

Compassion Fatigue: Connection to Trauma, Stages, and Assessments

Section 3



In this section of the toolkit we will delve more deeply into the concept of compassion fatigue; how it connects to our understanding of trauma, the stages that one might experience if compassion fatigue is not addressed, and how to assess our levels of secondary trauma, burnout, and compassion satisfaction. In Section 2, we defined compassion fatigue as an umbrella term for both burnout and secondary trauma. As we grow in our understanding of the extent and impact of trauma, including historical trauma and oppression, on the clients we serve, their families and our communities, our ability to take in such pain and maintain an open and compassionate approach can be challenged. Compassion fatigue can develop slowly overtime and go unrecognized. This section gives us insights that can guide us to take proactive measures to prevent its progression.



Distribute this document to all participants to explore prior to the following application activities.



Key Activity

Stages of Compassion Fatigue – Cats Cycle

Wellness Practice

“Just Like Me” Exercise

Circle Agenda

Staff Circle Agenda, Section Three

Core Content Visual

Stages of Compassion Fatigue – Cats Cycle – Use this Visual and Display in Staff Break Areas

Posting this visual in common staff areas will serve as a reminder of content covered to staff and perhaps serve as a future conversation starter for deeper reflection among staff members.

Supplementary Activities/Handouts

ProQOL Self-Assessment Tool

The ProQOL is a 30 question, self-administered, self-scored, free assessment. This is included in the document to distribute for this section. Facilitators should make time for participants to complete the assessment during their time together or ask them to complete ahead of time.

It can be used on a regular basis as a self-check-in, offered in conjunction with supervisory or mentoring consultations, or as a basis for small group discussion. Please note that it is available on the ProQOL site in many languages. We do not recommend ProQOL's are collected after being completed by participants, but rather used as a reflection tool.

Facilitators should be prepared to offer [resources](#) to staff whose ProQOL outcomes point to significant levels of burnout or secondary traumatic stress. Each district has employee support protocols and resources. Be sure you know those and remind staff that they exist and how to access them.



For links specifically for leadership and additional resources, please visit the Toolkit online.

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We know that being in the field of health care can be rewarding and also challenging. Caregiving is hard work in and of itself; however, it can be more difficult when clients present with obstacles, such as homelessness, community and domestic violence, and physical and emotional abuse. These trials impact health and the healing process. For more resources on incorporating and addressing trauma in your work, the [Center for Health Care Strategies' project "Advancing Trauma-Informed Care"](#) is a national initiative aimed at understanding how trauma-informed approaches can be practically implemented across the health care sector.

Because providing care to clients poses the risk of unexpected outcomes and mistakes, health care providers are uniquely susceptible to what is known as the "second victim phenomenon." While the first victim of an adverse client event is the client, caregivers can become 'victims' as well in the sense that they are traumatized by the event, whether it be a medical error, patient-related injury, or other unanticipated event that leaves the provider feeling personally responsible and questioning their skills and ability.¹

This phenomenon can occur to any provider in any organization, but [this blog post](#) offers one nurse's personal experience as a second victim and touches on the important role leadership and management play in combating its effects.

¹ Scott S., Hirschinger L.,...et al. (2010). *Caring for our own: Deploying a systemwide second victim rapid response team.* *The Joint Commission Journal on Quality and Patient Safety*,36(5), 233-240.

Developed in partnership with:



compassionresiliencetoolkit.org

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Section 3

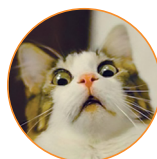
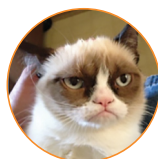
For more on secondary trauma, consider watching Amy Cunningham's Tedx Talk, "[Drowning in Empathy: The Cost of Vicarious Trauma.](#)" She talks about the risk and symptoms of compassion fatigue for individuals in caregiving roles as well as her own experience with vicarious trauma. She also discusses how burnout and vicarious trauma are often confused or conflated, and the differences between the two.



Drowning in Empathy: The Cost of Vicarious Trauma | Amy Cunningham | TEDxSanAntonio

Adding the concept of burnout creates a more inclusive understanding of why some health care providers may experience compassion fatigue. **Burnout** can be the outcome when providers face unrealistic job expectations or do not know how to successfully meet typical expectations. Few providers come to a job knowing fully how to address multiple expectations from clients with whom they work, from organizations and regulatory bodies to whom they report, and from society as a whole. All of this is in addition to the physical, emotional and/or behavioral challenges that are presented to them by their clients. These expectations can be overwhelming and can lead to burnout if measures are not taken to build skills, support resilience and alleviate the symptoms.

