

FORWARD ► FACING®

PROFESSIONAL RESILIENCE:

PREVENTION AND RESOLUTION OF BURNOUT,
TOXIC STRESS AND COMPASSION FATIGUE.



J. Eric Gentry, PhD, LMHC

Board-Certified Expert in Traumatic Stress

Forward-Facing® Professional Resilience

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Developed, written, and presented by
J. Eric Gentry, PhD

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&
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Professional Resilience

J. Eric Gentry, PhD, LMHC, DAAETS

Welcome. I am glad that you have decided to participate in this training. I was introduced to compassion fatigue in 1997 when I started my doctoral program at Florida State University. I studied with Dr. Charles Figley who wrote the book *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* in 1995. In my first year at FSU, with the help of Anna Baranowsky and Kathleen Dunning, we developed the first ever treatment for compassion fatigue that we called the Accelerated Recovery Program for Compassion Fatigue. Through the ARP, we have successfully treated hundreds of professional caregivers who suffered from the symptoms of compassion fatigue and burnout, helping them to regain joy and purpose in their work. The ARP remains today as the only manualized, systematic treatment for compassion fatigue that has demonstrated empirical effectiveness.

Through treating hundreds and training tens of thousands of caregiving professionals in the area of compassion fatigue, I have stumbled upon some things that work. Mostly what I have found is that there are no shortcuts. Just like a surgeon or a professional athlete, caregiving professionals must mature into excellence and resiliency. However, just because we survive a couple of decades in the field does not mean that we are effective, resilient, and joyful. It seems, more often, that the opposite is true—those folks with all the experience seem to be crusty and cynical.

Contained in this short presentation you will learn the rudiments of preventing compassion fatigue and developing professional resilience. This information is underscored with an invitation to caregivers to begin the process of intentional maturation in their professional and personal lives. This training will provide an introduction and illuminate the pathway of how you can rediscover joy, purpose, meaning, and excitement in your professional mission. You will see the possibilities of how you can do this difficult and sometimes painful work stress-free as you become evermore effective and potent as an agent of caring and change. We heartily invite you to follow up this training by continuing to learn and practice skills for maturation and resiliency.

I hope you enjoy the experience. If you have any questions or comments, you are always welcome to contact me.



Welcome

Detailed Course Outline

Day 1 (8:30 – 3:30)

Welcome

Informed Consent/Trauma Informed Care

Opening Exercise

- “Silent Witness” Exercise (Saakvitne, 2000)

Exercise – Small Groups

BREAK

Tools for Hope (Perceived Threat, ANS, Self-Regulation)

LUNCH

Compassion Fatigue Didactic

- Secondary Traumatic Stress
- Burnout
- Resolving Symptoms

Compassion Fatigue Resiliency – Professional Maturation

1. Self-regulation

- Skills Development
- Exercises

BREAK

2. Intentionality

- Write Mission Statement/Code of Honor
- Small Groups

Day 1 Wrap Up

Learning Objectives

1. Understand the history, causes, treatment and prevention of compassion fatigue, burnout, secondary traumatic stress, caregiver stress, countertransference, and vicarious traumatization;
2. Identify the true causes of stress in personal and professional life;
3. Learn skills for successful self-regulation of anxiety – ability to maintain parasympathetic dominance regardless of personal or professional context;
4. Develop knowledge and skills necessary to prevent the symptoms of compassion fatigue through enhanced resiliency;
5. Understand importance of other resilience skills – intentionality, perceptual maturation, connection & support, self-care & revitalization – in developing the capacity to work in toxic environments without developing symptoms.
6. Engaging in activities designed to lessen symptoms of Secondary Traumatic Stress & Burnout.
7. Development of a 5-point self-directed Professional Resiliency Plan that can be easily integrated into professional practice and personal life.

Biographical Paragraph

J. Eric Gentry, Ph.D., LMHC is an internationally recognized leader in the study and treatment of compassion fatigue. His PhD is from Florida State University where he studied with Professor Charles Figley, who wrote *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized* in 1995. In 1997, under Dr. Figley's direction, Gentry developed the Accelerated Recovery Program for Compassion Fatigue with Anna Baranowsky, Ph.D., and Kathleen Dunning. The ARP has demonstrated powerful effectiveness for treating the symptoms of compassion fatigue. In 1998, Gentry and Baranowsky introduced the Certified Compassion Fatigue Specialist Training and have trained thousands of professionals towards this designation since that time. Gentry has worked with hundreds of professional caregivers from Oklahoma City, New York City, and the state of Florida following their work with disaster survivors. He has published many research articles, book chapters, and periodicals on the topic of compassion fatigue treatment and resiliency. Dr. Gentry draws equally from his scientific study and from his rich history of 35 years as a professional therapist to provide this training. His commitment to his mission to serve caregivers helping them to become ever more effective with minimal symptoms is evident throughout this training. You will be challenged, inspired, and uplifted by Dr. Gentry and this unique training experience.

RESILIENT Professional

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.					
_____ 2.					
_____ 3.					
_____ 4.					
_____ 5.					
_____ 6.					
_____ 7.					
_____ 8.					
_____ 9.					
_____ 10.					
_____ 11.					
_____ 12.					
_____ 13.					
_____ 14.					
_____ 15.					
_____ 16.					
_____ 17.					
_____ 18.					
_____ 19.					
_____ 20.					
_____ 21.					
_____ 22.					
_____ 23.					
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_____ 25.					
_____ 26.					
_____ 27.					
_____ 28.					
_____ 29.					
_____ 30.					

© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.proqol.org to verify that the copy they are using is the most current version of the test.

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.

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

PROFESSIONAL RESILIENCE

Compassion Fatigue Prevention

"That which is to give light must endure burning."

SPONSORED BY:

ARIZONA TRAUMA INSTITUTE

"That which is to give light must endure burning."

Prevention & Resiliency

J. Eric Gentry, PhD, LMHC

FACILITATOR

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Pro-QOL

- **Compassion Satisfaction** - resilience and work satisfaction
- **Burnout** – The level of negative effect that your work environment has upon you.
- **Secondary Traumatic Stress** – The negative effects caused by your interaction with suffering and/or traumatized patient/client interaction

Compassion Fatigue: A Crucible of Transformation

Exercise:

Silent Witness*

The Effects of Our Work

1. Write down three (3) negative effects from your work as a caregiver on an index card
2. For two minutes circulate about the group allowing others to see your card

*Adapted from Saakvitne, Gamble, Pearlman, & Lev (2000). *Risking Connection: A Training Curriculum for Working with Survivors of Childhood Abuse*. Sidran Press.

What is Resilience?



Compassion Fatigue Small Group

STRESS !!!

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




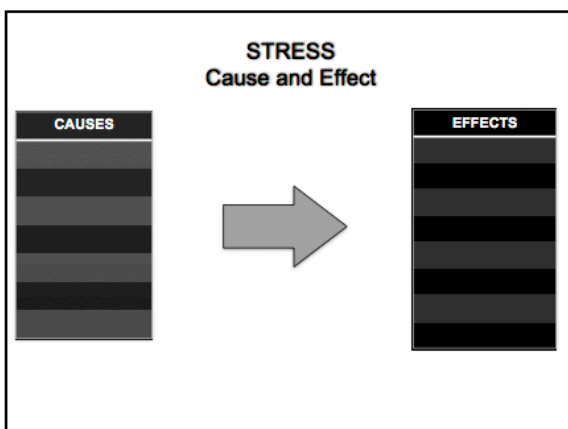


Compassion Fatigue

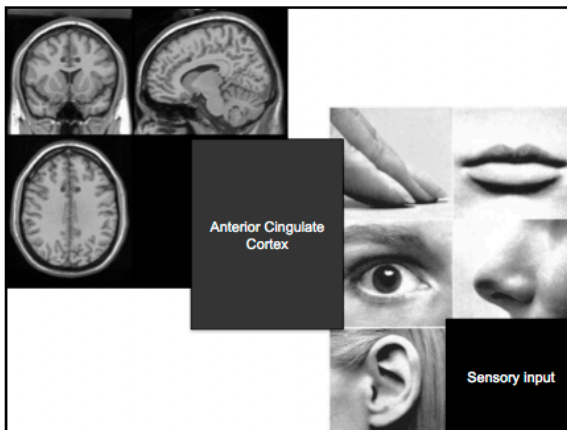
STRESS !!!

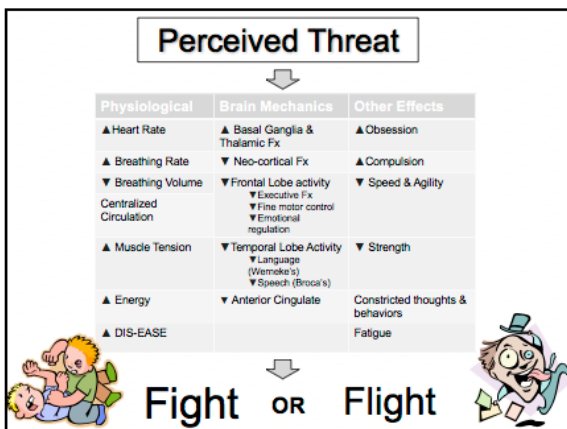
- Is your job stressful?
- If so, what are some of the causes?
- What are some of the effects?

