



The Epidemic Behind the Pandemic: Assessment and Treatment of Compassion Fatigue, Burnout, and Vicarious Trauma

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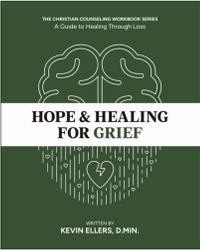


Disclosure Statement

Dr. Kevin Ellers and Jennifer Ellers have no relevant disclosures to make other than royalties received for the following book referenced in the session:

Hope & Healing for Grief: A Guide to Healing Through Loss

Book signing:
Friday 4-5 p.m.



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Workshop Objectives

Participants will:

1. Discuss definitions, statistics and research on compassion fatigue, vicarious trauma and burnout.
2. Identify individuals and groups most at risk for compassion fatigue and the possible physical and mental health consequences.
3. Utilize a variety of tools designed to assess compassion fatigue including the Pro-QOL and new Pro-QOL Health.
4. Discuss practical interventions for recovery and self-care resilience plans that can be utilized with clients, but can also be implemented for the professional caregiver for themselves and their colleagues.

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As a People Helper... Which One Are You? Why?



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- **You can't swim without getting wet.**
- **You can't be an effective people helper without exposure to grief and trauma.**
- **You can take actions that determine exposure and impact!**

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- Mark 6:30 - ³⁰ The apostles gathered around Jesus and reported to him all they had done and taught. ³¹ Then, because so many people were coming and going that they did not even have a chance to eat, he said to them, "Come with me by yourselves to a quiet place and get some rest."
- Mark 14:6 - ⁶ "Leave her alone," said Jesus. "Why are you bothering her? She has done a beautiful thing to me. ⁷ The poor you will always have with you, ⁸ and you can help them any time you want. But you will not always have me.

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 **What This Class is About**

- **Stress** – a state of mental or emotional strain or tension resulting from adverse or very demanding circumstances
- **Resilience** – the capacity to withstand and recover quickly from stressors

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Resilience



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 **Rate Your Stress**

- On a scale of 0-10
- 0= Low Stress – really relaxed
- 10= Extremely Stressed – experiencing a high level of emotional and physical stress

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Compassion Satisfaction and Compassion Fatigue

To complete the ProQOL assessment and for more information go to:

www.proqol.org

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 **Vocabulary**

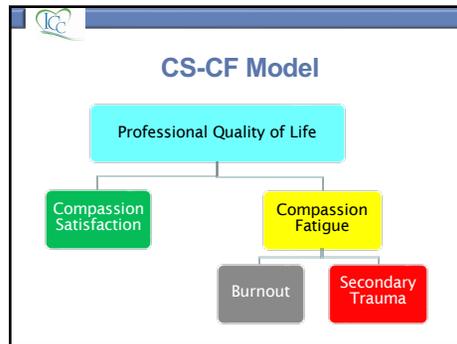
- **Compassion Satisfaction**
 - Positive aspects of working as a helper
- **Compassion Fatigue**
 - Negative aspects of working as a helper
- **Burnout**
 - Inefficacy and feeling overwhelmed
- **Work-related traumatic stress**
 - Primary traumatic stress direct target of event
 - Secondary traumatic exposure to event due to a relationship with the primary person

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 **Professional Quality of Life**

Compassion Satisfaction	Compassion Fatigue
<ul style="list-style-type: none"> · The positive aspects of helping · "The good stuff" 	<ul style="list-style-type: none"> · The negative aspects of helping · "The bad stuff"

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- ### Compassion Satisfaction
- The positive aspects of helping
 - Pleasure and satisfaction derived from working in helping, care giving systems
 - May be related to
 - Providing care
 - The system
 - Work with colleagues
 - Beliefs about self
 - Altruism

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- ### Compassion Fatigue
- The negative aspects of helping
 - The negative aspects of working in helping systems may be related to
 - Providing care
 - To the system
 - Work with colleagues
 - Beliefs about self
 - Burnout
 - Work-related trauma

