

## TABLE OF CONTENTS

Dedication		iii
Acknowledgements		iv
Part I	Introduction .....	1
	Course Goal .....	1
	Educational Objectives .....	1
Part II	Definitions .....	2
	Primary Stress Injuries .....	2
	Secondary Stress Injuries .....	4
	Burnout .....	5
	Shared Trauma .....	5
	Resilience .....	6
	Post-Traumatic Growth .....	6
Part III	Getting Started – The Standards of Self-Care (SOSC) .....	7
	SoSC-I. Purpose .....	7
	SoSC-II. Ethical Principles .....	7
	SoSC-III. Humane Practice of Self Care .....	7
	SoSC-IV. Appreciation and Compensation .....	7
Part IV	Committing to Self-Care .....	8
	SoSC-V. Standards for Establishing and Maintaining Wellness .....	8
Part V	Taking the Inventories – A Baseline for Self-Care Planning .....	8
	SoSC-VI. Inventory of Self-Care Practice – Personal .....	8
	SoSC-VII. Inventory of Self-Care Practice – Professional .....	9
Part VI	Taking Action! Implementing a Self-Care Plan .....	10
	SoSC-VIII. Prevention Plan Development .....	10

Appendix I	Self-Assessments . . . . .	11
	SA1 Social Readjustment Rating Scale . . . . .	12
	SA2 Stress Vulnerability. . . . .	14
	SA3 Ego Resiliency . . . . .	16
	SA4 Self-Compassion . . . . .	18
	SA5 Post-Traumatic Growth Inventory . . . . .	21
	SA6 Spiritual Intelligence Self-Report Inventory . . . . .	23
	SA7 Professional Quality of Life Scale (ProQOL) . . . . .	27
	SA8 Secondary Traumatic Stress Scale . . . . .	30
Appendix III	Prevention Plan Worksheet . . . . .	32
	PPW1 Score Pattern Analysis . . . . .	33
	PPW2 Self Care Goal Worksheet . . . . .	36
Appendix IV	Tables and Diagrams . . . . .	37
	Table 1: Caregiver Reactions . . . . .	38
	Table 2: Healthy Coping . . . . .	39
	Table 3: Strategies for Inducing Relaxation Response . . . . .	40
	Table 4: Compassion Stress Management Techniques . . . . .	41
	Table 5: Professional Care: Compassion Fatigue Desensitization . . . . .	42
Appendix V	Figures . . . . .	43
	Figure 1: Model of Compassion Stress and Fatigue . . . . .	44
	Figure 2: Caregiver Resilience Model . . . . .	45
Appendix VI	Green Cross Academy of Traumatology Certification . . . . .	46
	Certification Standards . . . . .	47
	Application Process . . . . .	48
Appendix VII	Green Cross Academy of Traumatology Standards of Practice . . . . .	49
Appendix VIII	Further Reading . . . . .	51

## Dedication



Photo by Charles R. Figley

Dedicated to our friend and colleague  
Lt. Col. David E. Cabrera,  
Clinical Social Worker,  
Uniformed Services University;  
Attached to 528<sup>th</sup> Brigade U.S. Forces – Afghanistan.  
Killed in action October 29, 2011,  
Kabul, Afghanistan.

## **Acknowledgements**

Thanks to  
Charles R. Figley, PhD  
for his support in the  
development of this Participant Guide.

## **PART I. INTRODUCTION**

### **Course Goal**

To provide each participant with the knowledge and skills necessary to reduce the secondary impact of working with traumatized populations.

### **Course Objectives**

Upon completion of the one day training, participants will be able to

1. Articulate the developmental history of compassion fatigue including countertransference, caregiver stress, burnout, vicarious traumatization, and secondary traumatic stress
2. Differentiate between compassion fatigue, secondary traumatic stress, and vicarious traumatization;
3. Articulate the unique array of symptoms indigenous to compassion fatigue;
4. Assess and identify symptoms of compassion fatigue in self and others;
5. Recognize compassion fatigue triggers and early warning signs;
6. Articulate current theoretical models for the etiology and transmission of compassion fatigue;
7. Articulate and teach others the potential effects of traumatic stress upon systems (marriage, family, workplace, etc);
8. Identify and utilize resources and plans for resiliency and prevention for self and ability to facilitate this plan with others;
9. Create and maintain a self-care plan for self and others and familiar with the Academy of Traumatology's Standards of Self Care for Traumatologists;
10. Facilitate a self-care plan for self and others;
11. Provide psycho-education on the causes, symptoms, prevention, and treatment of compassion fatigue; and
12. Abide by the Academy of Traumatology Standards of Traumatology Practice.

## Part II. DEFINITIONS

### Primary Stress Injuries

#### ***Acute Stress***<sup>1</sup>

Acute stress is the most common form of stress. It comes from demands and pressures of the recent past and anticipated demands and pressures of the near future. ... Because it is short term, acute stress doesn't have enough time to do the extensive damage associated with long-term stress. The most common symptoms are:

- emotional distress--some combination of anger or irritability, anxiety, and depression, the three stress emotions;
- muscular problems including tension headache, back pain, jaw pain, and the muscular tensions that lead to pulled muscles and tendon and ligament problems;
- stomach, gut and bowel problems such as heartburn, acid stomach, flatulence, diarrhea, constipation, and irritable bowel syndrome;
- transient over arousal leads to elevation in blood pressure, rapid heartbeat, sweaty palms, heart palpitations, dizziness, migraine headaches, cold hands or feet, shortness of breath, and chest pain.

Acute stress can crop up in anyone's life, and it is highly treatable and manageable.

#### ***Acute Stress Disorder (ASD)***<sup>2</sup>

ASD is the initial psychological reaction to witnessing or experiencing psychological trauma. The Diagnostic and Statistical Manual of Mental Disorders (DSM) characterizes ASD by the fulfillment of certain criteria, principally:

- A) Having experienced intense fear, helplessness, or horror in response to a traumatic experience.
- B) Displaying three or more of the following dissociative symptoms:
  - (1) emotional numbing,
  - (2) detachment, or absence of emotional responsiveness,

<sup>1</sup> American Psychological Association. retrieved June 30, 2012 from <http://www.apa.org/helpcenter/stress-kinds.aspx>.

<sup>2</sup> Gordon, N. (2012). Acute Stress Disorder. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

- (3) reduction in awareness of surroundings,
- (4) de-realization or de-personalization,
- (5) dissociative amnesia.

C) Exhibiting at least one symptom from each of the following groups:

- (1) Re-experiencing (i.e., recurring thoughts, memories, dreams, or flashbacks).
- (2) Avoidance of trauma-related stimuli (i.e., deliberately avoiding reminders of the trauma).
- (3) Anxiety or increased arousal (i.e., increased autonomic nervous system activity).
- (4) Significant distress or functional impairment that persists from a minimum of two days to a maximum of four weeks.

If the duration of the disorder exceeds four weeks, PTSD is diagnosed.

### ***Posttraumatic Stress Disorder (PTSD)<sup>3</sup>***

Three categories of symptoms define the presence of PTSD: Reliving, Numbing, and Arousal.

The 1<sup>st</sup> category of symptoms in the traumatized who develop PTSD is reliving the traumatic event which significantly affects the sufferer's day-to-day activities. These types of symptoms include, among others, flashback episodes in which their memories of the event happen over and over. Also, the traumatized may report repeated upsetting memories or nightmares of the event which are accompanied by strong and uncomfortable reactions to situations that tend to cue the memories.

The 2<sup>nd</sup> category of symptoms are associated with efforts to avoid thinking about the trauma since the traumatized often find some relief when they develop memory control. Among the symptoms in this category are

- (a) emotional "numbing," or feeling as though you don't care about anything;
- (b) feeling detached from others -- particular those who have not had the same traumatic experiences;
- (c) unable to remember important aspects of the trauma;
- (d) unable to renew interest in normal activities since before the trauma;
- (e) finding relief by avoiding places, people, or thoughts that are trauma reminders; and,
- (f) feeling that she or he has no future in the shadows of the trauma.

The 3<sup>rd</sup> category of PTSD symptoms are associated with emotional and physiological arousal or the sensation of being "stressed out" from experiencing the trauma and its emotional wake. These symptoms include difficulty concentrating, startling easily. Having an exaggerated

---

<sup>3</sup> Figley, C.R. (2012). Posttraumatic Stress Disorder. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

response to things that startle; feeling more aware (hypervigilance); feeling irritable or having outbursts of anger; and having trouble falling or staying asleep. Other symptoms associated with being stressed out generally include agitation or excitability, dizziness, fainting, feeling one's heart beat in the chest, and headache.

## **Secondary Stress Injuries**

### ***Compassion Fatigue***<sup>4</sup>

Compassion fatigue is a recent concept that refers to the emotional and physical exhaustion that can affect helping professionals and caregivers over time. It has been associated with a gradual desensitization to patient stories, a decrease in quality care for patients and clients (sometimes described as “poor bedside manners”), an increase in clinical errors, higher rates of depression and anxiety disorders among helpers, and rising rates of stress leave and degradation in workplace climate. Helping professionals have also found that their empathy and ability to connect with their loved ones and friends is impacted by compassion fatigue. In turn, this can lead to increased rates of stress in the household, divorce, and social isolation. The most insidious aspect of compassion fatigue is that it attacks the very core of what brings helpers into this work: their empathy and compassion for others.

### ***Secondary Traumatic Stress***<sup>5</sup>

*Secondary traumatic stress* (STS) is a term used to describe the phenomenon whereby individuals become traumatized not by directly experiencing a traumatic event, but by hearing about a traumatic event experienced by someone else. Such indirect exposure to trauma may occur in the context of a familial, social, or professional relationship. The negative effects of secondary exposure to traumatic events are the same as those of primary exposure including intrusive imagery, avoidance of reminders and cues, hyperarousal, distressing emotions, and functional impairment. In the most severe instances, where symptoms result in significant distress or impairment in functioning, STS may warrant a diagnosis of Posttraumatic Stress Disorder (PTSD).

### ***Vicarious Trauma***<sup>6</sup>

Vicarious traumatization is a negative transformation in the self of a trauma worker or helper that results from empathic engagement with traumatized clients and their reports of traumatic experiences. Its hallmark is disrupted spirituality, or meaning and hope. Lisa McCann and Laurie Anne Pearlman coined this term in 1990 with specific reference to the experience of psychotherapists working with trauma survivor clients. Others have expanded its application to a

---

<sup>4</sup> Mathieu, F. (2012). Compassion Fatigue. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

<sup>5</sup> Bride, B. (2012). Secondary Traumatic Stress. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

<sup>6</sup> Pearlman, L.A. (2012). Vicarious Trauma. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.



wide range of persons who assist trauma survivors, including clergy, front line social service workers, justice system professionals, health care providers, humanitarian workers, journalists, hospice professionals, and first responders.