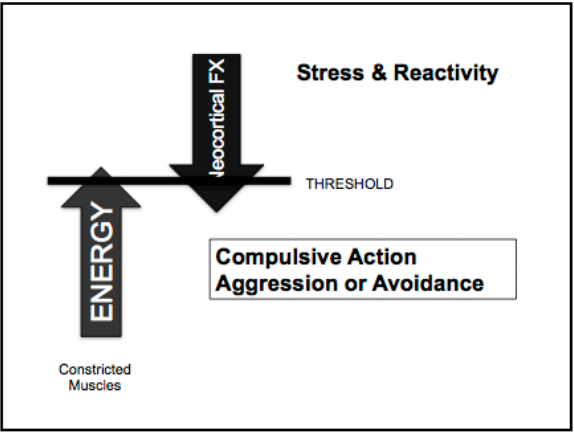




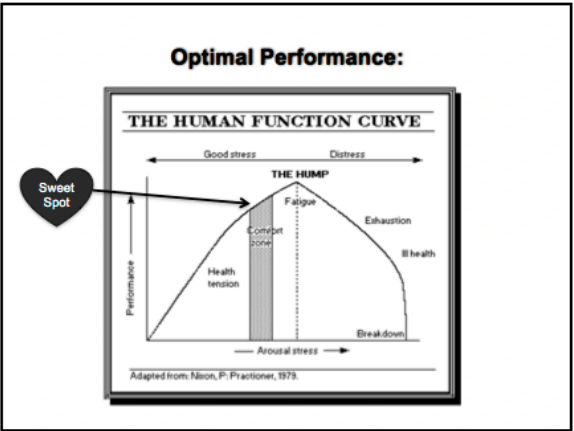


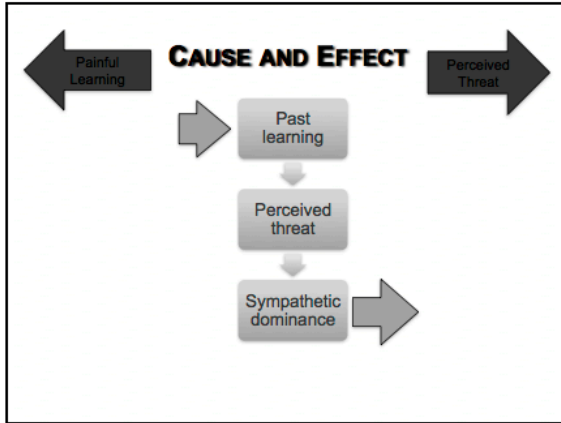


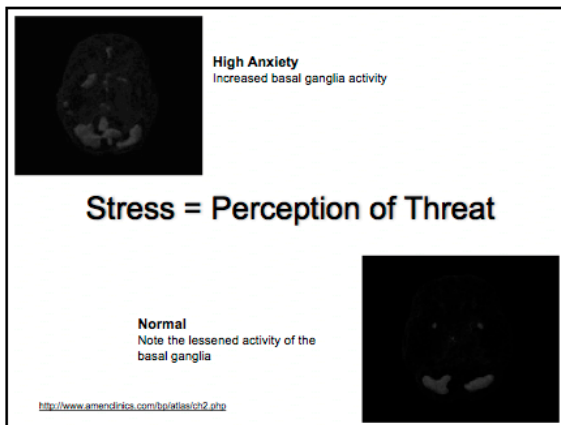














Compassion Fatigue



Compassion Fatigue =
Secondary Traumatization + Burnout

(Figley, 1995)

COMPASSION FATIGUE

Secondary Traumatic Stress

- Cause: witnessing/ interacting with traumatized or suffering patients/clients
- SX nearly identical to PTSD (anxiety + avoidance)
- Gradual and cumulative
- Behavioral resolution and resiliency

Burnout

- Cause: demanding and toxic environment
- Cause Redux: perceptions of a demanding and toxic environment
- SX: Anxiety to compulsivity to hopelessness
- Perceptual resolution & resiliency

TRAUMAGENESIS

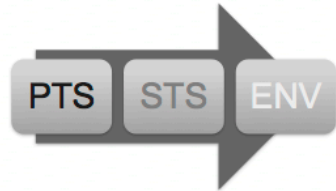
How do we get traumatized?

Painful (threatening) experiences
 +
 Learning

Perceived Threat in similar future contexts



PATHWAYS of Traumagenesis



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

Secondary Traumatic Stress



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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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Professional Resilience Safety Net

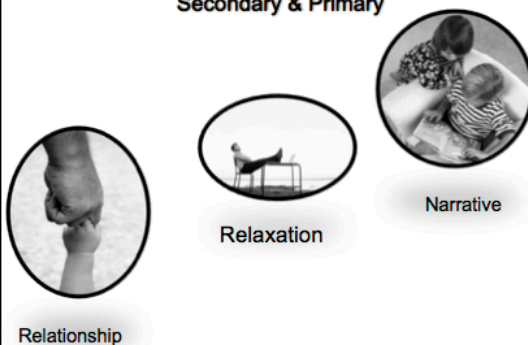
- Empower 1-2 people to confront us when we:
 - Become symptomatic
 - Consistently divergent from ways in which we normally act
- Person should know us well, care about us and have self-possession to withstand our attempts at deflection
- Opacity of denial increases as we become more symptomatic



Healing Compassion Fatigue



Healing Traumatic Stress Secondary & Primary



Healing Compassion Fatigue: Secondary Traumatic Stress

1. **Relaxation** – PERCEIVED THREAT; when listening to clients; when remembering experiences
2. **Building & Maintaining Relationships** – getting support; allowing others to confront when symptomatic; telling on ourselves when we breach integrity; accountability
3. **Sharing Narratives** – painful work experiences (with clients and co-workers)

Resolving STS



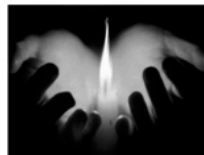
Developing/Utilizing
Support



Sharing Narratives

+

=
Healing and
Sustained Resiliency
Of Compassion
Fatigue Symptoms



Preventing STS



Witnessing Trauma

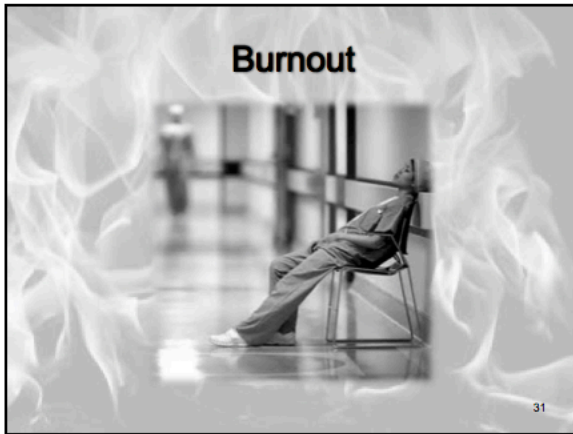


Relaxation

+

=
Resiliency/Prevention





Burnout

"Burnout is a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment"

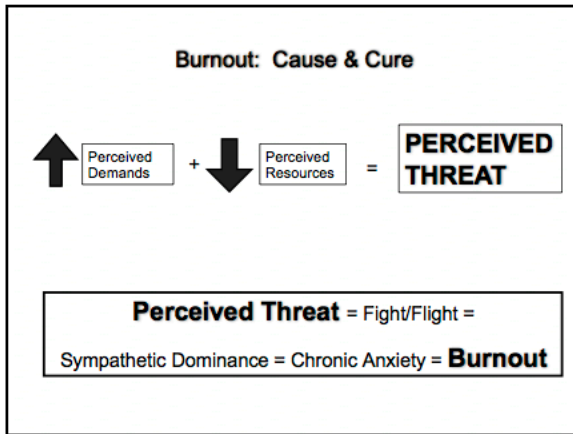
(Maslach & Goldberg, 1998; 2003)

Burnout

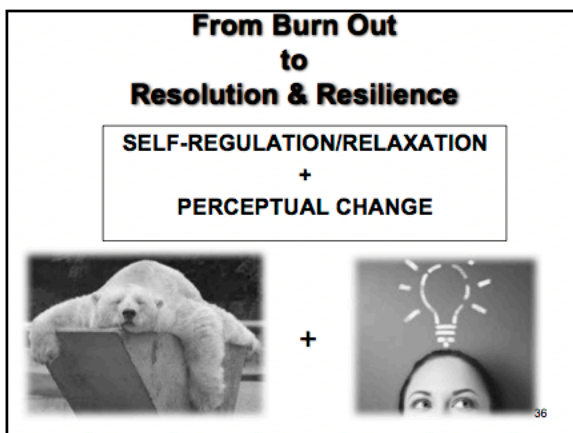
"The chronic condition of *perceived demands* outweighing *perceived resources*"

- Gentry & Baranowsky, 1998

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







Perceptual Maturation

Detoxifying Workplace

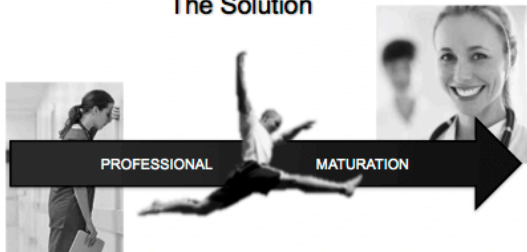
- External vs. internal locus of control
- Real vs. Perceived Threat
- Demand vs. choice
- Outcome Driven vs. personal best practice
- Acceptance of Anxious Systems
- Intention, Purpose & Meaning





RESILIENCE

The Solution



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RESILIENCE
Compassion Fatigue Immune System

- 1. Self-regulation** – ability to immediately shift from sympathetic to parasympathetic dominance (especially when perceiving threat); harmonizing ANS for optimization
- 2. Intentionality** — Principle-based vs. demand driven; living mission
- 3. Perceptual Maturation**– Detoxify Workplace & Personal Optimization
- 4. Connection/Support** – develop and utilize support network
- 5. Self-care/Revitalization** – aerobic activity, healthy pursuits; refueling

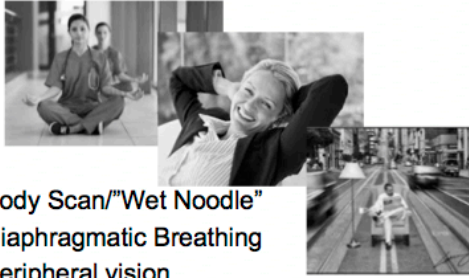
RESILIENCE SKILL #1
Self Regulation

Interoception + Acute Relaxation (x 200/day) = Self-Regulation

Chill

Developing **bodyfull-ness**

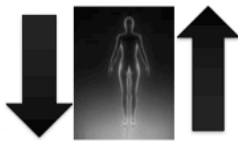
SKILLS Self-Regulation



- Body Scan/"Wet Noodle"
- Diaphragmatic Breathing
- Peripheral vision
- Pelvic floor relaxation

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Non-technical Methods for Self-Regulation Body Scan/"Wet Noodle"



Head-to-toe
Toe-to-head
RELAX ALL MUSCLES



5 seconds
RELAX ALL MUSCLES

44

Diaphragmatic Breathing



45

Self Regulation: Peripheral Vision

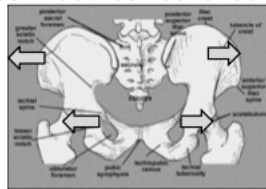
- Focus on a spot straight ahead
- Keeping your focus, widen your field of view and notice what you see in your peripheral vision



46

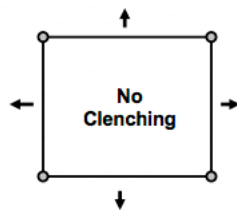
Self Regulation: Pelvic floor relaxation

- Focus on 4 points: Bilateral Anterior Superior Iliac Spine and Ischial Tuberosities
- Imagine these 4 points pushing outward and muscles in-between softened


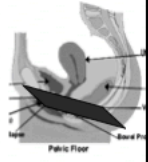
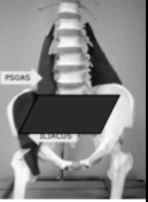


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Antibody 1: Self-Regulation




Self-Regulation

- Relaxing tension of pelvic floor muscles switches from sympathetic to parasympathetic dominance
- Psoas, Sphincter, and Kegels (anterior + posterior)
- Regaining of neocortical functioning in 20-30 seconds
- Relieves pressure on vagus nerve
- Impossible to experience stress – comfortable in one's own skin

Porges (2014; 2011)
B. Söber (2006)
NIMH (2004)
D. Bercelli (2003)

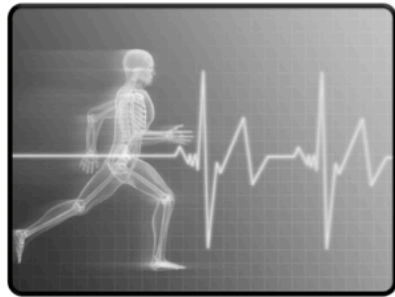
Who is squeezing the muscles in your body?