What does compassion fatigue look like? Compassion Fatigue can be summed up as *the feelings of depression, sadness, exhaustion, anxiety, and irritation that may be experienced by people who are helpers in their work and/or personal life.* What are the symptoms to look for early on to be able to minimize its impact and create (or return to) a path of resilience? Eric Gentry, PhD, offers a way to understand compassion fatigue in his staged model. Cat pictures were added to Gentry's work by some of the authors of this toolkit to add some fun and assist with memory.



Compassion Fatigue: Connection to Trauma, Stages, and Assessments

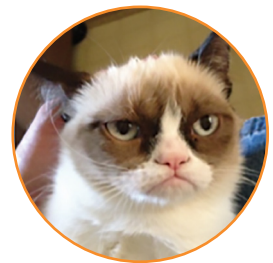
Section 3

Compassion Fatigue Cycle *(adapted from work of Eric Gentry, PhD 2012)*



Zealot/Idealist – We are committed, involved, and available. We problem solve and are ready to make a difference. We willingly put in extra hours, and our enthusiasm overflows. We volunteer and go the extra mile, often without prompting.

Irritability – We begin to see the imperfect nature of the systems and people around us. We distance ourselves from and even belittle our clients/patients, coworkers and friends. As we do so, we talk unfairly about their challenges and denigrate their efforts. The use of humor is sometimes strained, and we often daydream or become distracted when clients/patients are speaking with us. Oversights and mistakes begin to occur as we notice our anger, cynicism, diminished creativity, and sadness.



Withdrawal – We are unable to embrace the complexity of problems, and we lose our ability to see clients/patients as individuals, instead they become irritants. Complaints may be made about our work, and we might have problems in our personal life. We no longer wish to talk about work and may not even admit to what we do. We feel tired all of the time and thus neglect our family, our coworkers, our clients/patients and ourselves. Our shield gets thicker and thicker to block our pain and sadness. We may experience difficulty empathizing and feeling to numb to other's pain.

Zombie – Our hopelessness turns to rage, and we begin to detest people. We easily move to anger if our coworkers dare to question us. Others become incompetent or ignorant in our eyes, and we begin to work in a silo. We have no time for humor or fun. We may have a sense that we can't ever do enough, an inflated sense of importance related to our work, hyper-vigilance/ sleeplessness, and a sense of persecution.



Renewal vs. Unwell – If we have not addressed this cycle earlier, we come to a fork in the road where we either continue deeper into compassion fatigue to a place of illness, fatigue, and overwhelm or we take a turn towards renewal, a place of resiliency, hardiness, and transformation.

The good news is that at any stage in the cycle, one can learn skills and mindsets that change the trajectory towards compassion satisfaction. The goal of this toolkit is for us to learn these mindsets and skills in order to proactively address our ways of being to avoid compassion fatigue and, when it does arise, address it early with confidence and support. It is beneficial to begin by getting a sense of the starting place for ourselves. The ProQOL is a 30 question, self-administered, self-scored, free assessment found [here](#).

Compassion Fatigue: Connection to Trauma, Stages, and Assessments

Section 3

SELF-CARE



STRATEGIES

Throughout the toolkit, we will practice strategies to support compassion resilience from the four sectors of the Wellness Compass.

HEART: Commonalities Practice to Build Compassion

Try this five-step exercise when you are with a client, colleague, or family member and feelings of compassion seem out of reach. Do it discreetly and try to do all the steps with the same person. You can begin by simply bringing someone to mind. Eventually you can do this when you want to bring yourself out of a place of judgment in a tough interaction with another person. At the root of it all, we are all human beings that crave attention, recognition, affection, and above all, happiness.

With your attention geared to the other person, tell yourself:

Step 1: "Just like me, this person **is seeking happiness** in their life."

Step 2: "Just like me, this person **is trying to avoid suffering** in their life."

Step 3: "Just like me, this person **has known sadness, loneliness and despair.**"

Step 4: "Just like me, this person **is seeking to fill their needs.**"

Step 5: "Just like me, this person **is learning about life.**"

Adapted from [Zen Habits: A Guide to Cultivating Compassion in Your Life, With 7 Practices](#).