## Burnout<sup>7</sup>

Burnout can result when individuals are exposed to trauma, fear or uncertainty, loss of economic security or position, and anger over diminished control or circumstances. Prolonged exposure to a stressful and demanding environment is structurally conducive to burnout. This state of emotional and mental exhaustion creates physiological consequences including (1) fatigue, (2) irritability, and (3) physical complaints. Burnout unfolds gradually in response to daily assaults of stress.

Bullies and a poor organizational climate represent two leading causes of employee alienation, dissatisfaction, and flight from the organization. Managing stress and burnout in organizations is an important function in human resources supervision. Preventing burnout requires additional research into the consequences of abuse, bullying, and narcissism in organizations.

Burnout is a progressive loss of idealism, energy, and goals as the result of personal or occupational stress. Burnout results from high levels of stress over time. Continuing personal or work stress, without rest, will eventually lead to burnout.

There are many definitions of stress. ...

The burnout syndrome has certain characteristics that can be described as exhaustion mixed with anxiety and depression. The progression of depleted personal motivation leads to personal problems: negative self-esteem, poor attitude, reduced efficiency and effectiveness. Stress that has intensity, duration, and persistence produces burnout.

## Shared Trauma<sup>8</sup>

In response to the September 11<sup>th</sup> disaster and the subsequent call for a more exacting construct to describe the ramifications of the clinicians' direct and indirect exposure to collective trauma, the term *shared trauma* was introduced into the professional literature. ... Shared trauma, also referred to as *shared traumatic reality* and *simultaneous trauma*, is defined as the affective, behavioral, cognitive, spiritual, and multi-modal responses that mental health professionals experience as a result of primary and secondary exposure to the same collective trauma as their clients. As with vicarious traumatization, these reactions have the potential to lead to permanent alterations in the clinician's existing mental schema and world-view, the difference being that having experienced the trauma primarily, these clinicians are potentially more susceptible to posttraumatic stress, the blurring of professional and personal boundaries, and increased self-disclosure in the therapeutic encounter. Similarly, clinicians experiencing shared trauma may resemble those faced with compassion fatigue or secondary trauma in terms of symptomatology; that is, multimodal and common symptoms such as exhaustion,

---

<sup>7</sup> Baker, T.E. (2012). Burnout. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

<sup>8</sup> Tosone, C. (2012). Shared Trauma. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

depletion of empathy, and identification with the client may be similar, but are attributed to the dual nature of the trauma. The use of the term, *shared trauma*, however, does not imply that the clinician's trauma response was identical to that of the client; clinicians and clients can be variably impacted by the same simultaneous event.

### **Resilience<sup>9</sup>**

Resilience is the ability to physiologically and psychologically adapt to environmental changes. It is a survival skill required of every member of the animal kingdom. In humans, it is often manifested as the difference between individuals' conceptualizing themselves as survivors versus victims; that is, the difference between individuals who can take care of themselves and others versus those who become unable to care for themselves when subjected to significant stressors, whether those stressors are man-made and/or natural: war, pestilence, defective dams, earthquakes, floods, or a combination of a tsunami and damage to resultant nuclear power plants, or levee failures from hurricane surges and massive, significant flooding of a major metropolis.

According to psychiatrist George Valliant, resilience or adaptivity is the objective adaptation to the external environment versus the development of psychopathology. He explains that there are good and bad denial defense mechanisms, and it is the good defense mechanisms that lead to resilience and the bad defense mechanisms that lead to dysfunctional psychopathology.

### **Post-Traumatic Growth<sup>10</sup>**

*Posttraumatic growth* was introduced by Richard Tedeschi and Lawrence Calhoun in 1995, referring to positive changes that some trauma survivors report as a result of the struggle to cope with traumatic events. People report five areas of growth: improvements in interpersonal relationships, a greater appreciation for life, new opportunities or pathways in life, a greater sense of personal strength in ability to cope with crises, and spiritual changes or development.

---

<sup>9</sup> Ginzburg, H. (2012). Resilience. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

<sup>10</sup> Tedeschi, R. & Triplett, K. N. (2012). Spiritual intelligence and posttraumatic growth. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

## Part III. Getting Started - Standards of Self-Care<sup>11</sup> (SoSC)

### SoSC-I. Purpose of the Guidelines

As with the standards of practice in any field, the practitioner is required to abide by standards of self-care. These Guidelines are utilized by all members of the Green Cross. The purpose of the Guidelines is twofold: First, do no harm to yourself in the line of duty when helping/treating others. Second, attend to your physical, social, emotional, and spiritual needs as a way of ensuring high quality services to those who look to you for support as a human being.

**SoSC-II. Ethical Principles of Self Care in Practice:** These principles declare that it is unethical not to attend to your self care as a practitioner because sufficient self care prevents harming those we serve.

1. Respect for the dignity and worth of self: A violation lowers your integrity and trust.
2. Responsibility of self care: Ultimately it is your responsibility to take care of yourself and no situation or person can justify neglecting it.
3. Self care and duty to perform: There must be a recognition that the duty to perform as a helper can not be fulfilled if there is not, at the same time, a duty to self care.

### SoSC-III. Standards of Humane Practice of Self Care

1. Universal right to wellness: Every helper, regardless of her or his role or employer, has a right to wellness associated with self care.
2. Physical rest and nourishment: Every helper deserves restful sleep and physical separation from work that sustains them in their work role.
3. Emotional Rest and nourishment: Every helper deserves emotional and spiritual renewal both in and outside the work context.
4. Sustenance Modulation: Every helper must utilize self restraint with regard to what and how much they consume (e.g., food, drink, drugs, stimulation) since it can compromise their competence as a helper.

### SoSC-IV. Standards for Expecting Appreciation and Compensation

1. Seek, find, and remember appreciation from supervisors and clients: These and other activities increase worker satisfactions that sustain them emotionally and spiritually in their helping.

---

<sup>11</sup> Green Cross Academy of Traumatology, Commission on Certification and Accreditation, [www.greencross.org](http://www.greencross.org) - click on the STANDARDS link.

2. Make it known that you wish to be recognized for your service: Recognition also increases worker satisfactions that sustain them.
3. Select one more advocates: They are colleagues who know you as a person and as a helper and are committed to monitoring your efforts at self care.

## **Part IV. Committing To Self-Care** (Standards of Self-Care continued)

### SoSC-V. Standards for Establishing and Maintaining Wellness

#### Section A. Commitment to self care

1. Make a formal, tangible commitment: Written, public, specific, and measurable promise of self care.
2. Set deadlines and goals: the self care plan should set deadlines and goals connected to specific activities of self care.
3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

#### Section B: Strategies for letting go of work

1. Make a formal, tangible commitment: Written, public, specific, and measurable promise of letting go of work in off hours and embracing rejuvenation activities that are fun, stimulating, inspiring, and generate joy of life.
2. Set deadlines and goals: The letting go of work plan should set deadlines and goals connected to specific activities of self care.
3. Generate strategies that work and follow them: Such a plan must be attainable and followed with great commitment and monitored by advocates of your self care.

#### Section C. Strategies for gaining a sense of self care achievement

1. Strategies for acquiring adequate rest and relaxation: The strategies are tailored to your own interest and abilities which result in rest and relaxation most of the time.
2. Strategies for practicing effective daily stress reductions method(s): The strategies are tailored to your own interest and abilities in effectively managing your stress during working hours and off-hours with the recognition that they will probably be different strategies.

## **Part V. Taking the Inventories – A Baseline for Self-Care Planning** (Standards of Self-Care continued)

### SoSC-VI. Inventory of Self Care Practice -- Personal

### Section A: Physical

1. Body work: Effectively monitoring all parts of your body for tension and utilizing techniques that reduce or eliminate such tensions.
2. Effective sleep induction and maintenance: An array of healthy methods that induce sleep and a return to sleep under a wide variety of circumstances including stimulation of noise, smells, and light.
3. Effective methods for assuring proper nutrition: Effectively monitoring all food and drink intake and lack of intake with the awareness of their implications for health and functioning.

### Section B: Psychological

1. Effective behaviors and practices to sustain balance between work and play
2. Effective relaxation time and methods
3. Frequent contact with nature or other calming stimuli
4. Effective methods of creative expression
5. Effective skills for ongoing self care
  - a. Assertiveness
  - b. Stress reduction
  - c. Interpersonal communication
  - d. Cognitive restructuring
  - e. Time management
6. Effective skill and competence in meditation or spiritual practice that is calming
7. Effective methods of self assessment and self-awareness

### Section C: Social/interpersonal

1. Social supports: At least five people, including at least two at work who will be highly supportive when called upon
2. Getting help: Knowing when and how to secure help – both informal and professional – and the help will be delivered quickly and effectively
3. Social activism : Being involved in addressing or preventing social injustice that results in a better world and a sense of satisfaction for trying to make it so

### SoSC-VII. Inventory of Self Care Practice – Professional

1. Balance between work and home: Devoting sufficient time and attention to both without compromising either
2. Boundaries/limit setting: Making a commitment and sticking to regarding
  - a. Time boundaries/overworking
  - b. Therapeutic/professional boundaries
  - c. Personal boundaries
  - d. Dealing with multiple roles (both social and professional)
  - e. Realism in differentiating between things one can change and accepting the others
3. Getting support/help at Work through
  - a. Peer support

- b. Supervision/consultation/therapy
  - c. Role models/mentors
4. Generating Work Satisfaction: By noticing and remembering the joys and achievements of the work.