BREAK 10min

Antibody II: Intentionality



RESILIENCY SKILLS Antibody 2: Intentionality

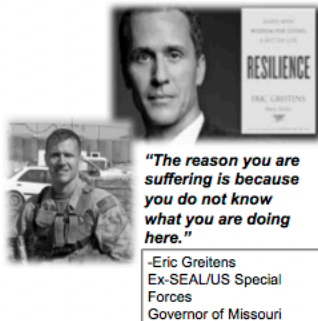
DO I GO WHERE I AIM MYSELF?

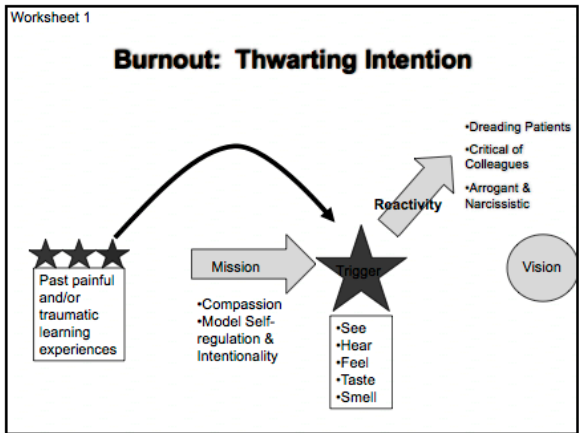
- Living/working in accordance with Mission/Covenant & Code of Honor
- Requires self-regulation
- Internal locus of control
- Principle-based living
- Tolerance of pain for growth
- Self-validation
- Maturation of spirituality

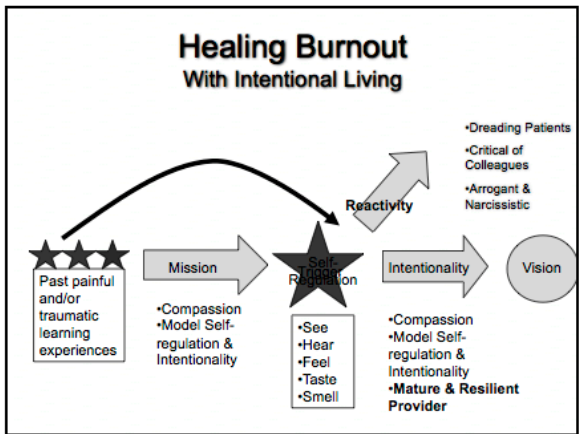


Mission Statement Exercise

- 12 Minute Writing
- Use Manual for Template
- 15 minute small-group sharing







Self Regulation + Intentionality

- In Courage
- Encourage

Who is responsible for your Professional Quality of Life?



Answer: Both!

1. Resilient Providers: Today
 - physicians and advance providers are responsible for managing themselves and caring for patients in the moment.
 - Mission driven
2. Resilient Leadership: Future State
 - a. Understanding resiliency concepts and utilizing resiliency skills leads to right (intentional) action
 - b. Collaboration rather than polarity with staff
 - c. Culture and initiatives embrace concepts of resilience
3. The system encourages intentionality rather than reactivity



Perceptual Maturation



"Change the way you look at things and the things you look at change."

Can You See The Arrow?



Where is the Horse?



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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
- Acceptance of Anxious Systems
- Intention, Purpose & Meaning



Perceptual Maturation

Personal Optimization

- Science of Happiness (training yourself to be positive)
- Mindfulness
 - Calm body
 - Observing mind
 - Detaching from outcomes
 - Teachable
- Self vs. Other validation



Perceptual Maturation



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

Self-care & Revitalization



Which Do You Burn?



or



RESILIENCY SKILLS

Antibody 4: Connection/Support

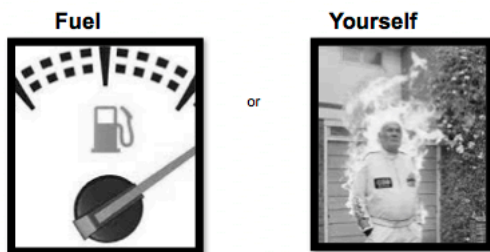


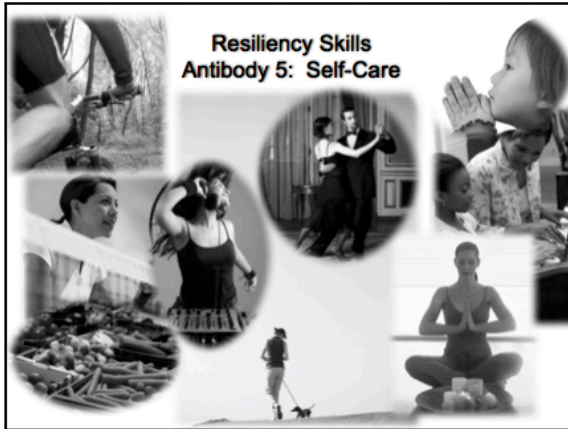
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Self-care & Revitalization



Which Do You Burn?





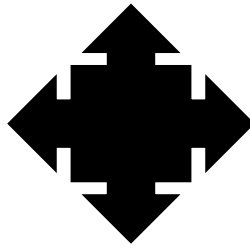
RX FOR RESILIENCY

1. **Care for Yourself** - Put on your running/walking shoes 3 x/week, evolve spirituality, be creative, get good sleep, eat well.
2. **Connect with Peers** - share difficulties, get support
3. **Mature Perceptions** - attend to what you can control & accept the rest, be at choice, self-validated, not in danger; positive optimism vs. dreadful
4. **Be Intentional** - follow your Mission/Code-of-Honor, bring into alignment transgressions (even small ones)
5. **Self-Regulate** - scan your body for muscle tension and stop squeezing muscles (200 – 500x/day)

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

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.

SELF-REGULATION

Self-regulation is the ability to intentionally control the activity of our autonomic nervous systems. It is the consistent movement away from overstimulation of sympathetic nervous system (SNS) dominance toward the relaxed comfort of parasympathetic nervous system (PNS) while engaged in the every day demands of work and life. With continued practice, we are able to modulate these systems to bring just the right amount of energy to each task, spending more of our time near optimal cognitive and motor performance as we become more proficient and disciplined in this practice. The better a professional becomes at regulating his/her ANS, the less fatiguing and dreadful his/her work.

When an individual perceives a threat—real or imagined—the sympathetic nervous system activates. As long as this person feels threatened, the sympathetic nervous system maintains dominance over the autonomic nervous system. When the SNS is dominant, it is busy infusing the body with energy (e.g., elevated heart rate, increased respiration rate, decreased respiration volume, acuity of senses, release of catalytic hormones/enzymes, and chronic muscle tension). Simultaneously, while in this state of SNS dominance our brains progressively lessen neocortical functioning (e.g., judgment, reasoning, decision-making, relational skills, impulse control, fine motor skills, etc.). Additionally, SNS dominance produces in the individual a feeling of distress and s/he becomes increasingly compelled to seek relief from this, usually in the form of compulsive and/or impulsive behaviors (i.e., fight or flight).

It is in this state that we are generating the symptoms and negative effects associated with our caregiving work. We have traditionally referred to this buildup of energy as “stress.” However, the use of the concept of “stress” is usually not helpful in resolving the negative effects and can often exacerbate them instead. It identifies outside factors as the cause of our stress, creating an external locus of control. For example, when a care professional says, “I have a stressful job,” they are saying that factors associated with their work are causing their distress AND that these factors must change before they can be happy, healthy, and comfortable in their work. They are victims of this perception. As they learn to say instead, “I am constantly perceiving threat throughout my shift, but I am in no danger. Let me practice relaxing my body while I encounter these perceived threats,” then they moving away from SNS dominance towards an internalized locus of control. They are more comfortable, less agitated, more intelligent, and no longer generating symptoms.

Self-regulation is as simple as relaxing one’s muscles while encountering the perceived threats that emerge throughout each workday. Sounds simple, right? The techniques are simple, but the discipline to practice this skill is not always easy.

Many professional care providers who have successfully developed this capacity report that they were only able to do this after the suffering caused by work-related stress was severe enough to motivate them.. They then began the process of recognizing the tight muscles in their body and then simply releasing this tension—hundreds of times each day!

It takes a lot of concentration to begin to redirect our focus away from the 10,000 external happening during a day of professional caregiving toward the state of our physical selves. However, when we do this—when we develop this “body-fullness”—we shift from an external locus of control to one that is internal and no longer experience ourselves as victims of our environments. From this position of strength, awareness, and control we can become resilient, flexible, and comfortable no matter what is going on around us.



PRACTICE 1: SELF-REGULATION

Self-Regulation = micro-relaxation while fully engaged in life's activities

[sample some of the methods below to find out which one(s) work best for you]

- Go “wet noodle” for 5 seconds. Completely release every muscle in your body.
- You are squeezing the muscles in your body...STOP doing it!
- Or tighten a muscle then release it
- Practice peripheral vision
- Practice diaphragmatic breathing.
- Release the muscles of your pelvis.