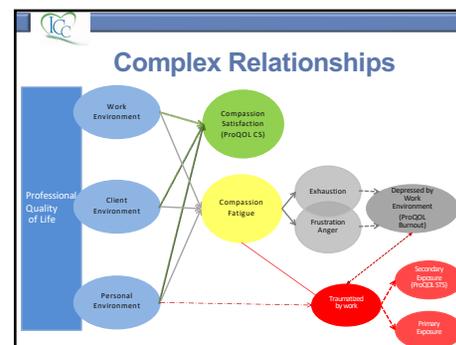
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- ### Burnout and STS: Co Travelers
- **Burnout**
 - Work-related hopelessness and feelings of inefficacy
 - **STS**
 - Work-related secondary exposure to extremely or traumatically stressful events
 - Both share negative affect
 - Burnout is about being worn out
 - STS is about being afraid

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- ### Relationships Are Complex
- Multiple spheres
 - Work environment
 - “People helped” environment
 - Personal environment
 - Positive (CS) & negative (CF)
 - Altruism CS can override CF
 - Compassion Fatigue two parts
 - Worn out (BO) common
 - Frightened, traumatized (STS) rarer but powerful

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Measuring CS & CF: The Professional Quality of Life Scale (ProQOL)

- The ProQOL is free
- A 30-item self report measure of the positive and negative aspects of caring
- The ProQOL measures Compassion Satisfaction and Compassion Fatigue
- Compassion Fatigue has two subscales
 - Burnout
 - Secondary Trauma

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Well Established

- The ProQOL is the most widely used measure of the positive and negative aspects of helping in the world
- The ProQOL has proven to be a valid measure of compassion satisfaction and fatigue
- It has been used for over 15 years
- The measure was developed with data from over 3000 people

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ProQOL Health

- Professional Quality of Life assessment created for health workers serving in difficult humanitarian or pandemic situations.

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Easy to Use

- The ProQOL is easy to use
- It can be given individually or in groups
- It can be given online or at an individual computer

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Easy to Score

- Full scoring
 - More detailed and specific information but takes longer
 - Better for research or administration
- The simplified scoring
 - Less specific but can be completed quickly and can be intuitively understood
 - Good for training situations

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Not a Medical Test

- Helps understand the positive and negative aspects of helping
- Not a "psychological test"
- Not a "medical test"
- Can be viewed as a screening for stress-related health problems

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People Bring Their Stuff

- Do you know your trauma and loss history?
- Have you done your work?
- What's your current life challenges - difficult family, economic, work, or other personal situations?

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Their Stuff & Our Stuff

- Client and helper's stuff can collide.
 - Schemas and beliefs
 - Stigma beliefs
 - Social support systems
 - Positive support
 - Negative support
 - History of trauma and illness
 - Families and close others
 - Economic situation

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Interpreting Scores

- Scores on individual scales tell us about a person's responses on each of the constructs
- Viewing the combination of scores helps us "paint a picture" of what the person is telling us
- Can be used to track an individual's CS and CF

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Resiliency Planning

- Individual, personally
 - The ProQOL can help you plan where to put your energy to increase our resilience
- Organizational planning
 - Can help organizations find ways to maximize the positive aspects and reduce the negative aspects of helping
- Supportive Supervision
 - The ProQOL can be used as information for discussions

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STSI-OA

- Secondary Traumatic Stress Informed - Organizational Assessment

an assessment tool that can be used by organizational representatives to evaluate the degree to which the organization is STS-informed and able to respond to the impact of secondary traumatic stress in the workplace. University of Kentucky Center on Trauma and Children
<https://ctac.uky.edu/stsi-oa>

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Assessments

Red Zone - In life-threatening danger - Suicide risk/Severe Physical Illness/Pain

Pink Zone - Nearing life-threatening status due to severe PTSD symptoms, impact on personal/financial/marital/job status. In danger of significant loss.

Yellow Zone - Stable but struggling with impact of stress on one or more aspects of life (physical, professional, relational)

Blue Zone - Functioning well in most areas but need plan for improvement/support in multiple areas.