**Part VI. Taking Action! Implementing a Self-Care Plan** (Standards of Self-Care continued)

SoSC-VIII. Prevention Plan Development

1. Review current self-care and prevention functioning
2. Select one goal from each category
3. Analyze the resources for and resistances to achieving goal
4. Discuss goal and implementation plan with support person
5. Activate plan
6. Evaluate plan weekly, monthly, yearly with support person
7. Notice and appreciate the changes

## APPENDIX I: SELF ASSESSMENTS

### SA 1. Social Readjustment Rating Scale

[http://www.mindtools.com/pages/article/newTCS\\_82.htm](http://www.mindtools.com/pages/article/newTCS_82.htm)

### SA 2. Stress Vulnerability – How Vulnerable Are You to Stress?

<http://www.internethealthlibrary.com/sq/stress/stress-assess.htm>

### SA 3. Ego Resiliency

<http://sites.google.com/site/charlesfigley/Home/traumatologyinstitute/research/other-tests-and-measurements/er89-trait-reilience>

### SA 4. Self- Compassion

<http://www.self-compassion.org/test-your-self-compassion-level.html>

### SA 5. Posttraumatic Growth Inventory

<http://cust-cf.apa.org/ptgi/>

### SA 6. Spiritual Intelligence Self Report Inventory

<http://www.dbking.net/spiritualintelligence/sisri.htm>

### SA 7. Professional Quality of Life (ProQOL)

[http://www.proqol.org/uploads/ProQOL\\_5\\_English\\_Self-Score\\_3-2012.pdf](http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf)

### SA 8. Secondary Traumatic Stress Scale

<http://www.cehd.umn.edu/ssw/cascw/events/SecondaryTrauma/PDFs/SecondaryTraumaticStressScale.pdf>

## SA-1. Social Readjustment Rating Scale<sup>12</sup>

**Instructions:** Circle the number of any event which has occurred in your life over the past 12 months. Add up the numbers for your total score. When you are done, turn to the next page for score interpretation.

Event	Scale of Impact	Event	Scale of Impact
Death of spouse	100	Son or daughter leaving home	29
Divorce	73	Change in responsibility at work	29
Marital separation	65	Outstanding personal achievement	28
Jail term	63	Spouse begins/stops work	26
Death of close family member	63	Begin or end school	26
Personal injury or illness	53	Change in living conditions	25
Marriage	50	Revision of personal habits	24
Fired at work	47	Trouble with boss	23
Marital reconciliation	45	Change in work hours or conditions	20
Retirement	45	Change in residence	20
Change in health of family member	44	Change in schools	20
Pregnancy	39	Change in recreation	19
Sex difficulties	39	Change in church activity	19
Gain of new family member	39	Change in social activity	18
Business readjustment	39	Small mortgage or loan	17
Change in financial state	38	Change in sleep habits	16
Death of a close friend	37	Change in number of family get-togethers	15
Change to a different line of work	36	Change in eating habits	15
Change in number of arguments with spouse	35	Vacation	13
High mortgage	31	Christmas	12
Foreclosure of mortgage or loan	31	Minor violations of the law	11
Trouble with in-laws	29	<b>TOTAL SCORE</b>	

<sup>12</sup> The Social Readjustment Rating Scale was designed to reflect the cumulative stress to which an individual has been exposed over a period of time (Holmes & Holmes, 1970; Holmes and Rahe, 1967, Rahe and Arthur, 1978). "Life change units" are used to measure life stress in the areas noted above.



## Score Interpretation

Score	Interpretation
150-199	If your current level of stress continues and/or you do not adopt effective stress management strategies, you have a 37% chance of a minor illness in the next two years.
200-299	If your stress level continues and you do nothing to change your adaptive strategies, you have a 51% chance of developing a major illness in the next two years.
>300	You have a 79% chance of a major health breakdown in the next two years. It is recommended that you begin adding effective coping strategies to your life style.

### Note:

Major life stressors may impact decision making. When an individual is in danger of suffering the ill effects of life crises, it is best to limit as much as possible any additional disruption. As an example, if someone recently lost a loved one or lost a job, it may be best to wait until some time has passed before making a major decision like looking for another job or moving to another town.

### Questions to Consider:

Does your score seem to accurately reflect the level of stress in your life as you see it? Why or why not?

What does your perception of life events have to do with the effects of stress on you?

## SA-2. How Vulnerable Are You To Stress?<sup>13</sup>

Instructions: Rate each item from 1 (always) to 5 (never), according to how much of the time the statement is true of you. Be sure to mark each item, even if it does not apply to you - for example, if you don't smoke, circle 1 next to item six.

	Always		Sometimes		Never
1. I eat at least one hot, balanced meal a day.	1	2	3	4	5
2. I get 7-8 hours of sleep at least four nights a week.	1	2	3	4	5
3. I give and receive affection regularly.	1	2	3	4	5
4. I have at least one relative within 50 miles, on whom I can rely.	1	2	3	4	5
5. I exercise to the point of perspiration at least twice a week.	1	2	3	4	5
6. I limit myself to less than half a pack of cigarettes a day.	1	2	3	4	5
7. I take fewer than five alcohol drinks a week.	1	2	3	4	5
8. I am the appropriate weight for my height.	1	2	3	4	5
9. I have an income adequate to meet basic expenses.	1	2	3	4	5
10. I get strength from my religious beliefs.	1	2	3	4	5
11. I regularly attend club or social activities.	1	2	3	4	5
12. I have a network of friends and acquaintances.	1	2	3	4	5
13. I have one or more friends to confide in about personal matters.	1	2	3	4	5
14. I am in good health (including eye-sight, hearing, and teeth).	1	2	3	4	5
15. I am able to speak openly about my feelings when angry or worried.	1	2	3	4	5
16. I have regular conversations with the people I live with about domestic problems - for example, chores and money.	1	2	3	4	5
17. I do something for fun at least once a week.	1	2	3	4	5
18. I am able to organize my time effectively.	1	2	3	4	5
19. I drink fewer than three cups of coffee (or other caffeine-rich drinks) a day.	1	2	3	4	5
20. I take some quiet time for myself during the day.	1	2	3	4	5

<sup>13</sup> University of California, Berkeley Wellness Letter, August 1985. Scale Developers: Lyle Miller and Alma Dell Smith of Boston University Medical Center.

<p><b>Scoring Instructions:</b></p> <p>To calculate your score, add up the figures and subtract 20.</p> <p><b>Total score</b> _____ - 20 = _____</p>	<p><b>When creating your Self Care Plan</b></p> <ul style="list-style-type: none"> <li>◆ Notice that nearly all the items describe situations and behaviors over which you have a great deal of control.</li> <li>◆ Review the items on which you scored three or higher.</li> <li>◆ Consider those items for your self-care plan.</li> <li>◆ Concentrate first on those that are easiest to change - for example, eating a hot, balanced meal daily and having fun at least once a week - before tackling those that seem more difficult.</li> <li>◆ If useful, fine tune your results using the table below.<sup>14</sup></li> <li>◆ Remember to celebrate your accomplishments along the way!</li> </ul>
<p><b>Score Interpretation:</b></p> <ul style="list-style-type: none"> <li>✓ A score <b>below 10</b> indicates <b>excellent resistance</b> to stress.</li> <li>✓ A score <b>over 30</b> indicates <b>some vulnerability</b> to stress;</li> <li>✓ A score <b>over 50</b> indicates <b>serious vulnerability</b> to stress.</li> </ul> <p>If your score falls between defined ranges, use the defined range closest to your score when you enter it on your Score Pattern Analysis worksheet.</p>	

To fine tune awareness of your areas of strength and vulnerability, average the scores for items as indicated below. You may choose to focus your self-care goals on areas in which average scores equal 3 or higher.

Category	Items	Average Score
Rest and Exercise	2	
	5	
	20	
Finances and Time Management	9	
	18	
Leisure & Lifestyle	10	
	11	
	17	
Social Support & Communication	3	
	4	
	12	
	13	
	15	
Nutrition	16	
	1	
	7	
Health & Fitness	19	
	6	
	8	
	14	

<sup>14</sup> This activity was created by Figley Institute for self-care planning purposes.

### SA-3. Ego Resiliency Scale<sup>15</sup>

This scale consists of 14 items, each responded to on a 4-point Likert scale, ranging from 1 (*does not apply at all*) to 4 (*applies very strongly*). **Fourteen Questions record and add up your score.**

Let me know how true the following characteristics are as they apply to you generally:

1. I am generous with my friends.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
2. I quickly get over and recover from being startled.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
3. I enjoy dealing with new and unusual situations.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
4. I usually succeed in making a favorable impression on people.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
5. I enjoy trying new foods I have never tasted before.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
6. I am regarded as a very energetic person.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
7. I like to take different paths to familiar places.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
8. I am more curious than most people.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
9. Most of the people I meet are likable.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
10. I usually think carefully about something before acting.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
11. I like to do new and different things.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
12. My daily life is full of things that keep me interested.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
13. I would be willing to describe myself as a pretty "strong" personality.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly
14. I get over my anger at someone reasonably quickly.	1 Does not apply at all	2 Applies slightly	3 Applies somewhat	4 Applies very strongly

<sup>14</sup> Block & Kremen, 1996

## Scoring Interpretation

Score	47-56	35-46	23-34	11-22	0-10
Trait Level	Very High Resiliency Trait	High Resiliency Trait	Undetermined Trait	Low Resiliency Trait	Very Low Resiliency Trait

The ego-resiliency scale assesses psychological resilience, defined as “the capacity of the individual to effectively modulate and monitor an ever-changing complex of desires and reality constraints” (J. Block & Kremen, 1996, p. 359)

## SA-4. Self-Compassion

Instructions: Please read each statement carefully before answering. To the left of each item, indicate how often you behave in the stated manner, using the following scale:

Almost Never	Occasionally	About Half of the Time	Fairly Often	Almost Always
1	2	3	4	5

		1	2	3	4	5
1.	I'm disapproving and judgmental about my own flaws and inadequacies.					
2.	When I'm feeling down I tend to obsess and fixate on everything that's wrong.					
3.	When things are going badly for me, I see the difficulties as part of life that everyone goes through.					
4.	When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.					
5.	I try to be loving towards myself when I'm feeling emotional pain.					
6.	When I fail at something important to me I become consumed by feelings of inadequacy.					
7.	When I'm down and out, I remind myself that there are lots of other people in the world feeling like I am.					
8.	When times are really difficult, I tend to be tough on myself.					
9.	When something upsets me I try to keep my emotions in balance.					
10.	When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.					
11.	I'm intolerant and impatient towards those aspects of my personality I don't like.					
12.	When I'm going through a very hard time, I give myself the caring and tenderness I need.					
13.	When I'm feeling down, I tend to feel like most other people are probably happier than I am.					
14.	When something painful happens I try to take a balanced view of the situation.					
15.	I try to see my failings as part of the human condition.					
16.	When I see aspects of myself that I don't like, I get down on myself.					
17.	When I fail at something important to me I try to keep things in perspective.					
18.	When I'm really struggling, I tend to feel like other people must be having an easier time of it.					

19.	I'm kind to myself when I'm experiencing suffering.					
20.	When something upsets me I get carried away with my feelings.					
21.	I can be a bit cold-hearted towards myself when I'm experiencing suffering.					
22.	When I'm feeling down I try to approach my feelings with curiosity and openness.					
23.	I'm tolerant of my own flaws and inadequacies.					
24.	When something painful happens I tend to blow the incident out of proportion.					
25.	When I fail at something that's important to me, I tend to feel alone in my failure.					
26.	I try to be understanding and patient towards those aspects of my personality I don't like.					