WHAT'S NEXT

System Drivers of Compassion Fatigue

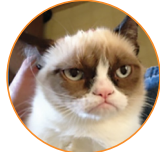
Compassion Fatigue: Connection to Trauma, Stages, and Assessments

Section 3

Stages of Compassion Fatigue Activity



Zealot/Idealist



Irritability



Withdrawal



Zombie



Renewal

Activity description

1. Use the guide below to explain the stages of fatigue (hand out the stages visual or share virtually and be sure the participants are reading the descriptors on the handout as you use the explanation in the right column below). Include aspects from the left column as you explain the stages.
2. Use the following questions taken from the circle agenda for this section to lead a discussion. Either go through each stage and ask the questions of that stage with the whole group or divide the group into four smaller groups, assign each one of the stages, and have a report out to the whole group.
 - a. What feelings and experiences might contribute to a person “hanging out” in this stage – even to becoming one’s norm?
 - b. How would that lead to one’s inability to act with compassion during your workday? (Think of any impact on specific compassionate action steps.)
 - c. (If done in small groups, share out in the full group) Share your key insights with the larger group.
 - d. Share a story of renewal or resilience you have witnessed during your time in your career – yourself, colleagues, or family members.
3. Remind participants that the good news is that at any stage in the cycle, one can learn skills and mindsets that change the trajectory towards compassion satisfaction. The goal of this toolkit is for us to learn these mindsets and skills in order to proactively address our ways of being to avoid compassion fatigue and, when it does arise, address it early with confidence and support. It is beneficial to begin by getting a sense of the starting place for ourselves. The ProQOL is a helpful self-assessment that is shared in this section.

Description of stage on participant handout



Zealot/Idealist – We are committed, involved, and available. We problem solve and are ready to make a difference. We willingly put in extra hours, and our enthusiasm overflows. We volunteer and go the extra mile, often without prompting.

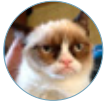
Facilitator explanation of each part of the cycle

Zealot/Idealist – When we start new jobs, change to new roles, or have a change in our circumstances, we often bring very high levels of energy and enthusiasm. We are hopeful that the work we do will make a positive difference and want to give our all. This is the first stage of compassion fatigue because our work is more like a marathon than a sprint. If we try to run a marathon at the speed of a sprint, we will not be able to maintain it over time. At times, supervisors and coworkers take advantage of others in the zealot stage, seeing our enthusiasm and shifting work of theirs to us, further contributing to our unrealistic expectations in this stage. This experience can be exacerbated if we have experienced discrimination in our lives, we may feel the need to have an overwhelming workload to prove our worth to others.

Compassion Fatigue: Connection to Trauma, Stages, and Assessments

Section 3

Description of stage on participant handout



Irritability – We begin to see the imperfect nature of the systems and people around us. We distance ourselves from and even belittle our clients/patients, coworkers and friends. As we do so, we talk unfairly about their challenges and denigrate their efforts. The use of humor is sometimes strained, and we often daydream or become distracted when clients/patients are speaking with us. Oversights and mistakes begin to occur as we notice our anger, cynicism, diminished creativity, and sadness.

Facilitator explanation of each part of the cycle

Irritability – As we settle into our work, we begin seeing the imperfections of the people and systems needed to reach positive outcomes for those we serve. We begin to see all the expectations we set for ourselves (and perhaps others had of us) in the zealot stage are not realistic. This can lead us to becoming frustrated, angry, and cynical. We may begin to back away from the people we serve and our colleagues if they remind us of what is lacking. If we do not see a way to address the imperfections, we can begin to lose hope. Powerlessness may spark feelings from past trauma or experiences of oppression.

Finding ways to work on addressing some of the imperfections and not letting others stop us from the day-to-day work and the joy it can bring are important steps to take to avoid the negative impacts of this stage.



Withdrawal – We are unable to embrace the complexity of problems, and we lose our ability to see clients/patients as individuals, instead they become irritants. Complaints may be made about our work, and we might have problems in our personal life. We no longer wish to talk about work and may not even admit to what we do. We feel tired all of the time and thus neglect our family, our coworkers, our clients/patients and ourselves. Our shield gets thicker and thicker to block our pain and sadness. We may experience difficulty empathizing and feeling to numb to other's pain.

Withdrawal – The challenges of the workplace and those our clients/patients and families face can be complex and overwhelming at times. To withdraw is a natural human reaction to overwhelm. If we come from and recognize our privilege, we may shield ourselves from seeing the societal gaps that feel too immense to bridge. This escaping from the needs around us makes us less able to meet the expectations of our job. It also disconnects us from the joy we originally felt about the mission of the work.