Green Zone - Optimum functioning in some zone but will plan for improvement in some areas of stress management

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Herd Meditation

- View several herd meditation videos to reset at YouTube channel: [RESET Life Coaching](#)
- Additional resources available at: <https://resetlifecoaching.net>

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Commonly Cited Caregiver Pandemic Impacts

- Interpersonal conflicts & differences
- Added role of support
- Carrying the load of others
- Lack of protective resources
- Loss of colleagues, friends and family

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Commonly Cited Caregiver Pandemic Impacts

- Long hours
- Social isolation
- Unknowns
- Increased pressure
- Decreased support systems
- Personal risk increased
- Long haul

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Study of COVID-19 Pandemic Impact on HC Workers: Review of Literature in 2020

Increase in:

- Burnout
- Emotional exhaustion
- Depersonalization
- Compassion Fatigue

Reduction in:

- Sense of personal accomplishment
- Compassion Satisfaction

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Study of COVID-19 Pandemic Impact on HC Workers: Review of Literature in 2020

Main Protective Factors:

- Resilience
- Social Support

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Stress in America

From study by APA (American Psychological Association) done annually since 2007

Americans are struggling with multiple external stressors that are out of their personal control, with 27% reporting that most days they are so stressed they cannot function

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Stressors

Most adults cited the following as significant sources of stress:

- inflation (83%)
- violence and crime (75%)
- the current political climate (66%)
- and the racial climate (62%)

Source: (<https://www.apa.org/news/releases/2022/10/multiple-stressors-no-function>)

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The nationwide survey, fielded by The Harris Poll on behalf of APA, revealed that:

- 70% of adults reported they do not think people in the government care about them
- 64% said they felt their rights are under attack
- (45%) said they do not feel protected by the laws in the United States
- (38%) said the state of the nation has made them consider moving to a different country.
- (76%) said that the future of our nation is a significant source of stress in their lives
- 68% said this is the lowest point in our nation's history that they can remember

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Got Stress?

- What is stressing you the most right now?
- What are your greatest stressors as a people helper?
- What generally causes you the most stress?

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- Where do I hold my trauma and stress?
- What do I say to myself?
- When and how do I reset?
 - How do I refuel?
 - How do I drain?

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Secondary Traumatic Stress

Secondary Trauma/Vicarious Trauma

The emotional residue or strain of working with those suffering from the consequences of traumatic stress.

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- "We have not been directly exposed to the trauma scene, but we hear the story told with such intensity, or we hear similar stories so often, or we have the gift and curse of extreme empathy and we suffer. We feel the feelings of our clients. We experience their fears. We dream their dreams. Eventually, we lose a certain spark of optimism, humor and hope. We tire. We aren't sick, but we aren't ourselves."
 - C. Figley, 1995

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 **Burnout**

- Cumulative process marked by emotional exhaustion and withdrawal associated with increased workload and institutional stress, NOT trauma-related.

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 **Burnout**

“Burnout is a psychological syndrome of **emotional exhaustion, depersonalization and reduced personal accomplishment**”

(Maslach, 1982; Maslach & Goldberg, 1998; Maslach & Leiter, 2003)

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 **Burnout Causes**

*The conventional wisdom is that burnout is primarily a problem of the individual. This is, people burn out because of flaws in their character, behavior or productivity...but our research argues most emphatically otherwise. As a result of extensive study, we believe that burnout is not a problem of people themselves but of the **social environment** in which people work (Maslach & Leiter, 1997, p. 18).*

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 **Burnout**

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

- Gentry & Baranowsky, 1998

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

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 **Compassion Fatigue**

Defined by Charles Figley, 1995)

Compassion Fatigue =
Burnout + Secondary Traumatization

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 **Compassion Fatigue**

- Secondary Traumatic Stress
- Vicarious Traumatization
- Burnout
- Countertransference
- Caregiver Stress

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 **CF vs Burnout**

- Compassion fatigue originates from exposure to disturbing content of victims of survivors.
- Burnout originates from occupational stress and being overworked, unsupported and/or emotionally toxic environments.
- Compassion fatigue may have shorter recovery time than burnout depending on certain factors.
- People often expect the residual impacts of helping but are not prepared and intolerant of the negative impacts of the workplace environment.