To Whom it May Concern:

Please feel free to use the Self-Compassion Scale in your research. You can e-mail me with any questions you may have. I would also ask that you please e-mail me about any results you obtain with the scale, and would appreciate it if you send me a copy of any article published using the scale. The appropriate reference is listed below.

Best,

Kristin Neff, Ph. D., Associate Professor  
 Educational Psychology Dept.  
 University of Texas at Austin  
 1 University Station, D5800  
 Austin, TX 78712

e-mail: kristin.neff@mail.utexas.edu

Ph: (512) 471-0382

Fax: (512) 471-1288

Reference:

Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250.

## Score Interpretation

Total Mean Score	1 – 2.5	2.5 – 3.5	3.5 – 5.0
Level of Self-Compassion	Low Self-Compassion	Moderate Self-Compassion	High Self-Compassion

## Coding Key

Subscales <sup>16</sup>	Items	Mean Score
Self-Kindness “...being warm and understanding toward ourselves when we suffer, fail, or feel inadequate, rather than ignoring our pain or flagellating ourselves with self-criticism.”	5 12 19 23 26	
Self-Judgment (reverse score)	<b>1</b> <b>8</b> <b>11</b> <b>16</b> <b>21</b>	
Common Humanity “...recognizing that suffering and personal inadequacy is part of the shared human experience - something that we all go through rather than being something that happens to ‘me’ alone.”	3 7 10 15	
Isolation (reverse score)	<b>4</b> <b>13</b> <b>18</b> <b>25</b>	
Mindfulness “...a non-judgmental, receptive mind state in which one observes thoughts and feelings as they are, without trying to suppress or deny them.”	9 14 17 22	
Over-identified (reverse score)	<b>2</b> <b>6</b> <b>20</b> <b>24</b>	
Total Mean Score		

**Subscale scores** are computed by calculating the mean of subscale item responses.

To compute a total self-compassion score, **reverse score** the negative subscale items - self-judgment, isolation, and over-identification (i.e., 1 = 5, 2 = 4, 3 = 3. 4 = 2, 5 = 1) - then compute a total mean.

(This method of calculating the total score is slightly different than that used in the article referenced above, in which each subscale was added together. However, I find it is easier to interpret the scores if the total mean is used. K. Neff)

<sup>16</sup> Expanded subscale definitions can be found at <http://www.self-compassion.org/what-is-self-compassion/the-three-elements-of-self-compassion.html>.



## SA-5. Posttraumatic Growth Inventory – Short Form<sup>17</sup>

Before answering the following questions, focus on one traumatic or life altering event that has occurred in your life. Please circle the general experience you are thinking of:

Loss of a loved one	Disaster	Accident or injury
Chronic or acute illness	Job Loss	Divorce
Violent or abusive crime	Financial hardship	Retirement
Change in family responsibility	Career or location change/move	Combat
		Other

Circle time lapsed since event occurred

6 months – 1 year      1 – 2 years      2 – 5 years      More than 5 years

Indicate for the statement below the degree to which the change reflected in the question is true in your life as a result of your crisis, using the following scale. Responses are made on the following six-point scale:

- 0 = I did not experience this change as a result of my crisis.
- 1 = I experienced this change to a very small degree as a result of my crisis.
- 2 = I experienced this change to a small degree as a result of my crisis.
- 3 = I experienced this change to a moderate degree as a result of my crisis.
- 4 = I experienced this change to a great degree as a result of my crisis.
- 5 = I experienced this change to a very great degree as a result of my crisis.

1. I changed my priorities about what is important in life.	0	1	2	3	4	5
2. I have a greater appreciation for the value of my own life.	0	1	2	3	4	5
3. I am able to do better things with my life.	0	1	2	3	4	5
4. I have a better understanding of spiritual matters.	0	1	2	3	4	5
5. I have a greater sense of closeness with others.	0	1	2	3	4	5
6. I established a new path for my life.	0	1	2	3	4	5
7. I know better that I can handle difficulties.	0	1	2	3	4	5
8. I have a stronger religious faith.	0	1	2	3	4	5
9. I discovered that I'm stronger than I thought I was.	0	1	2	3	4	5
10. I learned a great deal about how wonderful people are.	0	1	2	3	4	5

<sup>17</sup> Cann, Arnie, Calhoun, Lawrence G., Tedeschi, Richard G., Taku, Kanako, Vishnevsky, Tanya, Triplett, Kelli N. and Danhauer, Suzanne C. (2010) A short form of the posttraumatic growth inventory. *Anxiety, Stress & Coping*, 23: 2, 127 – 137.

## Scoring Instructions

	Area of Growth	Items	Score
I	Relating to Others	5 10	
II	New Possibilities	3 6	
III	Personal Strength	7 9	
IV	Spiritual Change	4 8	
V	Appreciation of Life	1 2	
Total			

Norms for this scale are not available. The value of the measure is to provide subjective feedback about indicators of growth in each of the above areas.

## SA-6. Spiritual Intelligence Self-Report Inventory (SISRI-24)

© 2008 D. King

The following statements are designed to measure various behaviours, thought processes, and mental characteristics. Read each statement carefully and choose which **one** of the five possible responses best reflects you by circling the corresponding number. If you are not sure, or if a statement does not seem to apply to you, choose the answer that seems the best. Please answer honestly and make responses based on how you actually are rather than how you would like to be. The five possible responses are:

0	1	2	3	4
Not at all true of me	Not very true of me	Somewhat true of me	Very true of me	Completely true of me

For each item, circle the **one** response that most accurately describes **you**.

1. I have often questioned or pondered the nature of reality.	0	1	2	3	4
2. I recognize aspects of myself that are deeper than my physical body.	0	1	2	3	4
3. I have spent time contemplating the purpose or reason for my existence.	0	1	2	3	4
4. I am able to enter higher states of consciousness or awareness.	0	1	2	3	4
5. I am able to deeply contemplate what happens after death.	0	1	2	3	4
6. It is <i>difficult</i> for me to sense anything other than the physical and material.	0	1	2	3	4
7. My ability to find meaning and purpose in life helps me adapt to stressful situations.	0	1	2	3	4
8. I can control when I enter higher states of consciousness or awareness.	0	1	2	3	4
9. I have developed my own theories about such things as life, death, reality, and existence.	0	1	2	3	4
10. I am aware of a deeper connection between myself and other people.	0	1	2	3	4
11. I am able to define a purpose or reason for my life.	0	1	2	3	4
12. I am able to move freely between levels of consciousness or awareness.	0	1	2	3	4
13. I frequently contemplate the meaning of events in my life.	0	1	2	3	4
14. I define myself by my deeper, non-physical self.	0	1	2	3	4
15. When I experience a failure, I am still able to find meaning in it.	0	1	2	3	4
16. I often see issues and choices more clearly while in higher states of consciousness/awareness.	0	1	2	3	4
17. I have often contemplated the relationship between human beings and the rest of the universe.	0	1	2	3	4
18. I am highly aware of the nonmaterial aspects of life.	0	1	2	3	4

19. I am able to make decisions according to my purpose in life.	0	1	2	3	4
20. I recognize qualities in people which are more meaningful than their body, personality, or emotions.	0	1	2	3	4
21. I have deeply contemplated whether or not there is some greater power or force (e.g., god, goddess, divine being, higher energy, etc.).	0	1	2	3	4
22. Recognizing the nonmaterial aspects of life helps me feel centered.	0	1	2	3	4
23. I am able to find meaning and purpose in my everyday experiences.	0	1	2	3	4
24. I have developed my own techniques for entering higher states of consciousness or awareness	0	1	2	3	4

## Spiritual Intelligence Self-Report Inventory (SISRI-24) Scoring Procedures

### Total Spiritual Intelligence Score:

Sum all item responses or subscale scores (after accounting for **\*reverse-coded** item).

24 items in total; Range: 0 – 96

### 4 Factors/Subscales:

I. Critical Existential Thinking (CET): Sum items 1, 3, 5, 9, 13, 17, and 21.  
*7 items in total; range: 0 - 28*

II. Personal Meaning Production (PMP): Sum items 7, 11, 15, 19, and 23.  
*5 items in total; range: 0 - 20*

III. Transcendental Awareness (TA): Sum items 2, **6\***, 10, 14, 18, 20, and 22.  
*7 items in total; range: 0 - 28*

IV. Conscious State Expansion (CSE): Sum items 4, 8, 12, 16, and 24.  
*5 items in total; range: 0 - 20*

\*Reverse Coding: Item # 6 (response must be reversed prior to summing scores).

Higher scores represent higher levels of spiritual intelligence and/or each capacity.

### Permissions for Use

Use of the SISRI is unrestricted so long as it is for academic, educational, or research purposes.

Unlimited duplication of this scale is allowed with full author acknowledgement only. Alterations and/or modifications of any kind are strictly prohibited without author permission.

The author would appreciate a summary of findings from any research which utilizes the SISRI.

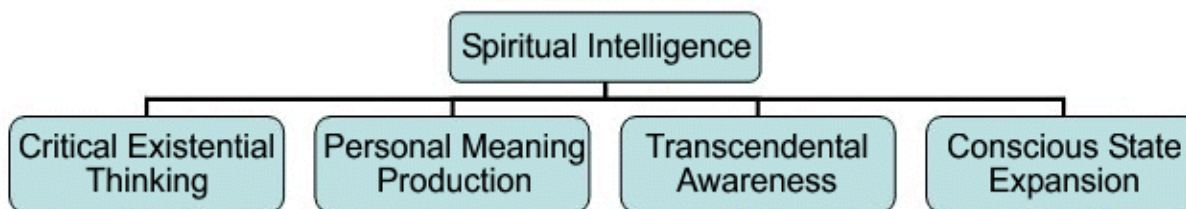
Contact details are below.

For additional information, please visit <http://www.dbking.net/spiritualintelligence/> or e-mail

David King at [dbking@live.ca](mailto:dbking@live.ca)

## A Viable Model of Spiritual Intelligence

(King, 2008; King & DeCicco, 2009)



In the current model, **spiritual intelligence** is defined as a set of mental capacities which contribute to the awareness, integration, and adaptive application of the nonmaterial and transcendent aspects of one's existence, leading to such outcomes as deep existential reflection, enhancement of meaning, recognition of a transcendent self, and mastery of spiritual states.