Leaders can reconnect us to the mission, provide training and support to deal with complex challenges, and share what others are doing to also impact the clients/patients and families in our communities. Understanding what “the village” is doing and the resilience of those we serve can help us to let go of the full burden of the challenges.

Compassion Fatigue: Connection to Trauma, Stages, and Assessments

Section 3

Description of stage on participant handout



Zombie – Our hopelessness turns to rage, and we begin to detest people. We easily move to anger if our coworkers dare to question us. Others become incompetent or ignorant in our eyes, and we begin to work in a silo. We have no time for humor or fun. We may have a sense that we can't ever do enough, an inflated sense of importance related to our work, hyper-vigilance/ sleeplessness, and a sense of persecution.

Facilitator explanation of each part of the cycle

Zombie – If we have not discovered ways to moderate our energy for the long view, how to accept imperfections in people and systems while working for improvements, and ways to focus through complexity, we may move into the zombie stage of compassion fatigue. The key descriptor of this stage is isolation from all others. While not healthy in the long run, it is a survival mechanism very similar to a person with a trauma history. Think back to the [Compassionate Action Steps](#) and our need to see beneath the external behavior to empathize with the pain. Colleagues and leaders can offer support through these steps. Systems that have clear boundaries on time spent on work, put money behind low-stress team activities, offer mental health and coaching services, as well as "wellness days" as part of their PTO package are proactively providing support for people who find themselves in this stage. When looking at employee wellbeing, we must ensure that the system and leader supports to prevent and manage the first three stages are in place rather than a total focus on the stop gaps for the zombie stage.



Unwell vs. Renewal – If we have not addressed this cycle earlier, we come to a fork in the road where we either continue deeper into compassion fatigue to a place of illness, fatigue, and overwhelm or we take a turn towards renewal, a place of resiliency, hardiness, and transformation.

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Compassion Fatigue: Connection to Trauma, Stages, and Assessments

Section 3



Try this five-step exercise when you are with a client, colleague, or family member and feelings of compassion seem out of reach. Do it discreetly and try to do all the steps with the same person. You can begin by simply bringing someone to mind. Eventually you can do this when you want to bring yourself out of a place of judgment in a tough interaction with another person. At the root of it all, we are all human beings that crave attention, and recognition, and affection, and above all, happiness.

With your attention geared to the other person, tell yourself:

- Step 1: "Just like me, this person is seeking happiness in their life."
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- Step 3: "Just like me, this person has known sadness, loneliness, and despair."
- Step 4: "Just like me, this person is seeking to fill their needs."
- Step 5: "Just like me, this person is learning about life."

Adapted from [Zen Habits: A Guide to Cultivating Compassion in Your Life, With 7 Practices](#).

Compassion Fatigue: Connection to Trauma, Stages, and Assessments

Section 3

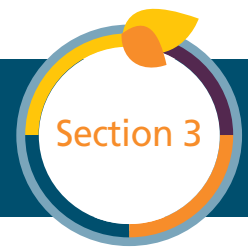
Staff Support



Circle Agenda

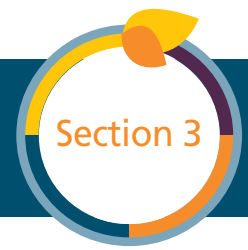
Circle Topic	CR Session 3: Compassion Fatigue
<p>Planning</p>	<p>Send the introduction document from Section 3 in the online toolkit at least 4 days prior to the circle to all participants. Highlight that there is a link to the Professional Quality of Life Questionnaire. The results are private. This session will help participants to better understand their results. Be sure to let participants know who is available to them if they would like to discuss their results.</p> <p>Hold a meeting with leadership to prepare for this section and invite the leader(s) to consider the following:</p> <ol style="list-style-type: none"> 1. Reflect on both your experience of fatigue throughout your career and the impact that your team, your supervisors, and the system you worked within had on your experience of the cycle of fatigue. Be prepared to share your insights with the facilitation team and if invited, with the group. 2. What might you and your leadership team do today that would alleviate some of the burden of initial unrealistic self-expectations that new employees have in the Zealot Stage, or recent experiences of imperfections of clients/team/organization/surrounding systems for those in the Irritability Stage, or the overwhelm employees are experiencing from the complexity of the work for those in the Withdrawal Stage? Example: gather new employees to discuss what is needed to run the marathon of this work (celebrate initial success of “sprint behavior” and invite them to let go of some unrealistic self-expectations). You will get more ideas from the session 4 activity. <p>For the full leadership preparation document, please visit this page.</p>
<p>Purpose of Circle/ Learning Objectives</p>	<p>Introduce the cycle of compassion fatigue and use it for reflection on our patterns of fatigue and our resources for avoiding being stuck in the cycle.</p>