Now, apply these skills in contexts where you perceive threat:

- Identify three (3) work situations in which you know you perceive threat and have not previously practiced any self-regulation skills—situations that “stress you out”:
 1. The word “triage” on the overhead speaker just wigs me out!
 2. _____
 3. _____
 4. _____
- What have been the consequences of you not practicing regulating your autonomic nervous system in these contexts?
 - I get very snarky at work.
 - _____
 - _____
 - _____
- Have these consequences been sufficient for you to begin the practice of self-regulation...or do you need more severe consequences to enkindle your motivation to develop this discipline?



INTENTIONALITY

*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*

This quote by Viktor Frankl speaks to the core importance of this Resilience Skill. At its simplest, intentionality is the ability to go where we aim ourselves. By becoming increasingly more intentional, we are able to remain true to our personal core principles—in both thought and action—while fully engaging in all life's circumstances and contexts. It is a hallmark of maturation both personally and professionally. Integrity is synonym for intentionality—practicing and perfecting the art of living in alliance with one's own code or morality. Intentionality might also be articulated as “mission-driven,” or pursuing a life based upon meaning and one's “noble” purpose. Intentionality replaces reactivity as a response to work place and other life factors (commonly thought of as “stressors.”)

We have found that helping professionals to live intentional lives is a powerful catalyst towards rapidly developing resilience to the rigors of professional medicine (compassion fatigue). The first step is to help these professionals articulate their purpose and principles, after which, in accordance with other resilience skills, these professionals have the opportunity to begin to live in accordance with their core beliefs. This process can radically accelerate the care provider's hardiness. As they begin practicing intentionality in the professional and personal contexts of their lives, health care providers report a greater satisfaction with and quality of life. Intentionality requires that the professional begin to consciously exploit this “space” between the thousands of stimuli and their responses throughout their day. It is a deceptively simple process of becoming mindful, intentional and deliberate with each and every action so that each response falls within the boundaries of our integrity while, simultaneously, advancing our purpose or mission. We develop the ability to focus our concentration upon a single task at a single moment in time, even while being exposed to the demands of a multitasking world. We do our absolute best with the current task and then move on to the next task. Productivity and performance research have demonstrated this to be a more efficient and ergonomic method of working for humans faced with multiple simultaneous stimuli and external expectations.

So how does one exploit the “space” between stimulus and response to become intentional? Required is the use of one of the previous skills introduced in this training: self-regulation. People breach their integrity and act reactively, instead of acting with intention, because their nervous systems have become so charged with energy that they have (a) temporarily lost optimal functioning of the neocortical parts of their brain and (b) have become compelled—like all animals who become overcharged—to act out with aggression or avoidance.

Think about the people you know who are suffering from stress at work—those you would call “burnt out.” How reactive, impulsive and compulsive are they? How much do they complain? How much do they “pop off”? How snarky are they? How frequently do you see them act in ways that are self-defeating and destructive? One of the consequences of being “stressed out” (i.e., SNS dominant) is reactivity—compulsive and/or impulsive behavior. When the energy in one’s body, brought about by sustained SNS dominance, overwhelms the neo-cortex’s ability to manage this energy then the individual will act out reactively. These reactive behaviors are usually some regressive expression of an attempt to neutralize the perceived threat (i.e., fight) or to get away from the perceived threat (i.e., flight). The more stressed the more likely and more frequently the individual engages in reactive thinking and behaviors.

We help professional caregivers to begin to become deliberate where they have previously been compulsive or impulsive. We help them to migrate away from the reactivity associated with a “stressful” environment towards the intentionality associated with resiliency and maturation. How do we do this? We teach professionals that the pathway to intentional living is not one of willfulness and brute force but, instead, one of relation and elegance. As we begin to practice self-regulation in the context of work place “triggers (i.e., perceived threats),” we move toward parasympathetic dominance, where we are comfortable inside of our bodies, have maximal neocortical functioning and are able to “decide” how we want to handle whatever present situation we encounter. This is the deliberate part of intentionality.

The integrity part involves first becoming aware of our intention. You cannot be intentional nor maintain intentionality unless you are first aware of what it is that you intend. Many professionals, who have gone through years of education and training in environments that demand validation of others, become increasingly distant from some of the core values that may have caused them to pursue a career in health care in the first place. Therefore, we start the process of intentionality by having participants of our trainings craft their intention into words. We have called this a covenant or personal mission statement. This statement is an articulation of the care professional’s intention while at work (and in other aspects of life). We also help them to identify the personal principles that guide their behavior and call this a Code of Honor. Once a professional has articulated these intentions, we then show them how that they can maintain fidelity to these principles—no matter the eternal demands—while engaging in the routine activities of a workday.

In this way a person matures and is able to engage in their professions with purpose. Their success and worth begins to be less defined by the capricious evaluations of others (patients, administrators, colleagues, or significant other) and progressively is measured by their ability to maintain adherence to their own purpose and principles while in their workplace context.

We have watched this simple process revitalize crusty and cynical veterans as they begin to reconnect to their original mission and purpose that propelled them into the professional healthcare arena. They find that they are able to concentrate more acutely upon that which they have control over---themselves and their own behavior, while they relinquish that which is beyond their control—the demands and judgment of others.

FIG 1: REACTIVITY (“Stressed-Out”). Loss of the “space” between stimulus and response.

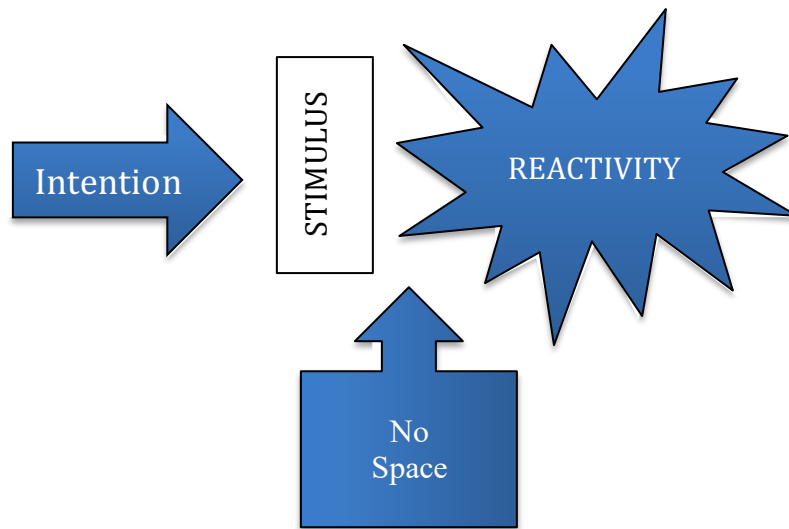
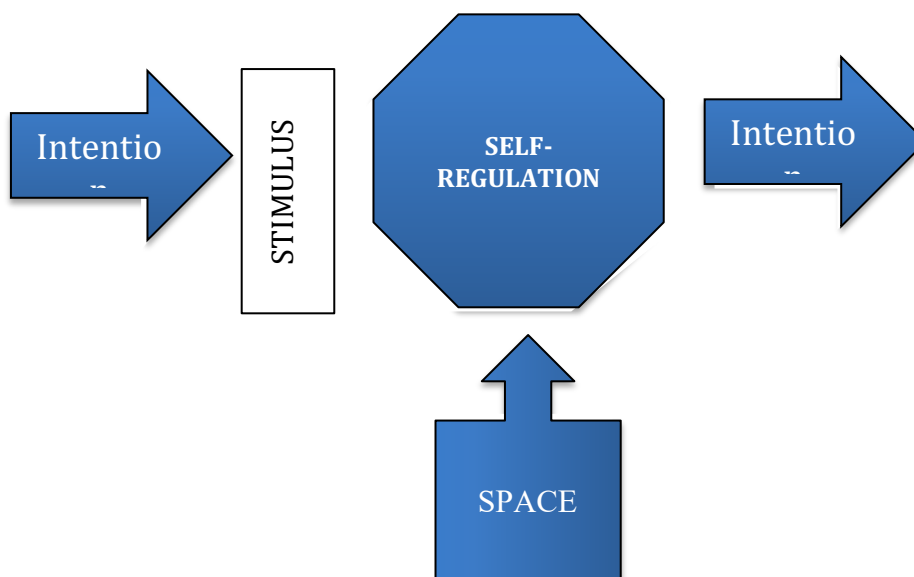


FIG 2: INTIONALITY (“Resilient”). Deliberate, focused, mindful , purpose and principle-driven.



PRACTICE: INTENTIONALITY

1. Circle three (3) words from the following list that articulate your purpose and/or principles while at work

Efficient	Compassionate	Respectful
Teachable	Resilient	Healer
Helpful	Precise	Graceful
Relaxed	Tolerant	Passionate
Undeterred	Team player	Leader
Articulate	Positive	Authentic
Fun	Thick-skinned	Focused
Thorough	Kind	Honest
Low key	Warm	Decisive

2. Record your chosen intention-words in the top row of the table below:

3. Identify one, two, or three situations at work where you find yourself in habitual breach of the intention in the top row. Record these breaches in the column boxes below the intention-word.

TRIGGERS		

4. In the box above identify at least one “trigger” for the breached intention in each box. A “trigger” is something we encounter in the empirical world that is perceived as a threat that precipitates (a) a stress response and (b) reactive thoughts/behaviors.
5. Instead of “brute-forcing” your way through the confrontation of these triggers, are you willing to practice confronting them in the future with a relaxed body?

To Thine Own Self
Be True

MISSION STATEMENT

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

An empowering Mission Statement:

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

Directions

Take 5 minutes to complete the ten (10) statements on the following page. Use these ten statements to create a concise statement of your personal/professional mission on the following page. Remember that a mission statement continues to mature and evolve—this work is only the beginning of your continual refinement of your mission.

Practice 2.

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

It is my mission:

- To live: _____

- To work: _____

- To continue: _____

- To love: _____

- To be: _____

- To become: _____

- To believe: _____

- To promote: _____

- To strive: _____

- To seek: _____

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

[illegible]

1. Why am I alive? What is my purpose here?
2. What principles guide my life? What is my Code of Honor?

My Code of Honor

Exercise

This exercise is the last of three in helping you to establish the foundations of a principle-based life. If your vision statement represents the destination of your life and your mission statement represents your purpose, then your principles are the methods that you utilize to perform your mission and to achieve your vision. Your principles articulate your integrity—by what laws and rules that you will chose to live. Using a train metaphor, your vision statement is the destination, your mission statement is the train and its fuel, and your principles are the tracks upon which the train glides. The better you are at remaining on the tracks of your principles, avoiding derailment, the more quickly and effortlessly you will achieve your vision.