An extensive literature review suggests four main components of spiritual intelligence:

**I. Critical Existential Thinking:** the capacity to critically contemplate meaning, purpose, and other existential/metaphysical issues (e.g., existence, reality, death, the universe); to come to original existential conclusions or philosophies; and to contemplate non-existential issues in relation to one's existence (i.e., from an existential perspective).

**II. Personal Meaning Production:** the ability to derive personal meaning and purpose from all physical & mental experiences, including the capacity to create and master (i.e., live according to) a life purpose.

**III. Transcendental Awareness:** the capacity to identify transcendent dimensions/patterns of the self (i.e., a transpersonal or transcendent self), of others, and of the physical world (e.g., holism, nonmaterialism) during normal states of consciousness, accompanied by the capacity to identify their relationship to one's self and to the physical world.

**IV. Conscious State Expansion:** the ability to enter and exit higher/spiritual states of consciousness (e.g. pure consciousness, cosmic consciousness, unity, oneness) at one's own discretion (as in deep contemplation or reflection, meditation, prayer, etc.).

Spiritual intelligence performs quite well according to traditional criteria for intelligence. The above model satisfies the primary criterion: spiritual intelligence represents a set of mental abilities, as opposed to behaviours or experiences (click on each capacity for a detailed discussion).

For more detail, and for support according to additional criteria, read David's thesis on spiritual intelligence here: <http://www.dbking.net/spiritualintelligence/2009ijts.pdf>.

© 2010 by David B. King

All rights reserved. All work by the author may be used for personal, educational, or academic purposes only, so long as all material is referenced properly and with full acknowledgement of the author. The alteration of these documents in any way is strictly prohibited. All information should be referenced as follows:

King, D. B. (2008). *Rethinking claims of spiritual intelligence: A definition, model, & measure*. Unpublished master's thesis, Trent University, Peterborough, Ontario, Canada.

## SA-7. Professional Quality of Life Scale (ProQOL)

### Compassion Satisfaction and Fatigue Version 5 (2009)

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

1=Never	2=Rarely	3=Sometimes	4=Often	5=Very Often
	1. I am happy.			
	2. I am preoccupied with more than one person I <i>[help]</i> .			
	3. I get satisfaction from being able to <i>[help]</i> people.			
	4. I feel connected to others.			
	5. I jump or am startled by unexpected sounds.			
	6. I feel invigorated after working with those I <i>[help]</i> .			
	7. I find it difficult to separate my personal life from my life as a <i>[helper]</i> .			
	8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I <i>[help]</i> .			
	9. I think that I might have been affected by the traumatic stress of those I <i>[help]</i> .			
	10. I feel trapped by my job as a <i>[helper]</i> .			
	11. Because of my <i>[helping]</i> , I have felt "on edge" about various things.			
	12. I like my work as a <i>[helper]</i> .			
	13. I feel depressed because of the traumatic experiences of the people I <i>[help]</i> .			
	14. I feel as though I am experiencing the trauma of someone I have <i>[helped]</i> .			
	15. I have beliefs that sustain me.			
	16. I am pleased with how I am able to keep up with <i>[helping]</i> techniques and protocols.			
	17. I am the person I always wanted to be.			
	18. My work makes me feel satisfied.			
	19. I feel worn out because of my work as a <i>[helper]</i> .			
	20. I have happy thoughts and feelings about those I <i>[help]</i> and how I could help them.			
	21. I feel overwhelmed because my case <i>[work]</i> load seems endless.			
	22. I believe I can make a difference through my work.			
	23. I avoid certain activities or situations because they remind me of frightening experiences of the people I <i>[help]</i> .			
	24. I am proud of what I can do to <i>[help]</i> .			
	25. As a result of my <i>[helping]</i> , I have intrusive, frightening thoughts.			
	26. I feel "bogged down" by the system.			
	27. I have thoughts that I am a "success" as a <i>[helper]</i> .			
	28. I can't recall important parts of my work with trauma victims.			
	29. I am a very caring person.			
	30. I am happy that I chose to do this work.			

## Your scores on the ProQOL: Professional Quality of Life Screening

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

### Compassion Satisfaction \_\_\_\_\_

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

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.

© B. Hudnall Stamm, 2009. *Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)*. [www.isu.edu/~bhstamm](http://www.isu.edu/~bhstamm) or [www.proqol.org](http://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.



## 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.	
<b>Total:</b>	

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

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

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

*1.		=	
*4.		=	
8.			
10.			
*15.		=	
*17.		=	
19.			
21.			
26.			
*29.		=	
<b>Total:</b>			

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

### 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.	
<b>Total:</b>	

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

## SA-8. Secondary Traumatic Stress Scale

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past **seven (7) days** by circling the corresponding number next to the statement.

NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.

	0	1	2	3	4
	Never	Rarely	Occasionally	Often	Very Often
1. I felt emotionally numb					
2. My heart started pounding when I thought about my work with clients					
3. It seemed as if I was reliving the trauma(s) experienced by my client(s)					
4. I had trouble sleeping					
5. I felt discouraged about the future					
6. Reminders of my work with clients upset me					
7. I had little interest in being around others					
8. I felt jumpy					
9. I was less active than usual.					
10. I thought about my work with clients when I didn't intend to					
11. I had trouble concentrating					
12. I avoided people, places, or things that reminded me of my work with clients					
13. I had disturbing dreams about my work with clients					
14. I wanted to avoid working with some clients					
15. I was easily annoyed					
16. I expected something bad to happen					
17. I noticed gaps in my memory about client sessions					

Copyright © 1999 Brian E. Bride.

## Scoring Instructions

For each subscale below, add your scores for the items listed. Add the three scores in the right hand column for a total score.

Subscale	Items	Score
Intrusion	2	
	3	
	6	
	10	
	13	
Avoidance	1	
	5	
	7	
	9	
	12	
	14	
Arousal	4	
	8	
	11	
	15	
Total		

## Score Interpretation<sup>18</sup>

Little or No STS	Mild STS	Moderate STS	High STS	Severe STS
27 or less	28-37	38-43	44-48	49+

Get further testing for PTSD that is caused by STS.

Further testing for PTSD that is caused by STS is recommended if the following combination is present:

Intrusion at least 1 item +  
 Avoidance 3 items +  
 Arousal 2 items

<sup>18</sup>Bride, B E (2007). Prevalence of Secondary Traumatic stress among Social Workers. Social Work, 52:1, pp 63-70.

## **Appendix III: Prevention Plan Worksheets**

PPW-1. Score Pattern Analysis

PPW-2. Self-Care Goal Worksheet

## PPW-1. Score Pattern Analysis

### Instructions

The Score Pattern Worksheet is color coded.

**GREEN COLUMN:** If scores fall mostly in the **green** column, you likely manage stressors well. High levels of life stress may be offset by healthy coping, high resilience, strong personal self-care practices, and overall satisfaction with one's life.

**RED COLUMN:** If scores fall mostly in the **red** column, stressors may be taking their toll. High levels of stress which are not offset by resilience and coping indicate potential risk for health problems and negative impact on professional functioning. Under these circumstances, it is **critical** that you increase coping strategies and/or seek help from a professional to offset the negative impact.

**NEUTRAL COLUMN:** If scores fall in the middle category (e.g., **neutral**), you may be a bit more challenged in determining the score pattern. Adjust your score pattern analysis by looking at the rating to which your score is closest. For the purposes of self-care planning, use the adjusted score pattern.

Based on your analysis of the score pattern, which relaxation, self-soothing and/or compassion stress management strategy(ies) do you need? Are your goals maintenance, growth, or both?

Remember to use the SMART formula when creating self-care goals:

- Specific
- Measurable
- Attainable
- Realistic
- Time-Based

Example – Poor SMART goal: I will exercise regularly

Example – good SMART goal: I build my physical strength by working out at the gym with my accountability buddy for 30 minutes 3x/week for 30 days, starting Monday.

Score Pattern Analysis: Life Stress, Resilience and Coping©			
Instructions: Record your score for each self-assessment in the section below, and circle the rating into which your score falls.			
SA1	Social Readjustment Rating Scale	<37% chance	51% chance <b>79% chance</b>
SA2	How vulnerable are you to stress?	Excellent resistance	Some Vulnerability <b>Serious Vulnerability</b>
SA3	Ego Resiliency Scale (ER-89)	High-Very High Resiliency Trait	Undetermined Trait <b>Low-Very Low Resiliency Trait</b>
SA4 Self-Compassion			
	Self-Kindness	High	Moderate <b>Low</b>
	Common Humanity	High	Moderate <b>Low</b>
	Mindfulness	High	Moderate <b>Low</b>
	Overall Mean	High	Moderate <b>Low (R)</b>
SA5 Posttraumatic Growth Inventory			
		Growth	Some Growth <b>No Growth</b>
SA6 Spiritual Intelligence <sup>19</sup>			
	Critical Existential Thinking (CET)	Satisfied with Score	Neither Satisfied nor Dissatisfied <b>Dissatisfied with Score</b>
	Personal Meaning Production (PMP)	Satisfied with Score	Neither Satisfied nor Dissatisfied <b>Dissatisfied with Score</b>
	Transcendental Awareness (TA)	Satisfied with Score	Neither Satisfied nor Dissatisfied <b>Dissatisfied with Score</b>
	Conscious State Expansion (CSE)	Satisfied with Score	Neither Satisfied nor Dissatisfied <b>Dissatisfied with Score</b>
SA7 Professional Quality of Life (ProQOL)			
	Compassion Satisfaction	High	Moderate <b>Low</b>
	Burnout	Low	Moderate <b>High</b>
	Compassion Fatigue	Low	Moderate <b>High</b>
SA8 Secondary Traumatic Stress Scale			
	Intrusion	None - Mild	Moderate <b>High-Severe</b>
	Avoidance	None - Mild	Moderate <b>High-Severe</b>
	Arousal	None - Mild	Moderate <b>High-Severe</b>

<sup>19</sup> The score categories listed here are for the purpose of self-assessment. These score categories are not part of the Spiritual Intelligence Scale. Whether or not you are satisfied with your score is your subjective decision.

Look at the ProQOL score pattern to determine into which category below your profile fits.

Note: This chart is for discussion purposes. If you find your score pattern is inconsistent with your perception, discuss with your Accountability Buddy.

