



45 Sheppard Ave. E., Suite 419
Toronto, Ontario, M2N 5W9

Anna B. Baranowsky, Ph.D., C.Psych. Executive Director
J. Eric Gentry, Ph.D., Consulting Director
Maureen Gold, Training Coordinator

Phone: (416) 229-1477 ext 335 • Fax (416) 229-9882
E-mail: info@psychink.com Web site: <http://www.psychink.com>

Traumatology Institute Training Curriculum

Compassion Fatigue Pre-workshop Materials

Welcome to the Traumatology Institute and our training programs.

In preparation to attend TI-207 Compassion Fatigue Specialist 2-day training please complete all of the materials included in this document and bring them to the first day of training.

Individual scores will not be shared with the group. However, learning about the scoring system and discussing the meaning of each test will be enhanced by your personal experience and questions that you bring to that segment of the training.

Content

Measures and scoring:

- 1. ProQOL Professional Quality of Life: Compassion Satisfaction and Fatigue (ProQOL) Version 5 (Stamm, 2009)*
- 2. TRS: Trauma Recovery Scale (Gentry, 1996, 1998)*
- 3. Silencing Response Scale (Baranowsky, 2011)*
- 4. Global Check Set (Baranowsky & Gentry, 2010)*
- 5. Index of Clinical Stress (Abel, 1991)*

Mission Statement instructions

Letter from "The Great Supervisor"

On the second day of training, we will be conducting an exercise that requires a video camera with playback screen. If you can bring a video camera to the workshop, please email us at info@psychink.com. We require one camera for every 3/4 participants.

*Anna B. Baranowsky
Ph.D., C.Psych.
CEO, Traumatology Institute*

*Maureen Gold,
Training Coordinator, Traumatology Institute*

COMPASSION FATIGUE PRE-WORKSHOP MATERIALS

COMPASSION FATIGUE ASSESSMENT PROFILE

1. Professional Quality of Life: Compassion Satisfaction and Fatigue (ProQOL) Version 5 (Stamm, 2009)

Measures

Based on your responses, your personal scores are 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. 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 18, 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. You may see or provide treatment to people who have experienced horrific events. If your work puts you directly in the path of danger, due to your work as a soldier or civilian working in military medicine personnel, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, such as providing care to casualties or for those in a military medical rehabilitation facility, 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.

Scoring

In this section, you will score your test and then you can compare your score to the interpretation below.

Scoring

1. Be certain you respond to all items.
2. Go to items 1, 4, 15, 17 and 29 and reverse your score. For example, if you scored the item 1, write a 5 beside it. We ask you to reverse these scores because we have learned that the test works better if you reverse these scores.

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

To find your score on **Compassion Satisfaction**, add your scores on questions 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.

The Sum of my Compassion Satisfaction question was	So my score equals	My level of Compassion Satisfaction
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Burnout**, add your scores questions 1, 4, 8, 10, 15, 17, 19, 21, 26 and 29. Find your score on the table below.

The Sum of my Burnout questions	So my score equals	My level of Burnout
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

To find your score on **Secondary Traumatic Stress**, add your scores on questions 2, 5, 7, 9, 11, 13, 14, 23, 25, 28. Find your score on the table below.

The Sum of my Secondary Traumatic Stress questions	So my score equals	My level of Secondary Traumatic Stress
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

2. Trauma Recovery Scale (Gentry, 1996, 1998)

Measures

- ♦ PART I: Respondent's belief whether or not they meet Criterion A. (DSM-IV) for PTSD. This refers to whether they have been exposed directly or indirectly to a traumatic incident.
- ♦ PART II: History of traumatic experiences
- ♦ PART III: Relative recovery and stabilization from traumatic experiences.

Scoring

- ♦ PARTS I & II do not require scoring.
- ♦ PART III: Take the mean of the two answers for item #5 and add to the scores on all other items. Divide by ten and you will arrive at a mean score. If score is < 50 then significant traumatic stress; If score is > 75 then significant recovery (or minimal traumatic stress).

3. Silencing Response Scale (Baranowsky, 1996, 1998)

Measures

- ♦ The silencing response

Scoring

- ♦ To score total all response scores to arrive at the sum of scores.
- ♦ High risk = 95 - 150; Moderate risk = 41 - 94; Some risk = 21 - 40; Minimal risk = 0 - 20.