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 **When We Can't Fix It**

- Regardless of the term or our specific role – all those who work with people in trouble, in crisis, having problems face the possibility that we won't be able to help or that we can't help as much as we want to.
- The people we are trying to help may die or do not get better

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 **Post Traumatic Stress and Post Traumatic Stress Disorder**

- Posttraumatic stress (PTS) is a normal survival response; Posttraumatic Stress Disorder (PTSD) is a pathologic variant of that normal survival reaction.

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 **PTSD in DSM V**

- Not under Anxiety Disorders
- Now under Trauma and Stressor-Related Disorders



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 **Changes to PTSD in DSM V**

- Criterion A: Stressor

The person was exposed to threatened or actual death, threatened or actual serious injury or threatened or actual sexual violence by:

1. Direct exposure
2. Witnessing in person
3. Indirectly, by learning that a relative or friend was exposed to trauma

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 **Changes to PTSD in DSM V**

Criterion A: Stressor

4. Repeated or extreme indirect exposure to aversive details of the event (s) usually in the course of professional duties (i.e. first responders, collecting body parts, professionals repeatedly exposed to details of child abuse, etc.)

*This does not include indirect non-professional exposure through media, television, movies or pictures.

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Common Questions about PTSD

1. Is it caused by one event?

Sometimes but in military personnel, first responders and caregivers it is typically cumulative exposure and symptoms appear gradually rather than all at once

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Common Questions About PTSD

2. If it is cumulative - what causes the severe symptoms to develop?

There can be catalyst events that diminish one's capacity to continue to function

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Most Common Catalyst Events

1. Personal or family stress added to work stress including divorce, illness or death of family member, financial stress, etc.
2. Death or injury of a colleague - line of duty death or suicide
3. Particularly demanding work call often those involving children

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Emotions

- Emotions: Sum of feeling and physiology
- Survival value
- Increases ability to store survival information
- Prepare to ward off predators
- Allow for communication
- Motivate us
- Bind us together
- Let us know we are doing the right thing

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Encoding a Traumatic Memory

Four conditions that need to be met for an event to be synaptically encoded as a traumatic memory

1. Emotion-producing event
2. Must have meaning for the individual
3. Brain has compromised neurochemical landscape at time of event
4. Perception of inescapability at that time

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Vulnerable Landscape

- Prior stressful events change perception for a current event
- Study of preschoolers who witnessed the 9/11 at WTC were at high risk for developing lingering emotional and behavior problems only if they had had a previous frightening experience
- 40% who had sequential traumas suffered from depression, emotional outbursts, and poor sleep three years later contrasted with other children who had few symptoms

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 Previous traumatic events could be anything from dog bite to serious accident.

- Vulnerability is increased by:
 - Overly empathetic abilities
 - Low self-esteem
 - Difficulty in emotional regulation
 - OCD or anxiety
 - Introversion
 - Substance abuse
 - Stress caused by poverty and low education

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 **Compassion Fatigue Resiliency: Myth of Objectivity**

- Hippocrates (460 BC - c. 370 BC) established objectivity and stoicism as a central component of "professional" medicine - **BAD PARADIGM**
- Ineffective method for developing and maintaining resiliency
- Produces shame, isolation, fear, and exile among practitioners who do become symptomatic

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 **Compassion Fatigue Resiliency: New Paradigm**

- **A professional does not have to suffer if s/he is willing to evolve and mature personal and professional skills**
- **It is possible to be healthy while working in a toxic environment!**

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 **Objectivity ≠ Resiliency**

Old Paradigm	New Paradigm
Objectivity	Relational
Myth of "no effects"	Resilience
Denial of weakness	Acceptance of pain
Stoicism	Pain ≠ suffering
"suck it up"	Self-regulatory
Negative effects = weakness	Caregiving is developmental— maturational required
Shame	Strong and malleable
Strong but brittle	Personal responsibility
Environment-caused	