<p><b>Low</b> Burnout  <b>Low</b> Compassion Fatigue  <b>High</b> Satisfaction</p>	<p><b>Enjoy Your Job!</b>  Everything is working well. There's a good fit with population served, work environment, and capacity to manage the emotional toll of the work.</p>
<p><b>Low</b> Burnout  <b>High</b> Compassion Fatigue  <b>High</b> Satisfaction</p>	<p><b>Stay and Manage</b> the Emotional Toll of the Work.  The work environment and population served are working well, but there's an emotional toll resulting from clients' traumatic material.</p>
<p><b>Low</b> Burnout  <b>Low</b> Compassion Fatigue  <b>Low</b> Satisfaction</p>	<p><b>Change</b> Population Served  The work environment is satisfactory and there is no emotional toll; there is no joy in working with the population being served.</p>
<p><b>High</b> Burnout  <b>Low</b> Compassion Fatigue  <b>High</b> Satisfaction</p>	<p><b>Change</b> Jobs  The work environment most likely is toxic. If at all possible, seek employment elsewhere. If options are not available, consider ways in which toxicity can be neutralized via changes in own behavior.</p>
<p><b>High</b> Burnout  <b>High</b> Compassion Fatigue  <b>Low</b> Satisfaction</p>	<p><b>Change</b> Careers  Nothing is working well. The work environment is toxic, there's an emotional toll resulting from client's traumatic material, and there is an absence of joy in serving the client population. If you cannot change careers at this time, consult a professional to increase effective symptom management and support during adaptation phase.</p>

## PPW-2. Self-Care Goal Worksheet

1. Analyze the data and compare that with self-perceptions, and the perceptions of family, friends and colleagues.
2. Based on your Score Pattern Analysis, identify three (3) SMART goals which will maintain or increase your resilience to stressors. Goals may be Maintenance (continue doing what works) and/or growth (add that which will increase resilience).
3. Identify two (2) accountability buddies with whom you will meet to monitor your goals, and set a time/place to meet. One buddy should be identified from your professional environment and the second should be identified from your personal life.

## S-M-A-R-T

Specific – Measurable – Attainable – Realistic – Time-Based

SMART Goals	Maintenance	Growth
1.		
2.		
3.		

Are there obstacles or resistances to achieving your goals?      ( ) Yes      ( ) No

If yes, what are they? List here and share with your accountability buddy.

What strategies might you use to overcome the obstacles/resistances? List here and share with your accountability buddy.

Identify Buddies	Meeting Date/Time
Personal:	
Professional:	



## **Appendix IV: Tables**

Table 1: Caregiver Reactions

Table 2: Healthy Coping Strategies

Table 3: Strategies for Inducing Relaxation Response: Examples of Stress Reactions  
and Effective Reduction Strategies.

Table 4: Compassion Stress Management Techniques

Table 5: Professional Care: Compassion Fatigue Desensitization

<b>Table 1: Caregiver Reactions</b>							
<b>Cognitive</b>		<b>Emotional</b>		<b>Behavioral</b>			
<ul style="list-style-type: none"> <li>o Diminished concentration</li> <li>o Confusion</li> <li>o Spaciness</li> <li>o Loss of meaning</li> <li>o Decreased self-esteem</li> <li>o Preoccupation with trauma</li> <li>o Trauma imagery</li> <li>o Apathy</li> <li>o Rigidity</li> <li>o Disorientation</li> <li>o Whirling thoughts</li> <li>o Thoughts of self-harm or harm toward others</li> <li>o Self-doubt</li> <li>o Perfectionism</li> <li>o Minimization</li> </ul>		<ul style="list-style-type: none"> <li>o Powerlessness</li> <li>o Anxiety</li> <li>o Guilt</li> <li>o Anger/rage</li> <li>o Survivor guilt</li> <li>o Shutdown</li> <li>o Numbness</li> <li>o Fear</li> <li>o Helplessness</li> <li>o Sadness</li> <li>o Depression</li> <li>o Hypersensitivity</li> <li>o Emotional roller coaster</li> <li>o Overwhelmed</li> <li>o Depleted</li> </ul>		<ul style="list-style-type: none"> <li>o Clingy</li> <li>o Impatient</li> <li>o Irritable</li> <li>o Withdrawn</li> <li>o Moody</li> <li>o Regression</li> <li>o Sleep disturbances</li> <li>o Appetite changes</li> <li>o Nightmares</li> <li>o Hypervigilance</li> <li>o Elevated startle response</li> <li>o Use of negative coping (smoking, alcohol or other substance abuse)</li> <li>o Accident proneness</li> <li>o Losing things</li> <li>o Self harm behaviors</li> </ul>			
<b>Spiritual</b>		<b>Interpersonal</b>		<b>Physical</b>			
<ul style="list-style-type: none"> <li>o Questioning the meaning of life</li> <li>o Loss of purpose</li> <li>o Lack of self-satisfaction</li> <li>o Pervasive hopelessness</li> <li>o Ennui</li> <li>o Anger at God</li> <li>o Questioning of prior religious beliefs</li> </ul>		<ul style="list-style-type: none"> <li>o Withdrawn</li> <li>o Decreased interest in intimacy or sex</li> <li>o Mistrust</li> <li>o Isolation from friends</li> <li>o Impact on parenting (protectiveness, concern about aggression)</li> <li>o Projection of anger or blame</li> <li>o Intolerance</li> <li>o Loneliness</li> </ul>		<ul style="list-style-type: none"> <li>o Shock</li> <li>o Sweating</li> <li>o Rapid heartbeat</li> <li>o Breathing difficulties</li> <li>o Aches and pains</li> <li>o Dizziness</li> <li>o Impaired immune system</li> </ul>			
<b>Impact on Professional Functioning</b>							
<b>Performance of Job Tasks</b>		<b>Morale</b>		<b>Interpersonal</b>		<b>Behavioral</b>	
<ul style="list-style-type: none"> <li>o Decrease in quality</li> <li>o Decrease in quantity</li> <li>o Low motivation</li> <li>o Avoidance of job tasks</li> <li>o Increase in mistakes</li> <li>o Setting perfectionist standards</li> <li>o Obsession about details</li> </ul>		<ul style="list-style-type: none"> <li>o Decrease in confidence</li> <li>o Loss of interest</li> <li>o Dissatisfaction</li> <li>o Negative attitude</li> <li>o Apathy</li> <li>o Demoralization</li> <li>o Lack of appreciation</li> <li>o Detachment</li> <li>o Feelings of incompleteness</li> </ul>		<ul style="list-style-type: none"> <li>o Withdrawal from colleagues</li> <li>o Impatience</li> <li>o Decrease in quality of relationship</li> <li>o Poor communication</li> <li>o Subsume own needs</li> <li>o Staff conflicts</li> </ul>		<ul style="list-style-type: none"> <li>o Absenteeism</li> <li>o Exhaustion</li> <li>o Faulty judgment</li> <li>o Irritability</li> <li>o Tardiness</li> <li>o Irresponsibility</li> <li>o Overwork</li> <li>o Frequent job changes</li> </ul>	

<b>Table 2: Healthy Coping Strategies</b>		
<b>Cognitive</b>	<b>Emotional</b>	<b>Behavioral</b>
<ul style="list-style-type: none"> <li>o Moderation</li> <li>o Write things down</li> <li>o Make small, daily decisions</li> <li>o See the decisions you are already making</li> <li>o Give yourself permission to ask for help</li> <li>o Plan for the future</li> <li>o Get the most information you can to help make decisions</li> <li>o Anticipate needs</li> <li>o Remember you have options</li> <li>o Review previous successes</li> <li>o Problem solve</li> <li>o Have a Plan “B”</li> <li>o Break large tasks into smaller ones</li> <li>o Practice, Practice, Practice</li> </ul>	<ul style="list-style-type: none"> <li>o Moderation</li> <li>o Allow yourself to experience what you feel</li> <li>o Label what you are experiencing</li> <li>o Give yourself permission to ask for help</li> <li>o Be assertive when necessary</li> <li>o Keep communication open with others</li> <li>o Remember you have options</li> <li>o Use your sense of humor</li> <li>o Have a buddy with whom you can vent</li> <li>o Use “positive” words and language</li> <li>o Practice, Practice, Practice</li> </ul>	<ul style="list-style-type: none"> <li>o Moderation</li> <li>o Spend time by yourself</li> <li>o Spend time with others</li> <li>o Limit demands on time and energy</li> <li>o Help others with tasks</li> <li>o Give yourself permission to ask for help</li> <li>o Do activities that you previously enjoyed</li> <li>o Take different routes to work or on trips</li> <li>o Remember you have options</li> <li>o Find new activities that are enjoyable and (mildly) challenging</li> <li>o Set goals, have a plan</li> <li>o Relax</li> <li>o Practice, Practice, Practice</li> </ul>
<b>Spiritual</b>	<b>Interpersonal</b>	<b>Physical</b>
<ul style="list-style-type: none"> <li>o Moderation</li> <li>o Discuss changed beliefs with spiritual leader</li> <li>o Meditation</li> <li>o Give yourself permission to ask for help</li> <li>o Practice rituals of your faith/beliefs</li> <li>o Spiritual retreats/workshops</li> <li>o Prayer</li> <li>o Remember you have options</li> <li>o Mindfulness</li> <li>o Find spiritual support</li> <li>o Read Spiritual literature</li> <li>o Practice, Practice, Practice</li> </ul>	<ul style="list-style-type: none"> <li>o Moderation</li> <li>o Give yourself permission to ask for help</li> <li>o Take time to enjoy time with trusted friend/partner</li> <li>o Hugs</li> <li>o Healthy boundaries</li> <li>o Remember to use “I” statements</li> <li>o Use humor to diffuse tense conversations</li> <li>o Play together</li> <li>o Talk with trusted partner/friend</li> <li>o Apologize when stress causes irritable behavior or outbursts</li> <li>o State needs and wants as clearly as possible</li> <li>o Practice, Practice, Practice</li> </ul>	<ul style="list-style-type: none"> <li>o Moderation</li> <li>o Aerobic exercise</li> <li>o See doctor and dentist</li> <li>o Routine sleep patterns</li> <li>o Minimize caffeine, alcohol, and sugar</li> <li>o Give yourself permission to ask for help</li> <li>o Eat well-balanced, regular meals</li> <li>o Drink water</li> <li>o Wear comfortable clothes</li> <li>o Engage in physical luxuries: spa, massage, bath, personal trainer</li> <li>o Remember to breathe – deeply</li> <li>o Take mini-breaks</li> <li>o Practice, Practice, Practice</li> </ul>

**Table 3: Strategies for Inducing Relaxation Response: Examples of Stress Reactions and Effective Reduction Strategies.<sup>20</sup>**

Stress Reaction	Strategies for Inducing Relaxation Response			
	Breath Work	Meditation	Progressive Relaxation	Visualization/ Guided Imagery
Anxiety	X	X	X	X
Chronic pain	X	X	X	X
Depression	X	X	X	
Fatigue	X		X	
Headaches/ Migraine Headaches	X	X	X	X
High Blood Pressure	X	X	X	
Insomnia	X		X	
Irritability	X	X	X	X
Muscle Tension	X		X	X

<sup>20</sup> Figley, K.R. (2012). Counterbalancing Stress. In CR Figley (Ed.) Encyclopedia of Trauma. Sage Publications.