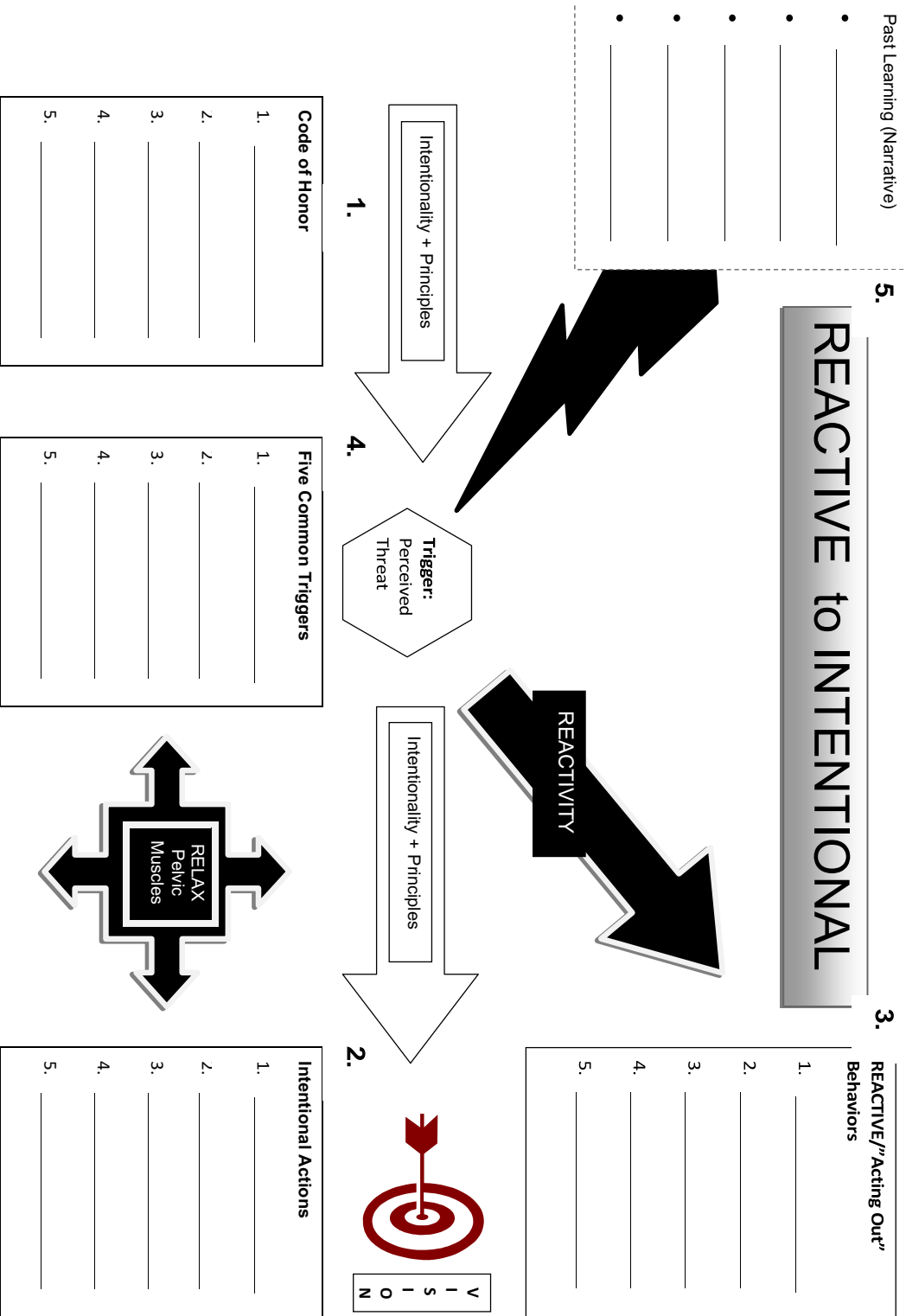
My principles

Below is a list of words that can be constructed into “Code of Honor” principle-based statements (example: Honest = “I am honest in all dealings with others and myself”).

Honest	Conservative	Effective
Challenging	Liberal	Scientific
Approach vs. avoidance	Moderate	Creative
Ethical	Tolerant	Detailed
Frugal	Conservative	Compassionate
Faithful	Outspoken	Resilient
Sense of humor	Assertive	Powerful
Commitment	Service	Responsible
Hopeful	Greedy	Productive
Joyous	Efficient	Just
Courage	Leader	Passionate
Truth/truthful	Facilitative	Secure
Parenting	Optimistic	Loving
Non-violent/peaceable	Farsighted	Strong
Fearless	Self-confident	Active

Pick 10-12 words from the above list and write sentences that describe you living these principles perfectly all the time (i.e., “I remain hopeful in all situations”). It is understood that you will not be able to maintain these principles 100% of the time and is the focus of our work. You will, however, become progressive more efficient in living within your principles as you practice some of the tools you will learn in Forward-Facing Trauma Therapy. Remember, with this exercise you are laying the tracks toward your vision upon which you will practice your mission day in and day out—make certain that the principles you choose are really the rights ones for you.

To thine own self be true.



PERCEPTUAL MATURATION

“Change the way you look at things and the things you look at change.”

— Wayne W. Dyer

If we are willing to examine the way we perceive our work and our workplace—willing to develop a disciplined and intentional process of what we do inside of our minds—we can change our work experience. We can become excited, challenged, and stimulated instead of dreadful, overwhelmed, and stressed out. We can find comfort, mastery, and confidence where previously we experienced ourselves as diminished and damaged by our work. *Nothing has to change in the workplace for the workplace to change.* We can learn to place our attention and effort on that which we can control by regulating our physical responses and managing our thoughts. We can stop trying to manage those things that are beyond our immediate control and become more resilient, competent, and satisfied with our work.

The practice of Medicine is stressful, right? The answer to this question, for many, is an automatic “obviously, yes!” However, the more automatic and unconscious our “yes” response to this question is, the more likely it is that we are experiencing the negative effects of stress from our work in the healthcare environment.

There are multiple ongoing demands constantly competing for the medical professional’s time, attention, and skills. Many days these demands are more than we can accomplish with the time and resources available to us. When unexamined and automatic, these “demands” can cause us to become increasingly uncomfortable in our work and, in a short period of time, we find that in order to accomplish our work we endure several hours steeped inside of a “toxic” environment. Until we begin to realize that it is not the *environment* that causes our stress, but instead what happens *inside of us* as we navigate through our workday, we are almost certain to continue suffering the effects of stress in our professional and personal lives.

As we begin to “get it” that our stress response has an internal—not external—cause, we can start to change the way we manage our bodies and our thoughts when we encounter the impossible demands of caregiving environments. And as we move from an external to an internal locus of control, regulating our bodies and making our thoughts intentionally, we find ourselves suffering less and enjoying our work more.

Once we have begun to regulate our autonomic nervous systems and are spending less of our time at work stressed out, we find that our brains function better. We think more quickly, are more agile, remember better, and make fewer errors. This is confirmed in recent neuro-feedback and brain imaging studies—the less anxious we are, the more efficiently our brains function. We can now move towards maturing our perception of our workplace and ourselves. Replacing our automatic and unconscious perceptions with intentional thoughts mitigates stress and enhances satisfaction in both the professional and personal arenas. We will explore how these perceptual

maturation skills can be applied in two separate areas: Work Place and Personal. Tables 1 and 2 below provide a quick, thumbnail synopsis of each of these skills, which are further explored in text. Finally, a set of exercises is included at the end of this section to help you operationalize some of these perceptual shifts in order to make your work less stressful and yourself more resilient.

TABLE 1: PERCEPTUAL MATURATION – WORKPLACE

Demand vs Choice	<ul style="list-style-type: none"> • There are no demands on any of us • We are always “at choice” • Choose to do all work related tasks, especially the undesirable ones
Outcome Driven vs Principle Based	<ul style="list-style-type: none"> • Outcomes are beyond our control • Aim for outcomes but focus upon present behavior • Do your best, it always good enough • Maintain your integrity
Relinquishing Entitlement and Secondary Gains	<ul style="list-style-type: none"> • We are not victims of our work, we competed to be in our positions • Your work entitles you to nothing more than anyone else • Become conscious of the “gains” you receive from perceiving yourself as victimized by your work • Decide whether these “gains” are worth the cost • Embrace your workplace as an opportunity to practice your principles and become a better, stronger person
System Demands	<ul style="list-style-type: none"> • Acceptance that all systems demand more from us than we can give • You are in no danger when others want more from you than you are able give • Relinquish your expectation of acknowledgement and appreciation • It is not your work causing your stress, it is what is happening in your body as you encounter the situations at work

TABLE 2: PERCEPTUAL MATURATION – SELF OPTIMIZATION

Mindfulness	<ul style="list-style-type: none"> • Calm body • Observing mind • Acceptance of current situation/non-judgmental • Curiosity/Teachable • Remain in present (no multitasking)
Science of Happiness	<ul style="list-style-type: none"> • Positive emotions can be intentionally achieved • More positive = more effective = more resilient • Disciplined activities to develop more positive-focused brain

	<ul style="list-style-type: none"> • Gratitude • Service • Goodwill
Self-Validation	<ul style="list-style-type: none"> • Many care providers rely upon their work and feedback from their patients, supervisions, or colleagues as primary source of worth • When we need outside validation then all human interactions are perceived threats • Overly sensitive to other's evaluation of us
Personal Development	<ul style="list-style-type: none"> • Intentionality • Coming into alignment with one's own principles • Graceful & elegant instead of "brute force" • Working smart instead of hard

PERCEPTUAL MATURATION - WORKPLACE

This resiliency skill area requires that the professional evolve and mature her/his perceptions of her/his work and workplace. In consciously and intentionally adjusting our perceptions about our work and ourselves, we can significantly diminish the capacity of the environment to produce stress responses. We become less a victim of our environment and more in control of the way in which we experience our work. We want to help professional care providers to turn their attention and energy towards that which is within their control while engaging less with trying to control what is outside their sphere of influence. By doing this, a professional can greatly lessen the "toxicity" of his/her environments and optimize her/his performance and satisfaction with his/her work. As you read through the writing in this section, ask yourself if there are any of these perceptual areas that you might want to further consider.

Demands vs. Choice. *Nothing is demanded of you.* What is your response to this truism? Do you find yourself becoming reflexively dismissive or immediately taking the counterpoint? If so, this may point to the ways in which you have "learned" to perceive your workplace environment—through the experiences of your life—that can generate a significant amount of stress.