4. Global Check Set (Baranowsky & Gentry, 2010)

Global Check Set (GCS) (Optional):

This scale was developed as rapid check of multiple key areas of psychological wellness. There are no psychometric standards or official scoring norms for this scale and hence it is not to be used for diagnostic purposes.

However, it is a useful tool to bring to attention potential problem areas for further investigation. It covers seven areas which include:

Depression (d) (# 2, 9, 16, 21, 28)

Substance Use (a) (# 1, 8, 15, 20, 27)

Suicidality (s) (# 3, 10, 17, 22, 29)

PTSD (p) (# 4, 11, 23, 30, 34)

Generalized Anxiety Disorder (x) (# 5, 12, 24, 31, 35)

Somatization (i) (# 6, 13, 18, 25, 32)

Dissociation (c) (# 7, 14, 19, 26, 33)

Scoring is achieved through a total sum of scores as listed on scale items (Total GCS Score).

For greater clarification total the sub-scores of the subscales above (d, a, s, p, x, i, c).

Scores of 6 or higher in any of the subscales require further investigation

Scores of 9 or higher suggest a noteworthy risk factor

**Any elevations above 3 on the
Suicidality scale will require closer
examination**

Higher Scores signify greater psychological distress - compare scores over time.

A Total Score of greater than or equal to ≥ 70 = represents significant psychological distress.

This scale is not to be used for diagnostic purposes.

Scoring

- ◆ Total sum of scores as listed on scale items (Total GSC Score)
- ◆ For greater clarification total sub-scores for subscales above (d, a, s, p, x, i, c)
- ◆ Higher Scores signify greater psychological distress - compare scores over time
- ◆ Scores of ≥ 70 = significant psychological symptomatology
- ◆ This scale is not to be used for diagnostic purposes.

5. Index of Clinical Stress (Abel, 1991)

Measures

Subjective individual stress

Scoring

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

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

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

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

- ◆ Multiply Item Score by 100 to get Adjusted Score

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

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

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

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

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

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

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

Compassion Satisfaction and Fatigue Version 5 (Stamm, 2009)

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

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

- _____ 1. I am happy.
- _____ 2. I am preoccupied with more than one person I *[help]*.
- _____ 3. I get satisfaction from being able to *[help]* people.
- _____ 4. I feel connected to others.
- _____ 5. I jump or am startled by unexpected sounds.
- _____ 6. I feel invigorated after working with those I *[help]*.
- _____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- _____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
- _____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
- _____ 10. I feel trapped by my job as a *[helper]*.
- _____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
- _____ 12. I like my work as a *[helper]*.
- _____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
- _____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- _____ 15. I have beliefs that sustain me.
- _____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- _____ 17. I am the person I always wanted to be.
- _____ 18. My work makes me feel satisfied.
- _____ 19. I feel worn out because of my work as a *[helper]*.
- _____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
- _____ 21. I feel overwhelmed because my case [work] load seems endless.
- _____ 22. I believe I can make a difference through my work.
- _____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
- _____ 24. I am proud of what I can do to *[help]*.
- _____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
- _____ 26. I feel "bogged down" by the system.
- _____ 27. I have thoughts that I am a "success" as a *[helper]*.
- _____ 28. I can't recall important parts of my work with trauma victims.
- _____ 29. I am a very caring person.
- _____ 30. I am happy that I chose to do this work.

TRS

TRAUMA RECOVERY SCALE

PART I

___yes___no I have been exposed to a traumatic event in which **both** of the following were present:

- experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, **AND**
- my response involved intense fear, helplessness or horror.

- If **yes** is answered complete Part II & III;
- If **no** is answered complete Part III (omit Part II)

PART II

Directions: Please read the following list and check all that apply.