Compassion Fatigue: Connection to Trauma, Stages, and Assessments



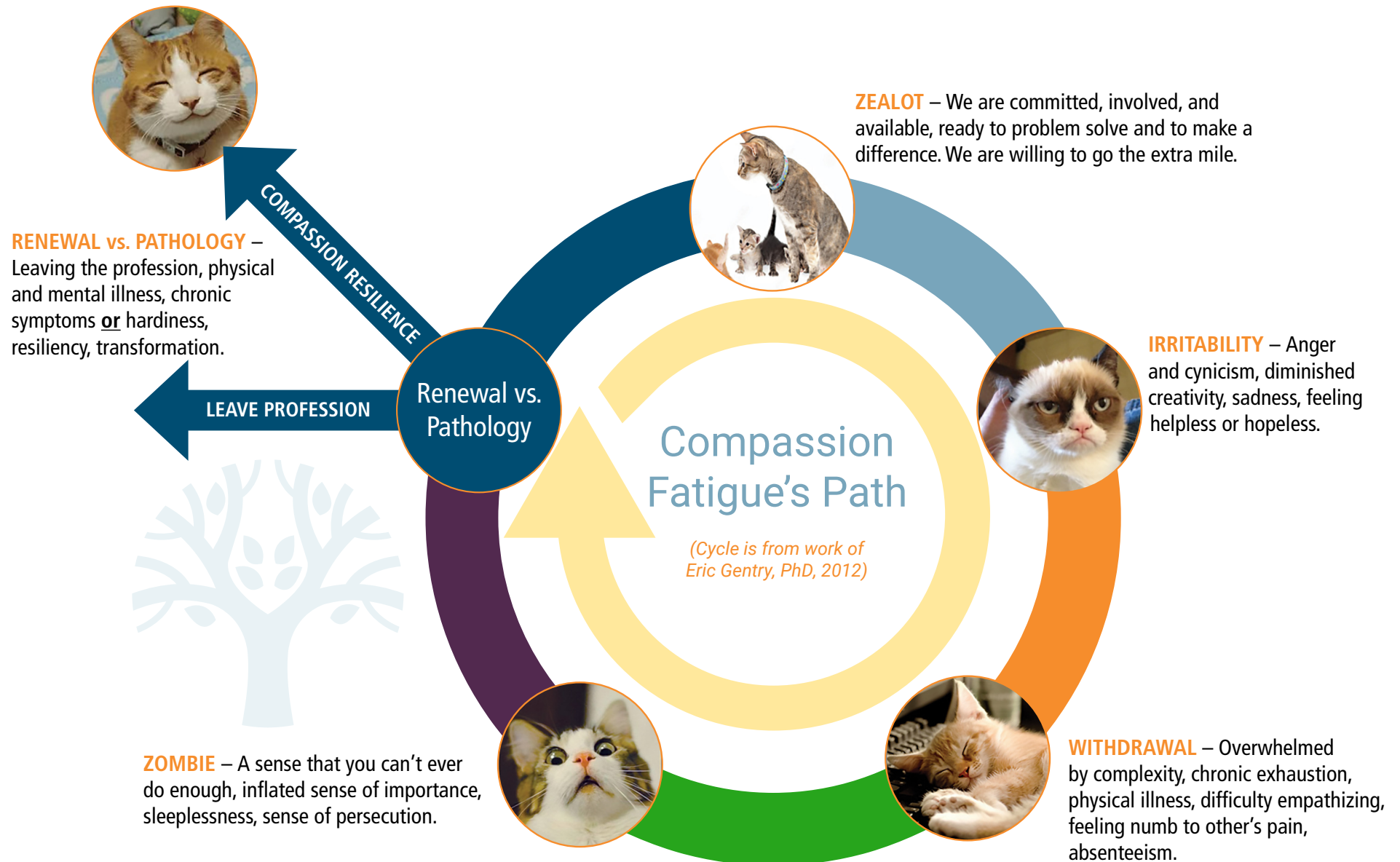
Circle Topic	CR Session 3: Compassion Fatigue
<p>Materials/ Preparation/Time</p>	<p>Time: 45-50 minutes</p> <p>Materials:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Circle kit <input type="checkbox"/> Shared agreements <input type="checkbox"/> Quote and mindfulness statements on flipchart paper <input type="checkbox"/> Cards with "Just like Me" prompts <input type="checkbox"/> A few copies of the Compassionate Action Steps visual to place in the center of the circle <input type="checkbox"/> Copies of the following for all participants: Compassion Fatigue Cycle <p>Set-up: Up to 15 chairs arranged in a circle without furniture in the middle.</p> <p>To consider: Understanding Your Social Location as a Facilitator – Active Bystander Intervention: Training and Facilitation Guide.</p>
<p>Welcome/Check-In (5 minutes)</p>	<p>Welcome group.</p> <p>Share: Today, the content we will share about the cycle of compassion fatigue will offer some insights into why offering compassion can be tough.</p> <p>Remind the group of the key circle components: go-around, pass or speak, open mic, centerpiece, and agreements</p> <p><i>"You have dealt with so much, and done the best that you can, take a moment now to appreciate how strong you are." – Karen Salmansohn</i></p>
<p>Grounding/Wellness Practice (5 minutes)</p>	<p>Often our compassion resilience relies on our ability to step back from negative encounters. Try this 5-step mindfulness exercise when you are with someone you serve, colleague, or family member and feelings of compassion seem out of reach. Do it discreetly. We will practice by asking you to bring to mind someone who is a little difficult for you to be with at times. Eventually, you can use this to bring yourself out of a place of judgment in a tough interaction with another person. With your attention geared towards the other person, tell yourself:</p> <ul style="list-style-type: none"> • Just like me, this person is seeking happiness in their life. • Just like me, this person is trying to avoid suffering in their life. • Just like me, this person has known sadness, loneliness, and despair. • Just like me, this person is seeking to fill their needs. • Just like me, this person is learning about life. <p>If you would like to consider a different grounding practice, please review the mindfulness appendix for additional suggestions.</p> <p>Review: (Go- around) Share one compass area and something you did to be resilient in that area since our last circle.</p>

