 7=All of the time
-

- 1. _____ I feel extremely tense.
 - 2. _____ I feel very jittery.
 - 3. _____ I feel like I want to scream.
 - 4. _____ I feel overwhelmed.
 - 5. _____ I feel very relaxed.
 - 6. _____ I feel so anxious I want to cry.
 - 7. _____ I feel so stressed that I would like to hit something.
 - 8. _____ I feel very calm and peaceful.
 - 9. _____ I feel like I am stretched to the breaking point.
 - 10. _____ It is very hard for me to relax.
 - 11. _____ It is very easy for me to fall asleep at night.
 - 12. _____ I feel an enormous sense of pressure on me.
 - 13. _____ I feel like my life is going very smoothly.
 - 14. _____ I feel very panicked.
 - 15. _____ I feel like I am on the verge of total collapse.
 - 16. _____ I feel like I am losing control of my life.
 - 17. _____ I feel that I am near the breaking point.
 - 18. _____ I feel wound up like a coiled spring.
 - 19. _____ I feel that I can't keep up with the demands on me.
 - 20. _____ I feel very much behind in my work.
 - 21. _____ I feel tense and angry with those around me.
 - 22. _____ I feel I must race from one task to the next.
 - 23. _____ I feel that I just can't keep up with everything.
 - 24. _____ I feel as tight as a drum.
 - 25. _____ I feel very much on edge.
-

Score: _____

COMPASSION FATIGUE ASSESSMENT PROFILE

1. Compassion Satisfaction/Fatigue Self Test (Stamm & Figley, 1998, 1995)

Measures

- ♦ Compassion Satisfaction
- ♦ Compassion Fatigue
- ♦ Burnout

Scoring

- ♦ Circle the following 23 items: 4, 6-8, 12-13, 15-16, 18, 20-22, 28-29, 31-34, 36, 38-40, 44.
- ♦ Put a check by the following 16 items: 17, 23-25, 41-42, 45, 48, 49, 51, 56, 58, 60, 62-65.
- ♦ Put an "X" by the following 26 items: 1-3, 5, 9-11, 14, 19, 26-27, 30, 35, 37, 43, 46-47, 50, 52-55, 57, 59, 61, 66.
- ♦ (Add the numbers you wrote next to the items for each set of items and note:)
- ♦ Add all circled numbers for your *Compassion Fatigue risk factor*: TOTAL = _____
26 or less=extremely low risk; 27-30=low risk; 31-35=moderate risk; 36-40=high risk; 41 or more=extremely high risk.
- ♦ Add all numbers with checks beside them for your *Burnout risk*: TOTAL = _____
36 or less=extremely low risk; 37-50=moderate risk; 51-75=high risk; 76-85=extremely high risk.
- ♦ Total numbers marked "X" for *Compassion Satisfaction factor*: TOTAL= _____
118 and above=extremely high potential; 100-117=high potential; 82-99=good potential; 64-81=modest potential; below 63-0=low potential.

FURTHER INTERPRETATION (Figley, In Press)

Distinguish between changing jobs & changing ways: Look at your 3 sub-scores and the various combinations:

Score	Burnout Level	ComFat* Level	ComSat** Level
High	High Burnout	High CF	High Satisfaction
Medium	Mod Burnout	Mod CF	Mod Satisfaction
Low	Low Burnout	Low CF	Low Satisfaction

Change Careers: High Burnout, High CF, Low Satisfaction
Change Jobs: High Burnout, Low CF, High Satisfaction
Stay & Manage Stress: Low Burnout, High CF, Mod Satisfaction
Change Client: Low Burnout, Low CF, Low Satisfaction

*ComFat: Compassion Fatigue Level

** ComSat: Compassion Satisfaction Level

Index of Clinical Stress (Abel, 1991)

Measures

Subjective individual stress

Scoring

- ♦ Reverse scores for Items 5, 8, 11, 13
- ♦ Add Reversed Item scores then add Remaining Item scores to get the Total Score

$$\frac{\text{Reversed Items}}{\text{Reversed Items}} + \frac{\text{Remaining Items}}{\text{Remaining Items}} = \frac{\text{Total Score}}{\text{Total Score}}$$

- ♦ Subtract total # completed items (25 on scale) from Total Score to get Item Score

$$\frac{\text{Total Score}}{\text{Total Score}} - \frac{\text{\#items complete}}{\text{\#items complete}} = \frac{\text{Item Score}}{\text{Item Score}}$$

- ♦ Multiply Item Score by 100 to get Adjusted Score

$$\frac{\text{Item Score}}{\text{Item Score}} \times \frac{100}{100} = \frac{\text{Adjusted Score}}{\text{Adjusted Score}}$$

- ♦ Multiply # of completed items (25 on scale) by 6 to get Divisor

$$\frac{\text{\#items complete}}{\text{\#items complete}} \times \frac{6}{6} = \frac{\text{Divisor}}{\text{Divisor}}$$

- ♦ The Adjusted Total is divided by the Divisor to get the Total ICS Score

$$\frac{\text{Adjusted Total}}{\text{Adjusted Total}} / \frac{\text{Divisor}}{\text{Divisor}} = \frac{\text{Total ICS Score}}{\text{Total ICS Score}}$$

- ♦ Total ICS Score should range between 0-100
Scores > 30 = significant stress