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 **SYMPTOMS OF COMPASSION FATIGUE**

SX of Compassion Fatigue (ST5 + B0)

Anxiety/Fear	Sleep Problems	Fatigue
Anger	Isolation	Irritability
Loss of meaning/purpose	Self Rx (alcohol, drugs, food, gambling)	Troubled relationships with co-workers
Relationship Problems	Loss of productivity	Nightmares
Somatic complaints	GI distress	Escape fantasies
Suicidal ideation	Poor concentration	Loss of enjoyment
Reactivity	Frequent complaining	Sadness/depression
Racing thoughts	Dread	Sarcasm
Cynical	Passive aggression	Violent fantasies
Hating work	Absenteeism	Weight gain/loss

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 **Signs of Distress**

1. Physical Symptoms

- Beyond exhaustion to illness
- Sleep deprivation
- Poor nutrition
- Extreme weight gain or loss
- Compromised immune response

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Signs of Distress

- **2. Emotional/Psychological**
 - Impaired concentration/inability to perform
 - Feelings of hopelessness/helplessness
 - Depression
 - Anxiety
 - Self-medication with drugs or alcohol
 - Suicidal thoughts/plans

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Signs of Distress

- **3. Relational**
 - High conflict in personal and professional relationships
 - Isolation
 - Family/Marital discord
 - Loss or threatened loss of significant relationships

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Signs of Distress

- **4. Spiritual**
 - Lack of meaning/purpose
 - Crisis in personal faith
 - Cynicism
 - Lack of compassion
 - Loss of hope for the future

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Signs of Distress

- **5. Professional**
 - Significant issues with job performance
 - Questioning ability to make a difference
 - Threat of job loss
 - Thoughts of quitting/leaving the profession

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Skills That Enhance Resiliency

1. Being Connected to Others
2. Being Flexible
3. Being able to make realistic plans and being able to carry them out
4. Being able to communicate well with others and problem solve both individually and with others
5. Being able to manage strong feelings

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Skills that Enhance Resiliency

6. Being self-confident
7. Being able to find meaning and purpose
8. Being able to see the big picture
9. Being able to appreciate and use humor appropriately
10. Being able to take care of yourself (health, diet, exercise, etc.)
11. Being able to care for others physically and emotionally

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Resilience Compassion Fatigue “Antibodies”

1. **Self-Regulation/Relaxation** - ability to shift from sympathetic (flight or fight) to parasympathetic dominance
2. **Connection/Support** - develop and utilize social support

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Resilience Compassion Fatigue “Antibodies”

3. **Self-care/Revitalization** - physical health care, healthy coping, refueling
4. **Perceptual Maturation** - Change Your Perspective- Detoxify Workplace and Personal Optimization
5. **Intentionality** - Principle-based vs. demand driven. Live from mission and core principles

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Resiliency Skill 1: Self Regulation

Chill

Developing **bodyfull-ness**

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Self-Regulation

1. Relaxation
2. Grounding - Connecting to present moment - the sights/sounds around you
3. Safety - Finding your safe place - literally or in your mind

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Relaxation

- Take short breaks throughout the day to do a “check in” with yourself on how stressed you are feeling.
- Note where you are carrying stress in your body.
- Note tension in your shoulders, neck, back, etc.

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Relaxation

- Find ways to take a time out based on how much time you have
 - Take a walk/bike ride/other physical activity
 - Do something outside
 - Watch a funny video on youtube
 - Spend time with an animal
 - Engage in a sport/activity you enjoy
 - Guided meditations/guided relaxation

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Resilience Skill 2

SOCIAL SUPPORT

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Social Support

- The power of other people
- Studies show that social support is key to resilience

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Let's Connect...

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Connection/Social Support

One of the greatest factors in resiliency is "perceived" social support.