**Table 4: Compassion Stress Management Techniques**

Technique	Currently Use	Option for Self-Care Plan
When Working with Clients		
Breath-Work		
Self-talk		
Movement		
Between Clients/After Work		
Breathing Meditation		
Prayer and Meditation		
Visualization (e.g., safe place)		
Emotional Freedom Technique (EFT) or Thought Field Therapy (TFT)		
Journaling		
Art Therapy		
Music Therapy		
Poetry Therapy		
All hobbies and absorbing activities		
Music and Other Creative Therapies		
Dance and Other Kinesthetic Treatments		

Table created by C.R. Figley

**Table 5: Professional Care: Compassion Fatigue Desensitization**

Desensitization is required if compassion stress continues or gets worse. Below is a table of methods by degree of exposure and client control.

		Exposure		
		High	Partial	None
<b>Client Control</b>	<b>High</b>	Client-Guided Exposure Therapy Acupuncture-Induced Relaxation Override	Energy Psychology Therapies Systematic Desensitization Family Therapies	Psychodynamic Therapies Client-Centered Creative Therapies
	<b>Partial</b>	Cognitive-Behavioral Therapies	Neurolinguistic Programming Visual Kinesthetic Dissociation Eye Movement Desensitization and Reprocessing (EMDR) Hypnotherapies	Controlled Creative Therapies
	<b>Little-None</b>	Exposure/Flooding Therapies		Psycho-pharmacology In-Patient Treatments

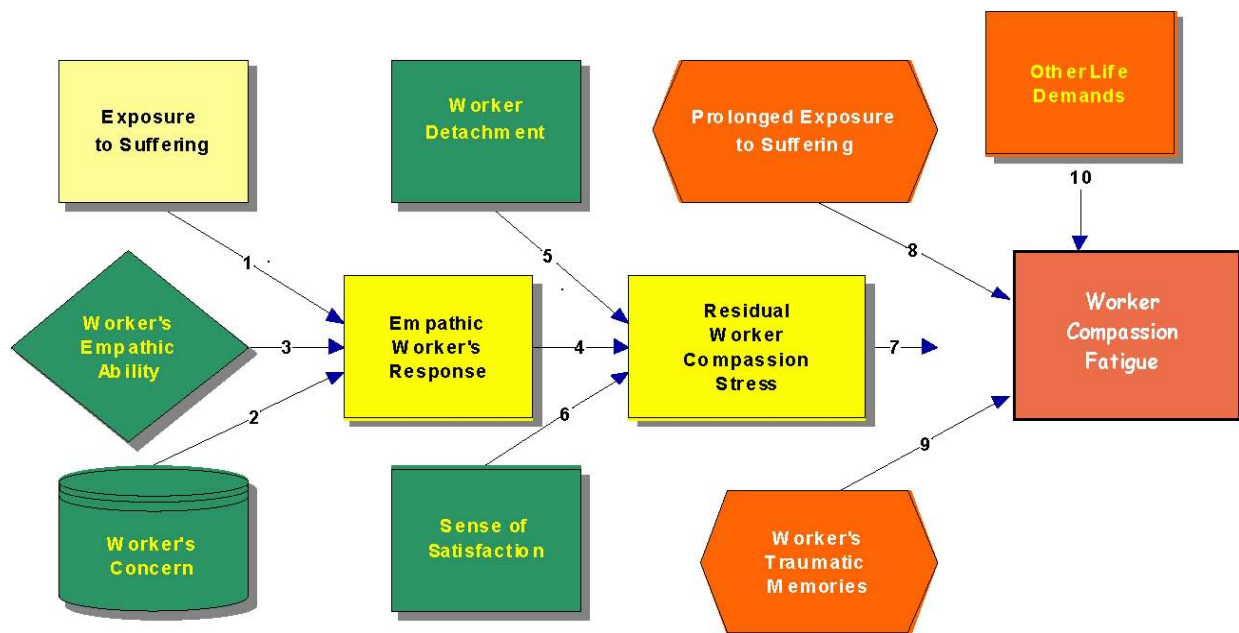
Table created by C.R. Figley

## Appendix V: Figures

Figure 1. Model of Compassion Stress and Fatigue

Figure 2. Caregiver Resilience Model

**Figure 1. Model of Compassion Stress and Fatigue**



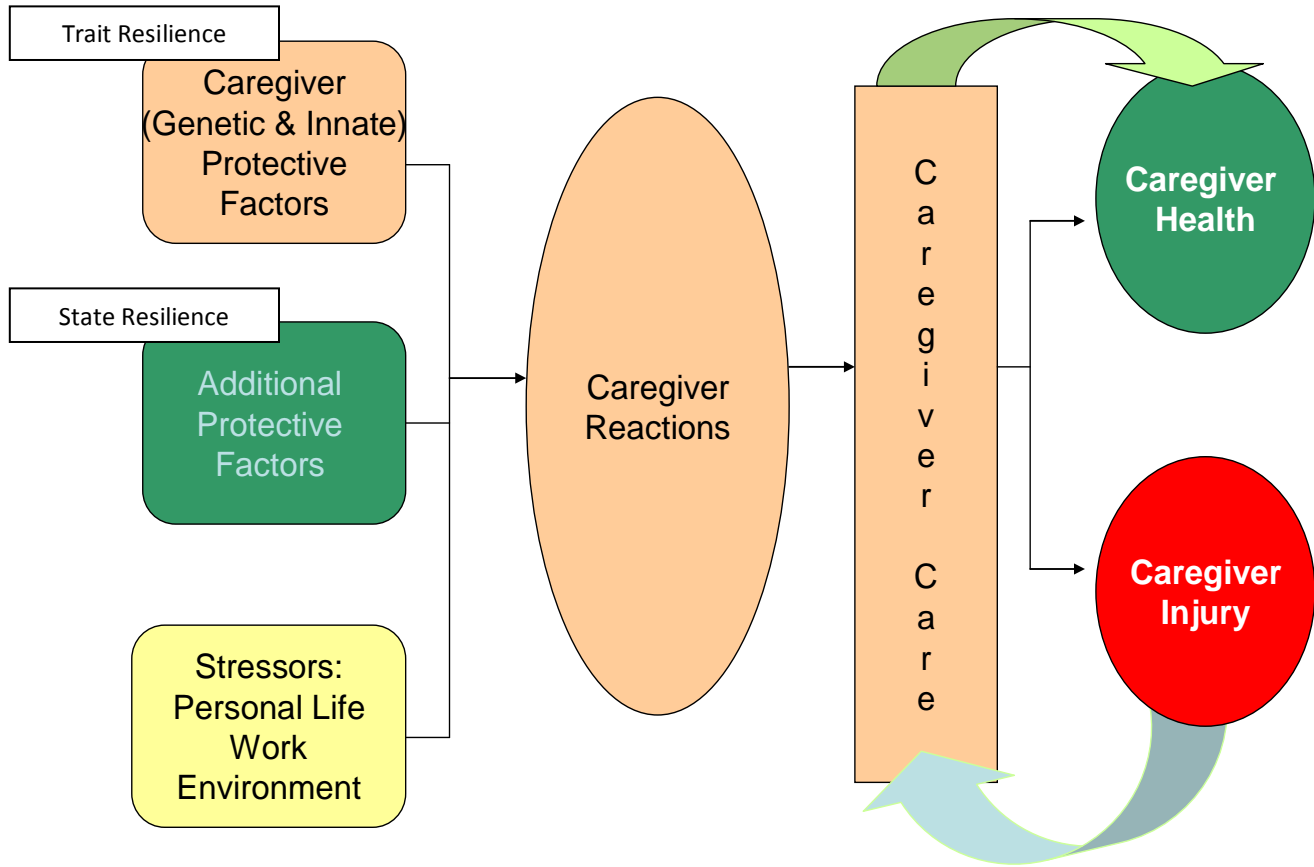
### Compassion Fatigue Process (Figley, 2001)

#### FACTORS CONTRIBUTING TO COMPASSION STRESS MANAGEMENT

1. Emotional Contagion is experiencing the feelings of the suffering as a function of exposure to the sufferer.
2. Empathic Concern is the motivation to respond to people in need.
3. Empathic Ability is the aptitude for noticing the pain of others.
4. Empathic Response is the extent to which the helper makes an effort to reduce the suffering of the sufferer.
5. Disengagement is the extent to which the helper can distance himself or herself from the ongoing misery of the traumatized person.
6. Sense of Achievement is the extent to which the helper is satisfied with his or her efforts to help the client/sufferer.
7. Compassion Stress is the demand for action to relieve the suffering of others
8. Prolonged Exposure is the on-going sense of responsibility for the care of the suffering, over a protracted period of time.
9. Traumatic Recollections are memories that trigger the symptoms of Post Traumatic Stress Disorder (PTSD) and associated reactions, such as depression and generalized anxiety.
10. Life Disruption is the unexpected changes in schedule, routine, and managing life responsibilities that demand attention (e.g., illness, changes in life style, social status, or professional or personal responsibilities).



**Figure 2. Caregiver Resilience Model**



© Figley & Figley 2008

**Appendix VI: GREEN CROSS ACADEMY OF TRAUMATOLOGY CERTIFICATION**

Green Cross Academy of Traumatology Certification Standards for  
Compassion Fatigue Educator  
Application Process

## Green Cross Academy of Traumatology Certification Standards for Compassion Fatigue Educator

Compassion Fatigue Educator (CFE) Certification is earned by those who complete the Compassion Fatigue Educator course of training or equivalent training and experiences associated with the theory and research, assessment, and prevention of work-related compassion fatigue. The certification is for those who are primarily interested in teaching and guiding colleagues about self care, developing and managing a self care plan, and effective compassion fatigue stress management.<sup>21</sup>

Status will be granted to qualified applicants who have completed a course of study that includes educational and experiential content that results in the applicant being able to demonstrate the following. The Compassion Stress Management Course offered by Figley Institute meets these standards.