Many of us we have had life-long training—by our families, our schools, our universities, our bosses, our patients, or the media—that a request from another is a demand on us. The more "demands" we encounter when moving through our workday, the more likely we are to perceive these demands as a threat. As demands morph into threats, then they have the potential to activate our sympathetic nervous systems. We have covered elsewhere how this over-stimulation leads to bad things (symptoms)! Instead, we must shift from seeing all of our work-related tasks as demands placed upon us to understanding them activities we choose to do or not do: I

can choose to do this activity or not do this activity. What are the consequences of each decision? What is in my best interest?

Failing to “choose” to engage in these activities, and understanding them instead as demands, is one of the most obvious ways in which we participate in the toxification of our work environment. As soon as we perceive a request from a supervisor, a patient, or a family member as a demand, then it is most likely that we will (a) perceive that demand as a threat; (b) have feelings of dread and avoidant behaviors associated with this “demand”; and (c) will likely utilize brute force (i.e., “stress”) to complete these dreaded demands. We have found that “choosing” to engage in and complete work tasks, even the ones we don’t want to do, produces significantly less stress. This simple shift in perception can significantly lessen the stress you experience from your work.

Outcome Driven vs. Principle-Based. Related to the above, many of us feel more and more responsibility for the outcomes of our work. Regulators, supervisors, patients, friends, and family members are usually happy to allow us to take on the responsibility for their well being. When we examine this more closely, we see that we are not capable of managing all the mitigating factors that go into a positive outcome for our patients or in the eyes of our supervisors. There are factors over which we have no control, and often these determine the outcome..

Many professional care providers find that they allow their sense of worth to be determined by the outcomes of their work. These people run the risk of developing, or exacerbating, sympathetic nervous system dominance throughout their workday. Those who demand from themselves certain outcomes are more likely to be stressed-out when some event or person negatively effects these outcomes. A more holistic and healthy approach is to simply do the best we can in all contexts while we, simultaneously, relinquish the outcomes. That does not mean that we don’t target treatment goals and periodically reorient our work towards these outcomes with our patients, with our colleagues/staff, and with ourselves. However, when we are in the process of actually working, we simply do our best and maintain fidelity to our principles. We can apply learning to future situations, but in the present we can only do what we can do. Paradoxically, many healthcare professionals report that they enjoy *better* outcomes as they focus upon them less.

Relinquishing Entitlement & Other Secondary Gains.

A common characteristic of caregiving professionals who are “burned out” is that they seem to have developed a sense of “entitlement”—they believe that they have sacrificed for their work and that they are owed something for this sacrifice. They have become comfortable in their “victim stance,” and seeing themselves as victims of their work has afforded them some secondary, albeit dubious, gains.

We sometimes forget that we trained and competed to be in our current professional position--we are NOT victims of our work. We are choosing to work where and how

we do. As we become aware of the ways in which we harbor this entitlement and other secondary gains (e.g. relishing having people feel sorry for us because of the difficulty of our work), we become empowered to relinquish victimhood.

When we give up the secondary gains from suffering, we can, instead, rediscover mission and purpose in our work. Letting go of what is “owed us” allows us to rekindle the passion that made us choose this field in the first place— a desire to serve people who are hurting! As we shift away from entitlement and towards the intention of maintaining personal integrity in all our interactions with patients, co-workers, supervisors and ourselves, work becomes a place that helps us to grow and mature, instead of a place that causes us harm. Our workplace becomes a place for us to practice skills that makes us better people—strong, resilient and compassionate.

Systems Demand – You Regulate.

No matter how much work we do for our institution or our patients, they are always going to demand more from us than we can give them. As we mature as professionals, we must accept and embrace this phenomenon. We must stop fighting and begin to develop the fortitude to (a) advocate for ourselves without polarizing with others and (b) self-regulate while working in these high-demand situations. We need to develop these skills so that we can maintain fidelity to our principles even while the systems within which we work are attempting to squeeze us into breaching our integrity. This becomes a hallmark of professional resiliency and maturation: Can you hold onto yourself, maintaining your principles, while your work place demands more from you than you can give?

PERCEPTUAL MATURATION – SELF-OPTIMIZATION

This second area of perceptual maturation is more about evolving our perceptions of ourselves than of our environment. Much of the development of this section has been borrowed from the work of those who have brought mindfulness and positive psychology to the forefront of treatment and professional resiliency (a bibliography is included).

Mindfulness. The concept and development of mindfulness is inherited from the Buddhist and Taoist traditions and has been practiced for centuries in India and Asia. Mindfulness meditation has been described as a disciplined practice of “watching without engaging” one’s own internal processes—including thoughts and emotions. These ancient principles were adopted by psychologists in the 1990’s to assist patients in both lessening anxiety and restructuring their negative cognitions about themselves and the world. Mindfulness, over the next twenty years, became a central focus for many psychotherapies and treatment approaches for a variety of disorders and had a great deal of success—especially with patients that had previously been very difficult to treat. These principles and practices have also found their way into

business and industry as a way of developing and maintaining inspiration, creativity, and satisfaction (i.e. resilience).

“Mindfulness practice means that we commit fully in each moment to be present; inviting ourselves to interface with this moment in full awareness, with the intention to embody as best we can an orientation of calmness, mindfulness, and equanimity right here and right now.”

“Intelligence is the door to freedom and alert attention is the mother of intelligence.”

— Jon Kabat-Zinn, *Wherever You Go, There You Are*

Mindfulness usually involves practicing two skills simultaneously: calming the body and noticing (without engaging) thoughts. Calming the body, in many mindfulness practices, is achieved by developing disciplined breathing practices. It can involve “belly breathing” or “regulated breathing” or “breath counting.” Any of these disciplines that help a person to become intentional about breathing will result in lessened anxiety. Once the body is calmed, as we discussed in the section on self-regulation, the brain regains optimal functioning and we can much more efficiently notice, control, or change out thoughts.

Practicing mindfulness. Mindfulness is a collection of skills often utilized simultaneously, all of which require practice. These skills are briefly described below:

1. **Awareness** One skill of mindfulness is learning how to focus your attention on one thing at a time (mindfulness practice and its researchers have shown that multitasking is not an efficient way of working and can elevate stress levels). This includes being aware of and able to recognize all the things that are going on around you (for example, sights and sounds), as well as all the things that are going on inside you (for example, thoughts and physiological states).
2. **Nonjudgmental/Nonevaluative Observation** This skill is focused on looking at your experiences in a nonjudgmental way. That is, simply looking at things in an objective way as opposed to labeling them as either “good” or “bad.” An important part of this skill is self-compassion.
3. **Being in the Present Moment** Part of mindfulness is being in touch with the present moment as opposed to being caught up in thoughts about the past (also called rumination) or the future (or worry). An aspect of this skill is being an active participant in experiences instead of just “going through the motions” or “being stuck on auto-pilot.”
4. **Beginner's Mind** This skill of mindfulness focuses on being open to new

possibilities. It also refers to observing or looking at things as they truly are, as opposed to what we think they are or evaluate them to be. For example, going into a situation with a preconceived notion of how things will turn out can color your experience. This can prevent you from getting in touch with the true experience.

Mindfulness takes practice. Some people may put aside time to practice mindful awareness of their breath or thoughts. However, the good thing about mindfulness is that you can also practice it at any point throughout your day. For example, you can bring mindful awareness to a number of activities that we often do without thinking, such as eating, washing dishes, cooking, taking a shower or bath, walking, driving in the car, or listening to music.

Positive Psychology/Science of Happiness. Wikipedia defines happiness as: “... a mental or emotional state of well-being characterized by positive or pleasant emotions ranging from contentment to intense joy.”

In recent years, many psychologists and researchers have begun to look at the science of happiness and have generated some interesting findings. Shawn Achor, in his book *The Happiness Advantage*, points out that many people have a tendency to postpone happiness. “I’ll be happy when I find a job.” “I’ll be happy when I get a promotion.” “I’ll be happy when my dissertation is finished.” Schneider, another happiness researcher, mentioned in a 2011 article: “perhaps genuine happiness is not something you aim at, but is a by-product of a life well lived...”

The “science of happiness” understands that human beings evolved to develop a “negativity bias,” which means that the brain, to help us survive, preferentially looks for, reacts to, stores, and then recalls negative information before it recalls positive information. Now for the good news. If you reverse the order of the formula, you end up with greater happiness and greater success. Happiness is an advantage, and the precursor to greater success. Every single relationship, business, and educational outcome improves when the brain is positive *first*. If you cultivate happiness while in the midst of your struggles at work, at school, while unemployed, or single, you increase your chances of attaining all the goals you are pursuing...including happiness.

According to John Gottman at the University of Washington, it takes at least five positive interactions to make up for just one negative one. Rick Hanson, in his book *Hardwiring Happiness* states that we can overcome our brain’s natural “negativity bias” and learn to internalize positive experiences more deeply—while minimizing the harmful physical and psychological effects of dwelling on the negative. All kinds of good things happen in our daily life that we hardly notice. We’ve all experienced this when someone pays us a compliment. Because of all the criticisms we’ve endured throughout our lives, we find ourselves dismissing or deflecting the compliment. Positive psychology seeks to help our brains learn how to tolerate, then embrace

,happiness by allowing ourselves a few seconds to a few moments to “encode” positive experiences.

Achor has developed a very practical “nuts-and-bolts” approach to achieving practicing this “re-wiring”. He states:

Realize that happiness is a work ethic. Happiness is not a mystery. You have to train your brain to be positive just like you work out your body. We not only need to work happy, we need to work at being happy. Try an experiment right now called the 21 Day Challenge. Pick one of the five habits listed below and try it out for 21 days in a row to create a positive habit.

1. Write down three new things you are grateful for each day into a blank word document or into the free app I Journal. Research shows this will significantly improve your optimism even 6 months later, and raises your success rates significantly.
2. Write for 2 minutes a day describing one positive experience you had over the past 24 hours. This is a strategy to help transform you from a task-based thinker, to a meaning based thinker who scans the world for meaning instead of endless to-dos. This dramatically increases work happiness.
3. Exercise for 10 minutes a day. This trains your brain to believe your behavior matters, which causes a cascade of success throughout the rest of the day.
4. Meditate for 2 minutes, focusing on your breath going in and out. This will help you undo the negative effects of multitasking. Research shows you get multiple tasks done faster if you do them one at a time. It also decreases stress and raises happiness.
5. Write one, quick email first thing in the morning thanking or praising a member on your team. This significantly increases your feeling of social support, which in my study at Harvard was the largest predictor of happiness for the students.