- Co-workers
- Friends
- Spouse/Family
- Pets
- Spirituality

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Compassion Resiliency Safety Net

- Empower 1-3 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

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Connection/Social Support

Four Important Functions of a Support Network:

1. Sharing Narratives - telling your story - both primary and secondary trauma
2. Empower to Confront
3. Telling on Ourselves: Confession
4. Accountability

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Practice Connection and Support

- Identify three (3) people who you would like to include as part of your support network:
- Ask them if they would be willing to serve on your support network.
- Set expectations and boundaries – how, when, where, what.

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Suggestions

- Include at least one peer – someone in the same occupational culture.
- Include at least one person NOT in your occupational culture.
- Do not include your spouse/significant other on this list.

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Support Commitment

Commit to schedule your first meeting within 48 hours of completing this class.

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Resiliency Skill 3: Self-Care & Revitalization

Self-Care – “Refueling”

- **Aerobic activity (3xweek)**
- Music/Art/Sport that combines discipline and improvisation
- Healthcare
- Active instead of passive
- Solitude/Spirituality/Nature
- Intentional Plan
- Diet & Sleep

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Self-Care and Renewal

Spiritually

Emotionally

Relationally

Physically

Mentally

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Self-Care & Revitalization

Honest evaluation of self-care practices. Incorporate the following:

- Regular exercise
- Healthy diet
- Good sleep hygiene
- Regular social activities
- Activities or hobbies you enjoy
- Spiritual practices
- Professional enrichment

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PHYSICAL RENEWAL

Sleep Physical Exercise

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Sleep and the Brain

- Study by the Mental Health Foundation showed people who didn't get enough sleep
- 4X more likely to suffer from lack of concentration
- 4X more likely to have relationship problems
- 3X more likely to be depressed
- 2.6 X more likely to commit suicide

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Sleep and Trauma Recovery

- The brain recovers from trauma in REM sleep
- Study at University of California -Berkeley
- During REM sleep certain electrical activity patterns decrease in the brain, and there is also a sharp decrease in levels of stress neurochemicals. Fewer amounts of such chemicals reduce the emotional reactions to whatever the person experienced in the daytime.

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"Just sleep on it!"

"By reprocessing previous emotional experiences in this neuro-chemically safe environment of low norepinephrine during REM sleep, we wake up the next day and those experiences have been softened in their emotional strength," said Prof. Walker. "We feel better about them, we feel like we can cope."

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Sleep Hygiene

1. Stick to a regular schedule as much as possible
2. Avoid substances that interrupt healthy sleep patterns - caffeine, nicotine, alcohol - some over-the-counter medications
3. Beware of blue light before bedtime
4. Keep bedroom cool, dark, quiet
5. Have pre-bed relaxation rituals
6. Get physical exercise early in the day.

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Resources for Sleep

Matthew Walker
<https://www.sleepfoundation.org/about-us/who-we-are>

Michael Breus
<https://www.sleepdoctor.com>

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Physical Exercise

1. It can make you happier. Studies show it can improve mood and reduce feelings of anxiety, stress and depression.
2. It helps with weight loss and maintaining healthy weight.
3. It helps with muscles and bones to keep you strong and well – especially with age.
4. It increases your energy levels.

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Physical Exercise

5. It reduces your risk of chronic disease.
6. It helps skin health.
7. It helps brain health and memory.
8. It helps with relaxation and sleep quality.
9. It reduces pain.
10. It promotes a better sex life.

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**Resiliency Skill 4:
Perceptual Maturation**

Choice vs. Demand

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Perceptual Maturation

- Changing your mind
- Powerlessness
- Helplessness = Stress

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**FROM BURNOUT TO BURNTHRU:
CORRECTING PERCEPTION** (continues)

STRONG STATEMENTS!

The outcomes of your work are none of your business	Because you are a caregiver! You are entitled to nothing beyond the opportunity to engage your covenant and practice your principles	Your workplace is for practicing your Covenant and your Code of Honor. Period.	Your workplace is always going to demand more from you than you can give...and never be satisfied with what you offer.
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← PERCEPTUAL MATURATION →

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Outcomes

- Your worth and value cannot be based on outcomes
- Most often – the outcome is mostly or completely out of your control
- Serenity Prayer – Boundaries
- Know what is yours
- Know what belongs to those you help
- Know what belongs to God

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Did You Do What You Were Called to Do?