1. Articulates the developmental history of compassion fatigue including countertransference, caregiver stress, burnout, vicarious traumatization, and secondary traumatic stress
2. Differentiates between compassion fatigue, secondary traumatic stress, and vicarious traumatization;
3. Articulates the unique array of symptoms indigenous to compassion fatigue
4. Assesses and identifies symptoms of compassion fatigue in self and others;
5. Recognizes compassion fatigue triggers and early warning signs;
6. Articulates current theoretical models for the etiology and transmission of compassion fatigue;
7. Articulates and teaches others the potential effects of traumatic stress upon systems (marriage, family, workplace, etc);
8. Identifies and utilizes resources and plans for resiliency and prevention for self and ability to facilitate this plan with others;
9. Knowledge of what is required to create and maintain a self-care plan for self and others and familiar with the Academy of Traumatology's Standards of Self Care for Traumatologists;
10. Knowledge of what is required to facilitate a self-care plan for self and others;
11. Knowledge about providing psycho-education on the causes, symptoms, prevention, and treatment of compassion fatigue; and
12. Knowledgeable of and abides by the Academy of Traumatology Standards of Traumatology Practice.<sup>22</sup>

---

<sup>21</sup> Green Cross Academy of Traumatology. Retrieved June 30, 2012

[http://www.greencross.org/index.php?option=com\\_content&view=category&layout=blog&id=49&Itemid=126](http://www.greencross.org/index.php?option=com_content&view=category&layout=blog&id=49&Itemid=126).

<sup>22</sup> Figley Institute. Retrieved June 30, 2012 from [http://www.figleyinstitute.com/cert\\_0002.html](http://www.figleyinstitute.com/cert_0002.html)

## Application Process<sup>23</sup>

The Green Cross Academy of Traumatology membership is comprised of individuals who hold one or more certifications sanctioned by the Academy's Commission on Certification and Accreditation. Benefits of membership include access to the on-line journal Traumatology, access to the Traumatologist Forum, our E-Newsletter, and the opportunity to volunteer for deployment with the Green Cross Assistance Program in the event that we are mobilized after a disaster.

Membership in the Green Cross Academy of Traumatology is available only to those individuals who hold at least one of the certifications sanctioned by the Commission on Certification and Accreditation (COCA). The certifications currently sanctioned by COCA are Compassion Fatigue Educator, Field Traumatologist, Compassion Fatigue Therapist and Certified Traumatologist.

Certification may be achieved ... through accredited training sites...

To apply for certification via accredited site training, submit your application along with the course completion certificate earned through the accredited site, any additional documentation required in the certification standards, and a check in the amount of \$25.00 payable to Green Cross Academy of Traumatology for each certification being applied for within 30 days of course completion. If applying more than 30 days after completion of training, include a check in the amount of \$95.00 for the first certification applied for and \$25.00 for each additional certification.<sup>24</sup>

Green Cross Academy of Traumatology

P.O. Box 352

Becker MN 55308 USA

Telephone: 1-320-743-3639

Fax: 1-320-743-4119

---

<sup>23</sup> Green Cross Academy of Traumatology. Retrieved June 30, 2012 from [http://www.greencross.org/index.php?option=com\\_content&view=article&id=177&Itemid=115](http://www.greencross.org/index.php?option=com_content&view=article&id=177&Itemid=115)

<sup>24</sup> Neither Figley Institute nor the course instructor receive compensation when course participants apply for certification and/or membership.

## Appendix VII: Green Cross Academy of Traumatology Standards of Practice

### Standards of Practice V 3.2 (revised 12 June 2007) <sup>25</sup>

Below is the basic outline for the Standards. For the complete set of standards, go to [www.greencross.org](http://www.greencross.org).

#### I. Purpose of Guidelines

#### II. Ethical Principles of Practice

1. Respect for the Dignity of Persons
2. Responsible Caring
3. Integrity in Relationships
4. Responsibility to Society

#### III. Standards of Humane Practice for Practitioners of Clinical Traumatology

1. Clients Universal Rights
2. Procedures for Recruiting Clients
3. Procedures for Assessment
  - Distress of Divulging
  - Tracking the Event
  - Past Memories
  - Normalize as part of the Assessment
  - Shattered Assumptions
  - Secondary Traumatization
  - Suicidality and Safety
  - Assessing Readiness for Trauma Therapy
  - Assessment Methods
    - Interviews
    - Psychophysiological Method
    - Self-Report Inventories
4. Procedures for Diagnosis and Reporting Clinical diagnosis of PTSD and trauma-related disorders
  - Misdiagnosis
5. Reporting Clinical Findings
  - Clinical Note Taking

---

<sup>25</sup> Green Cross Academy of Traumatology. Retrieved June 30, 2012 from [http://www.greencross.org/index.php?option=com\\_content&view=article&id=183&Itemid=123](http://www.greencross.org/index.php?option=com_content&view=article&id=183&Itemid=123)

6. Procedures for Establishing Safety
    - Roles and Boundaries
    - Safety and Stabilization
    - Assessing Readiness
    - Exposure-based Treatment
  7. Procedures for Assuring Client-Adjusted Progress
    - Pacing and timing
    - Continually Monitor Symptoms and Progress
    - Identifying and Dealing with Flashbacks and Triggers
    - Symptom Exacerbation
    - Dissociation during therapy
    - Destabilization/decompensation
  8. Procedures for Using Risky Treatment Methods with Informed Consent
  9. Reaching Therapy Goals Through Consensus
    - Inform Client about Healing Process
    - Level of Functioning
  10. Termination/Transition from Regularized Sessions
  11. Ongoing Relationships and the Issues of Boundaries
    - Dual relationships
    - Sexual Contact
    - Boundaries
  12. The Issue of Recovered Memories of Abuse
- IV. Standards of Care for Research with Traumatized Persons
1. Research Participants Universal Rights
  2. Guidelines for Diagnosis of PTSD for Research Purposes
  3. Procedures for using Risky Research Methods with Informed Consent
  4. Procedures for Recruiting Research Participants Humanely
  5. Procedures for Collecting Data Humanely - General Research Principles
  6. Procedures for Reporting Findings and Impressions Humanely
- V. Related Online Codes of General Professional Ethics
- VI. References

## Appendix VIII: Further Reading

- Adams, R.E., Boscarino, J. A. & Figley, C.R. (2006). Compassion fatigue and psychological distress among social workers: a validation study. *American Journal of Orthopsychiatry*, 76:1, 103-108.
- Adams, R. E., Figley, C. R., & Boscarino, J. A. (2008). The compassion fatigue scale: its use with social workers following urban disaster. *Research on Social Work Practice*, 18:3, 238-250.
- Block, J. & Kremen, A.M. (1996). IQ and ego-resiliency: Conceptual and empirical connections and separateness. *Journal of Personality and Social Psychology*. Vol. 70 (2), 349-361.
- Boscarino, J. A., Adams, R. E., & Figley, C. R. (2006). Worker productivity and outpatient service use after the September 11th Attacks: Results from the New York City terrorism outcome study. *American Journal of Industrial Medicine*, 49: 670-682.
- Boscarino, J. A., Adams, R.E., Figley, C. R., Galea, S. & Foa, E. B. (2006). Fear of terrorism and preparedness in New York City 2 years after the attacks: Implications for disaster planning and research. *Journal of Public Health Management and Practice*, 12(6), 505-513.
- Bride, B E (2007). Prevalence of Secondary Traumatic stress among Social Workers. *Social Work*, 52:1, pp 63-70.
- Bride, B. E., & Figley, C. R. (2007). The fatigue of compassionate social workers: an introduction to the special issue on compassion fatigue. *Clinical Social Work Journal*, 35:151–153.
- Bride, B. E., Radey, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35:155-163.
- Cann, Arnie, Calhoun, Lawrence G., Tedeschi, Richard G., Taku, Kanako, Vishnevsky, Tanya, Triplett, Kelli N. and Danhauer, Suzanne C.(2010) A short form of the posttraumatic growth inventory. *Anxiety, Stress & Coping*, 23: 2, 127 — 137.
- Davis, M., Eshelman, E.R. and McKay (2008). *The Relaxation and Stress Reduction Workbook Sixth Edition*. New Harbinger Publications., Inc.: Oakland CA.
- Figley, C. R. (2007). An introduction to the special issue on the MHAT-IV. *Traumatology*, 13:4, 4-7.
- Figley, C.R. (Ed) (2002). *Brief Treatments for the Traumatized: A Project of the Green Cross Foundation*. Greenwood Press, Westport, Connecticut.
- Figley, C. R. (Ed.) (2002). *Treating Compassion Fatigue*. NY: Brunner-Routledge.
- Figley, C.E. (Ed). (in press). *Encyclopedia of Trauma*. California: Sage Publications.
- Figley, C. R. (1995). *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*. NY: Brunner/Mazel.
- Figley, C. R. & Figley, K. R. (2007). Put the oxygen mask on yourself first. *Family Therapy Magazine*, March-April, pp 8-11.

- Figley, C.R., Lovre, C. & Figley, K.R. (2011). Compassion fatigue, vulnerability, and resilience and in practitioners working with traumatized children. In V. Ardino, V (Ed). *Post-Traumatic Syndromes in Childhood and Adolescence: A Handbook of Research and Practice*. London: Wiley-Blackwell.
- Figley, C. R. & Jones, R. (2008). The 2007 Virginia Tech shootings: identification and application of lessons learned. *Traumatology*, 14:1 3-8.
- Figley, C. R. & Nash, W. P. (Eds.) (2007). *Combat Stress Injury Theory Research, and Management*. New York: Routledge.
- Figley, C. R. & Stamm, B. H. (1996). Psychometric review of the compassion fatigue self test. In B. H. Stamm (Ed.), *Measurement of stress, trauma and adaptation*. Lutherville, MD: Sidran Press.
- King, D. B. (2008). *Rethinking claims of spiritual intelligence: A definition, model, & measure*. Unpublished master's thesis, Trent University, Peterborough, Ontario, Canada.
- Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. *Self and Identity*, 2, 223-250.
- Radey, M. & Figley, C. R. (2007). The social psychology of compassion. *Clinical Social Work Journal*, 35: 207-214.
- Rank, M. G., Chaffin, I., & Figley, C. R. (2007). Factors influencing program completion in an extended care psychiatric rehabilitation program. *Work*, 28: 1-9.
- Richardson, Cheryl. (2000). *Life Makeovers: 52 Practical and Inspiring Ways to Improve Your Life One Week at a Time*. NY: Broadway Books.
- Stamm, B. H. (Ed.). (1995). *Secondary traumatic stress: Self-care issues for clinicians, researchers and educators*. Lutherville, MD: Sidran Press.