--Achor, S. <http://www.psychologytoday.com/blog/the-happiness-advantage/201108/5-ways-turn-happiness-advantage>

Resilience and happiness. Resilience and happiness are closely connected. People who have the close relationships and social supports that help them during times of adversity also experience much joy and satisfaction in these relationships during everyday life. People also get feelings of pleasure and meaning from doing things well, including the actions that help to overcome adversities.

Positive vs. negative emotions. Happiness involves feeling more positive emotions than negative ones. Just as importantly, it also means finding meaning and satisfaction when you reflect on your life. It does not mean a life free from adversity, and most happy people feel just as many negative emotions as people who say they are unhappy. For some people, the road to deep satisfaction may lie through overcoming challenges. Positive emotions may fuel the motivation to learn and grow in hard

times. There's a close link between negative and positive emotions. Many of the positive emotions cannot happen unless we make ourselves vulnerable, and sometimes they come in response to negative emotions. For instance, forgiveness and compassion are responses to being wronged. Creativity and flow involve taking risks, sometimes failing, and trying again. Awe, inspiration, serenity, and gratitude mean recognizing something outside of and larger than yourself. And generosity requires acknowledging other people's needs and wants and sometimes putting aside your own desires.

Study of the interplay between negative and positive emotions. One study of the interplay between negative and positive emotions was conducted by psychologists Jack Bauer and George Bonanno. They interviewed people six months after they had lost a spouse and kept track of positive and negative comments they made about the lost relationship. They followed up two years later, and the people who were managing the best were the ones who had about five positive comments to each negative one. People who were more negative were not doing as well—and neither were those who had only positive comments. The ones who adjusted the best were those who could acknowledge the sadness of their situation without being overwhelmed by it.

Fuel for resilience. Psychologist Barbara Fredrickson and her colleagues have found that positive emotions are the “fuel” for resilience. They help people find meaning in ordinary and difficult events. Finding meaning in life events leads to more positive emotions, which in turn leads to a greater ability to find meaning and purpose. Fredrickson calls this an “upward spiral” of greater well-being. They also found that resilient people still felt as many negative emotions as less happy people, often very intense ones. But they felt more positive emotions, and it was the positive emotions that accounted for “their better ability to rebound from adversity and stress, ward off depression, and continue to grow.” Their increase in happiness came from feeling good; not from avoiding feeling bad. The reason positive emotions predicted resilience and greater happiness is that positive emotions help us build skills and internal resources. Positive emotions like kindness, amusement, creativity, and gratitude put us in a frame of mind to explore the world around us and build a larger repertoire of assets that we can draw on in stressful times. In other words, “Happy people become more satisfied not simply because they feel better, but because they develop resources for living well.”

Self-Validation

Understanding all the subtle ways in which we seek validation from others—our supervisors, our significant others, our children, or patients—is a difficult, challenging, and sometimes painful, life-long process. Care professionals whose worth is determined by the validation and approval from others live in a dangerous world in which threat is as immediate as criticism or the withholding of approval. The more we require acknowledgement from another, the more threat we perceive in social contexts. Other-validation makes us hypersensitive and reactive in social and intimate

settings—it becomes nearly impossible to simply be ourselves around others. For those of us who are other-validated, we find ourselves engaging in a host of reactive behaviors— including competing for attention, polarizing with others, sabotaging peers, being contemptuous of others, self-aggrandizing, and/or completely isolating ourselves—in an attempt to avoid this perceived threat.

Once we begin to understand the matrix of perceived threats that are embedded in an other-validated stance, we can begin to “make sense” of these reactive behaviors. They are all driven by the sympathetic nervous system and have one of two goals— fight or flight. When we “fight” we are attempting to neutralize the threat. These fight behaviors can be seen in those who become rigid, controlling, and aggressive in social situations. Conversely, the “flight” behaviors—attempting to get away from the perceived threat—can be seen when we attempt to ingratiate ourselves with others, when we do not speak up for what is right and true for us, or when we isolate ourselves.



PRACTICE 3: PERCEPTUAL MATURATION – WORKPLACE

Real Danger or Perceived Threat?

- Ask yourself several times a day: “Am I really in danger right now?” If the answer is “no”, then dial down the arousal in your body by relaxing the tension in your muscles. If the answer is “yes,” then it is even more important that you relax your way back to peak cognitive and motor functioning.
 - What percentage of the time are you in **real** danger while at work? ____%

Choice or Demand?

- Notice how frequently at work you say to yourself or out loud “I have to...”. When you begin to change the perception of demands into the understanding that you have choice and you are choosing to do the day’s work or the task at work, this diminishes a significant amount of the stress you experience from that day of work. What are some work tasks that you currently see as demanded of you?
 - _____
 - _____
 - _____
- Do a cost benefit analysis. How might you change the ways in which you view these “demands” to evolve into acceptance that you are choosing your job and the tasks that go with it?
 - I choose to do that lumbar puncture now because I know it’s the right thing to do and if I wait any longer, it will be bad for the patient and keep me here longer (because in the end, I have to do it anyway).
 - I chose to fill in for that vacant night shift because I know that the shift needs to be filled and I do not want the same person (who always fills in) to take on all of this responsibility
 - I choose to _____ because _____.
 - I choose to _____ because I do not want the _____.

Controlling What We Can: Outcome vs. Principle Based

- Write down one to three ways you make yourself responsible for outcomes that are beyond your control:
 - *I will relieve patient suffering*
 - _____
 - _____
 - _____
- Now, see if you can rewrite these to articulate an intention that is within your control:
 - *I will give each patient the best care that I can*
 - _____
 - _____
 - _____

Relinquishing Entitlement and Secondary Gains

- After participating in this workshop, can you identify any entitlements you secretly hold on to because of the “sacrifice” that you make in caring for others?

- Because I am so busy and stressed, I expect others to understand that I can't attend to social commitments like they would want me to.
- _____
- _____
- _____
- What unconscious “secondary gains” have you received from being a victim of your work?
 - My spouse should understand all that I go through and take care of the problems of the household. Those issues are more than I should have to handle.
 - _____
 - _____
 - _____
- How are these entitlements and secondary gains improving your quality of life?
 - _____
- Are you prepared to relinquish them?
 _____Yes _____No

Systems are Anxious and Demanding—Understanding and Acceptance.

- Identify one way in which you find yourself struggling with your work system. How do you allow your unmet expectations of your work system to cause you distress?
 - The hospital should provide more staff to help me complete the tasks that I must complete every day. I am bothered by this everyday I work. What are those administrators thinking?
 - _____
 - _____
- Now, try accepting that this is the way that systems behave—they demand more from you than you can give and they are rarely appreciative of what you do give. Now relax, knowing that you are in no danger when more is demanded of you than you can give. How might you change your perception in this context towards identifying what is within your purview of control?
 - We hired scribes and they have helped me to become so much more efficient and its not that expensive. Such an easy solution after years of thinking that the hospital should provide all of this for me.
 - _____

Notes: _____

PRACTICE 3: PERCEPTUAL MATURATION – PERSONAL OPTIMIZATION

Mindfulness

1. **Calm body—relaxed mind.** Identify three situations that cause you stress and practice relaxing and disengaging from the intensity of the situation. Practice “noticing” everything you can about the situation (your thoughts, your body’s reaction, how others are acting, etc.) without engaging in the drama.
 - a. I get so frustrated when a consultant challenges my take on a case. I get so caught up. I find I want to prove me right and them wrong. When I think about what is best for the patient, I find that I am most effective.
 - b. _____
 - c. _____
 - d. _____
2. **Non-judgmental Observer.** Notice your thoughts when you are anxious. What are some of the involuntary and patterned thoughts you think during these times?
 - a. This stress has caused me to over eat. I am such a jerk for letting myself gain that weight.
 - b. _____
 - c. _____
 - d. _____
3. **Making Sense.** How are these negative thoughts trying to help you (hint: fight or flight)?
 - a. OK, I know that I should eat better. I have good reasons not to exercise. I am too busy!
 - b. _____
 - c. _____
 - d. _____
4. **Let them be.** Practice letting these thoughts go on by or through you without engaging with them. Recognize they are old neural patterns trying to help you through an experience that is perceived as a threat.
5. **Be Present.** Notice times when you are anxious. What is the correlation between the times when you are anxious and when you are thinking about past or future situations? Practice reorienting yourself to the here and now.
 - Identify a situation at work where you can practice simply being present without any demands upon you, a moment to just be.
 - _____
6. **Beginner’s Mind.** Less “I know” and more curiosity. How can I improve myself in this situation? What can I do better? How can I make things better for others around me? What is there to learn here?
 - **Identify a situation at work where you can change your “knowing” into curiosity and open-mindedness**
 - _____

Generating Positive Emotions: The Science of Happiness

1. **Gratitude.** Each day identify three new things for which you are grateful in your work and what you work gives you in your life:
 - I am thankful for having the support of some really great people at work.
 - _____
 - _____
 - _____
2. **Positive Relationships.** Identify one thing each day a team member does well and tell them about it:
 - _____
3. **Accentuate the positive.** Between the time you leave work and getting home, identify three things you did well during the previous shift:
 - Mrs. Jones was really scared. I was able to reduce her anxiety by talking with her for a few minutes more than I cared to do.
 - _____
 - _____
 - _____
4. **Less multitasking...more focus.** Practice keeping your attention on following through with a single activity before moving on to the next. What are some situations that will benefit from you sequencing and focusing instead of allowing your attention, focus and energy to become dissipated?
 - When I walk the dog, I should not be checking e mail. Its so beautiful and relaxing when I just don't bring the iphone!
 - _____
 - _____
 - _____

Self vs. Other Validation – Internal Locus of Control

1. Identify one situation where you find yourself attempting to gain favor from others (patients, peers, supervisors, family members).
 - a. *I want this patient to perceive me as competent*
 - b. _____
2. Practice re-scripting this situation into something that is within your control and is your practicing your mission
 - a. *I will be a competent and compassionate practitioner with this patient and allow them to think of me what they will*
 - b. _____

CONNECTION & SUPPORT

The importance of working within a community and being able to utilize that community for our own support has been discussed several times throughout this program. Why is it that good therapists see a colleague on a regular basis? We simply cannot do good caregiving work in isolation. We need to intentionally utilize a care network made up of individuals we trust and respect. We need to turn to these individuals on a regular basis (weekly, bi-weekly, or monthly depending upon the intensity of our caregiving work) to receive support and to dilute the effects of our work.