- Did you do what you could?
- What can you learn from this event?
- Did you behave in a way that was contrary to your moral code and mission?

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What Do You Expect From Your Workplace?

- Paycheck
- Personal Validation?
- Love?
- Reason for Living?
- Your work is a place to carry out your mission.

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Demands Will Always Outweigh What You Can Provide

- There will always be more pain and suffering than we can alleviate
- There will always be tragedy and death
- We cannot save everyone
- Demands from our workplace will always exceed what we can give
- Bottomless cup

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Resiliency Skill 5: Intentionality

Do I GO WHERE I AIM MYSELF?

- Evolving away from reactivity
- Mission-driven
- Internal locus of control
- Principle-based
- Tolerance of pain for growth
- Maturation of spirituality

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Intentionality

Why do you do what you do?

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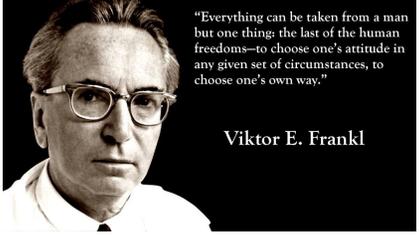


Paired Exercise

- Turn to the person next to you and discuss why you entered the occupation you are currently in?
- What did you hope to accomplish?
- What difference did you hope to make in the world?
- How do you feel about those reasons, hopes and dreams now?

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 **Man's Search for Meaning**



"Everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way."

Viktor E. Frankl

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 **Intentionality**

Live with goals and intention in accordance with Mission/Covenant and Code of Honor

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 **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 and should empower its writer with a clear vision of his/her "best self"
- This exercise is designed to help you bring into focus this "best self" and to identify pathways to facilitate continued evolution toward this goal.

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 **An Empowering Mission Statement**

1. Represents the deepest and best within you. It comes out of a solid connection with yourself and God.
2. It is the fulfillment of your own unique gifts. It is the expression of your unique calling and capacity to contribute.
3. It is transcendent. It is based on a purpose higher than self.

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 **An Empowering Mission Statement**

4. Addresses and integrates all four fundamental human needs and capacities. It includes fulfillment in physical, social, mental and spiritual dimensions.
5. It is based on principles that produce quality of life results. Both the ends and the means are based on true north principles.

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 **An Empowering Mission Statement**

6. Deals with both vision and principle-based values. It's not good enough to have values without vision. An empowering mission statement deals with both character and competence.
7. Deals with all significant roles in your life. It represents a lifetime balance of personal family, work and community – whatever roles are yours to fill.

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An Empowering Mission Statement

8. It is written to inspire you – not to impress anyone else. It communicates to you and inspires you at the most elemental level (adapted from Covey, 1997).

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Exercise – Creating Mission Statement

Create your personal mission statement

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Closing Exercise

Goal Setting Worksheet

Discuss what you have learned in class and pick top 3 areas for focused improvement in building your resilience skills.

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Luke 17:11-17

You never know...

¹¹ Now on his way to Jerusalem, Jesus traveled along the border between Samaria and Galilee. ¹² As he was going into a village, ten men who had leprosy^{b1} met him. They stood at a distance ¹³ and called out in a loud voice, “Jesus, Master, have pity on us!”
¹⁴ When he saw them, he said, “Go, show yourselves to the priests.” And as they went, they were cleansed.

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You never know...

¹⁵ One of them, when he saw he was healed, came back, praising God in a loud voice. ¹⁶ He threw himself at Jesus’ feet and thanked him—and he was a Samaritan.
¹⁷ Jesus asked, “Were not all ten cleansed? Where are the other nine?” ¹⁸ Has no one returned to give praise to God except this foreigner?” ¹⁹ Then he said to him, “Rise and go; your faith has made you well.”

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Colossians 3:23-24

²³ Whatever you do, work at it with all your heart, as working for the Lord, not for human masters, ²⁴ since you know that you will receive an inheritance from the Lord as a reward. It is the Lord Christ you are serving.

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