Compassion Fatigue: Connection to Trauma, Stages, and Assessments



Circle Topic	CR Session 3: Compassion Fatigue
<p>Guiding Questions (25 minutes)</p>	<p>Review the full activity write-up for a more complete description of the cycle. Handout the Compassion Fatigue Cycle and review how an individual is impacted by their expectations, work environment, and the systems that influence it. For example:</p> <ul style="list-style-type: none"> • Zealot = early career, desire to change the world • Irritable = realizing the imperfections of the people and systems needed to reach positive outcomes for those they serve • Withdrawn = escaping from the needs and expectations of the work environment • Zombie = isolating from all others in order to survive the realities of the workplace and job requirements <p>Divide the group into four smaller groups – one per stage of the cycle: Zealot, Irritable, Withdrawn, Zombie</p> <ol style="list-style-type: none"> 1. (In your group) Discuss: <ol style="list-style-type: none"> a. What feelings and experiences might contribute to a person “hanging out” in this stage – even to becoming one’s norm? b. How would that lead to one’s inability to act with compassion during your workday? (Think of any impact on specific steps of compassionate action.) 2. (Full group) Share your key insights with the larger group. 3. (Open mic) Share a story of renewal or resilience you have witnessed during your time in your career – yourself, colleagues, or family members.
<p>Putting it into Practice (5 minutes)</p>	<p>(Go-around) Pick a stage and picture if a friend or colleague were in that stage, what you would offer to them as a mentor?</p>
<p>Closing (5 minutes)</p>	<p>(Go-around) Share a mantra, quote, affirmation, or mindset that has been helpful to you to minimize compassion fatigue.</p> <p>Bonus Activity: Share the link with the grounding activity from this session and other helpful practices to develop compassion through mindfulness.</p>

Compassion Fatigue: Connection to Trauma, Stages, and Assessments



Compassion Fatigue: Connection to Trauma, Stages, and Assessments

Section 3

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.

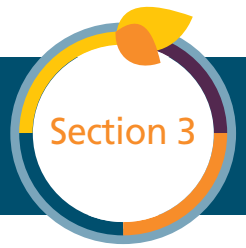
Secondary Traumatic Stress _____

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.

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Compassion Fatigue: Connection to Trauma, Stages, and Assessments



Section 3

What Is My Score and What Does It Mean?

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

Compassion Satisfaction Scale

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

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

Total: _____

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

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1: "I am happy" tells us more about the effects of helping when you are not happy so you reverse the score.

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

Total: _____

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

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

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.

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

Total: _____

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

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