We have identified four important functions of a support network and they are as follows:

1. **Sharing Trauma Narratives** (Applies to exposure to both primary and secondary trauma). You have learned the value of narratives in helping heal the effects of traumatic stress. By sharing narratives we are able to relegate traumatic experiences to the past so that they stop intruding into the present and impeding our intention. We need to regularly share with our support group the parts of our personal or professional experience that are intruding into our thoughts and dreams. These may be personal traumas from our own past or present or they may be the experiences that we have witnessed either through our work on a trauma site or through the narratives of the people we help. Anything that is still causing us discomfort is appropriate for this exercise.
2. **Empower to Confront.** It is nearly impossible to see the ways in which we are becoming affected by the secondary traumatic stress and perceived threat associated with our work. Add to this the fact that most of us have learned to deny our symptoms until they begin to produce crisis and you have a fertile breeding ground for compassion fatigue. That is why it is important to pick two or three folks from our support network and empower them to confront us when they (a) see us becoming symptomatic and/or (b) habitually breaching our integrity. You will want to empower them to “push” through your defenses and remind you of your covenant, asking them to “get in your face” even if you get irritated with them.
3. **Telling on Ourselves.** Hopefully, through this program we have begun to see the futility of avoidance, denial, suppression, and procrastination as stress-management strategies. We do not have to look too deeply to see that these strategies actually increase our levels of perceived threat and lower our resiliency. Secrecy is a potent virus that causes spiritual sickness. We want to be free of these ills and for that reason we see the value in externalizing and sharing with our trusted network the places that we are engaging in habitual breaches of our integrity. As we begin to engage in this proactive self-care it gives us a good, clean feeling that we are maturing as we turn away from our old ineffective coping and towards our own integrity.
4. **Accountability.** After we “tell on ourselves,” our support network can become a source of accountability as they witness the commitment we make with ourselves to bring our behavior into alignment with our code-of-honor. They can gently remind us by periodically asking us how we are doing in this particular area. We are much more likely to follow through on commitments that have been witnessed by others.

Training Your Network

It is your responsibility to train your support network to be maximally supportive. If you have been careful in your selection of support persons, then you will have selected people who sincerely want to help. However, most others simply do not know how to be helpful to you and, in their anxiety to be helpful, can make things even worse. Chances are they perceive threat while wondering if they are really being helpful for you. You can help them to relax and be certain that you are getting the maximum from your meeting time if you will take a little time on the front end to let them know what you are doing and how they can be most helpful.

The following script has been offered as a suggestion for developing your support network:

Hey, I just learned that I might be high-risk for compassion fatigue. And that preventing compassion fatigue requires that I regularly share my narratives with another person. I'd like for you to be that person. If you are willing, I'd like to show you this thing I learned about how to keep your body relaxed while you are listening to me so that you don't get sick with my stories [teach pelvic floor relaxation]. I promise you I will always ask permission from you and allow you time to prepare yourself before I start talking with you about these issues—I won't hijack you. I would ask that you make yourself available sometime within 72 hours, either in person or by telephone. When we meet, I will have everything I need to share organized into a 20 minute narrative. I ask that you just listen and do not interrupt. If you have insights, comments, or suggestions I would love to hear them—after I have completed my narrative.

If you are willing to do this for me then I will reciprocate. I will offer the same thing—I only ask that you ask me first and I will make myself available to you within 72 hours.

Now, all that is left to do is to schedule your first meeting...

PRACTICE 4: CONNECTION & SUPPORT

Building Your Network

Identify three(3) people who you would like to include as part of your support network:

- Name: _____ Phone #: _____
- Name: _____ Phone #: _____
- Name: _____ Phone #: _____

Self-Care & Revitalization.

That which is to give light must endure burning.

This quote by Viktor Frankl has become the essence of our work with resiliency. It contains two important concepts. First, the burning. In this, Dr. Frankl is telling those of us who have chosen to be givers of light that we are going to experience some burn. It is inevitable that we are going to experience pain from our work of fixing the broken, healing the sick, comforting the lost, and witnessing the dying. And to endure this we must become stronger, more mature, and resilient enough that witnessing and absorbing this pain does not diminish us. This has been discussed all through this workshop.

The second part of this quote, however, has to do with the re-fueling. If we are going to burn, then we need to be burning fuel and not ourselves. If we are burning only ourselves—and not refueling—then we do not burn very brightly or for very long. We need to develop a systematic discipline of refueling ourselves physically, emotionally, psychologically, spiritually, relationally and professionally.

There are myriad ways in which we can achieve this refueling and revitalization. For some, it is more physical, while for others it is more intellectual, while still others use artistic expression or a combination of means. It is our responsibility to learn and regularly practice what works for us to sustain our energy, buoyance, and hope.

We have found some things that work well for most people and represent the essential components of good self-care. These are:

- Regular (3x/week) aerobic activity
- Healthy diet
- Good sleep hygiene
- Regular social activities
- Creative activity or hobbies
- Spiritual practices
- Professional enrichment

These are only examples, and you may find others that work for you. It is the responsibility of each and every professional in the health care field to find and implement a program of self-care and revitalization that works for them.

PRACTICE 5: SELF-CARE & REVITALIZATION WORKSHEET²

How frequently do you engage in the following?

0	1	2	3	4
Never	Rarely	Sometimes	Often	Frequent

Physical Self-Care

- _____ Aerobic activity: Exercise regularly (3 times per week)
- _____ Eat regularly (e.g., breakfast, lunch, & dinner)
- _____ Eat healthy foods
- _____ Tone muscles
- _____ Preventative medical care
- _____ Medical care when needed
- _____ Take time off work when sick
- _____ Get massages
- _____ Dance, swim, walk, run, play sports, sing, or do other physical activity you enjoy
- _____ Take time to be sexual
- _____ Get enough sleep
- _____ Wear clothes you like
- _____ Take vacations

Psychological Self-Care

- _____ Relaxing your muscles at work
- _____ Relaxing your muscles in personal life
- _____ Make time away from demands
- _____ Write in a journal
- _____ Read literature that is unrelated to work
- _____ Do something at which you are not an expert or in charge
- _____ Let others know different aspects of you
- _____ Be curious
- _____ Say no to extra responsibilities
- _____ Decrease stress in your life

Emotional Self Care

- _____ Connect with others whose company you enjoy
- _____ Love yourself
- _____ Laugh
- _____ Cry
- _____ Play with animals
- _____ Play with children
- _____ Identify comforting activities, objects, people, places and seek them

² Adapted from *Risking Connection: A Training Curriculum for Working with Survivors of Childhood Sexual Abuse*. Saakvitne, K.W., Gamble, S., Pearlman, L.A., Lev, B.T. (2000). Baltimore, MD: Sidran Press.

- _____ Express anger in social action (i.e., letters to newspapers, donations, marches, gatherings)
- _____ Be of service to others

Spiritual Self-Care

- _____ Spend time in nature
- _____ Find spiritual connection or community
- _____ Cherish optimism and hope
- _____ Be open to not knowing
- _____ Sing
- _____ Pray
- _____ Spend time with children
- _____ Be open to inspiration
- _____ Have gratitude
- _____ Meditate
- _____ Listen to music
- _____ Engage in artistic activity
- _____ Yoga
- _____ Have experiences of awe
- _____ Be mindful of what is happening in your body and around you
- _____ Make meanings from the difficult periods
- _____ Seek truth

Work-Place or Professional Self-Care

- _____ Take time to eat lunch
- _____ Take time to connect with co-workers
- _____ Make quiet time to complete tasks
- _____ Identify projects or tasks that are exciting/rewarding
- _____ Set limits with clients and colleagues
- _____ Balance your workload so that you are not “overwhelmed”
- _____ Arrange your workspace so that it is comfortable and comforting
- _____ Get regular supervision and consultation
- _____ Negotiate for your needs (benefits, pay raise)
- _____ Start a peer support group or outing

Other

Now, circle one (1) item from each subheading that you will commit to raise one level (i.e., from 2 “sometimes” to 3 “often”) over the next month

Self-Directed Compassion Fatigue Resiliency Plan

1. **Self Regulation.** Ability to switch from the sympathetic to parasympathetic nervous system after you have determined that you are safe from threat. Requires relaxation of muscles. Identify method(s) that you will employ to relax your body to maintain self-regulation:
 - a. _____
2. **Intentionality.** The ability to follow your Covenant/Code of Honor and maintain your personal integrity. To shift from reactivity and impulsive behaviors to chosen behaviors. Identify two situations where you perceive threat and where habitually respond reactively, are de-railed from your mission, and breach your integrity (can be professional or personal). Make commitment to self-regulate during these periods:
 - a. _____
 - b. _____
3. **Perceptual Maturation.** Evolving our perception to see our workplaces as less threatening and ourselves as empowered in these contexts is an important part of professional resiliency. Identify one way that you can address each of the below in your work:
 - a. **Choice vs. Demand:** _____
 - b. **Process vs. Outcomes:** _____
 - c. **Relinquishing Entitlement:** _____
 - d. **Maintaining Integrity:** _____
 - e. **Self-validation:** _____
4. **Connection/Support.** The utilization of three or more peers to serve as a support for you. These persons should be educated in how to best help you and should be able to listen without judgment or interruption. You will want these peers to be “safe” for you and trusted enough that you can share uncomfortable information. You will want to utilize these peers to discuss the painful and difficult aspects of your work and for discussions of where you are finding yourself struggling with intentionality. Identify three new people who you will request to become members of your support family:
 - a. _____
 - b. _____
 - c. _____

5. **Self Care.** What activities “re-fuel” you? You should identify at least one aerobic activity in which you will engage three times weekly. You should also identify an “integrative activity” (e.g., learning a musical instrument, learning an art or craft, learning a sport) that contains both the learning and discipline of mastering the rudiments (e.g., scales, tools, drills) as well as ample time to participate in “playing” in this activity. The remaining three should be activities that replenish you and give you a sense of joy, reconnecting you with life, hope, and wonder. Identify five activities that will help you face each new day with fullness and potency:

- a. **Aerobic:**_____
- b. **Physical:**_____
- c. **Psychological:**_____
- d. **Emotional:**_____
- e. **Spiritual:**_____
- f. **Professional:**_____
- g. **Integrative:**_____

That which is to give light



Must endure burning

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THANK YOU