<u>Type of Traumatic Event</u>	<u>Number of Times</u>	<u>Dates/Age(s)</u>
<input type="checkbox"/> 1. Childhood Sexual Abuse	_____	_____
<input type="checkbox"/> 2. Rape	_____	_____
<input type="checkbox"/> 3. Other Adult Sexual Assault/Abuse	_____	_____
<input type="checkbox"/> 4. Natural Disaster	_____	_____
<input type="checkbox"/> 5. Industrial Disaster	_____	_____
<input type="checkbox"/> 6. Motor Vehicle Accident	_____	_____
<input type="checkbox"/> 7. Combat Trauma	_____	_____
<input type="checkbox"/> 8. Witnessing Traumatic Event	_____	_____
<input type="checkbox"/> 9. Childhood Physical Abuse	_____	_____
<input type="checkbox"/> 10. Adult Physical Abuse	_____	_____
<input type="checkbox"/> 11. Victim of Other Violent Crime	_____	_____
<input type="checkbox"/> 12. Captivity	_____	_____
<input type="checkbox"/> 13. Torture	_____	_____
<input type="checkbox"/> 14. Domestic Violence	_____	_____
<input type="checkbox"/> 15. Sexual Harassment	_____	_____
<input type="checkbox"/> 16. Threat of Physical Violence	_____	_____
<input type="checkbox"/> 17. Accidental Physical Injury	_____	_____
<input type="checkbox"/> 18. Humiliation	_____	_____
<input type="checkbox"/> 19. Property Loss	_____	_____
<input type="checkbox"/> 20. Death of Loved One	_____	_____
<input type="checkbox"/> 21. Terrorism	_____	_____
<input type="checkbox"/> 23. Other:_____	_____	_____
<input type="checkbox"/> 24. Other:_____	_____	_____
<input type="checkbox"/> 25. Other:_____	_____	_____

Comments: _____

Silencing Response Scale (Baranowsky, 2011)

INSTRUCTIONS: This scale was developed to help caregivers identify specific communication struggles in their work. Choose the number that best reflects your experience using the following rating system, where 0 signifies rarely or never and 10 means very often. Answer all items to the best of your ability as they reflect your feelings over the previous two work weeks.

Rarely/Never= 0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10 =Always
Sometimes

- (1)____ Are there times when you believe your client is repeating emotional issues you feel were already covered?
- (2)____ Do you get angry with client(s)?
- (3)____ Are there times when you react with sarcasm toward your client(s)?
- (4)____ Are there times when you fake interest?
- (5)____ Do you feel that listening to certain experiences of your client(s) will not help?
- (6)____ Do you feel that letting your client talk about their trauma will hurt them?
- (7)____ Do you feel that listening to your client's experiences will hurt you?
- (8)____ Are there times that you blame your client for the bad things that have happened to them?
- (9)____ Are there times when you are unable to believe what your client is telling you because what they are describing seems overly traumatic?
- (10)____ Are there times when you feel numb, avoidant or apathetic before meeting with certain clients?
- (11)____ Do you consistently support certain clients in avoiding important therapeutic material despite ample time to address their concerns?
- (12)____ Are there times when sessions do not seem to be going well or the client's treatment progress appears to be blocked?
- (13)____ Do you become negatively aroused when a client is angry with you?
- (14)____ Are there times when you cannot remember what a client has just said?
- (15)____ Are there times when you cannot focus on what a client is saying?

TOTAL = _____

GLOBAL CHECK SET (GCS, Baranowsky & Gentry, 2010)

Name: _____ Date: _____ Birth Date: _____ Sex: M F

Instructions: Read through each statement and circle the number that best describes your experience since the traumatic event. Some questions relate to the present & some to the past, respond accordingly.

	Never	Rarely	Some times	Frequently	Almost Always
1-a. I drink alcoholic beverages daily.	0	1	2	3	4
2-d. I feel sad, empty or become tearful.	0	1	2	3	4
3-s. I feel hopeless or worthless.	0	1	2	3	4
4-p. I have been exposed directly or indirectly (i.e., family, friend, colleagues) to a traumatic event.	0	1	2	3	4
5-x. I worry and feel anxious.	0	1	2	3	4
6-i. My body is usually pain free.	4	3	2	1	0
7-c. I cannot recall details of a trauma I experienced.	0	1	2	3	4
8-a. I use illegal drugs daily.	0	1	2	3	4
9-d. My sleep is disrupted or I am tired when I wake up.	0	1	2	3	4
10-s. I have a positive and cheerful attitude to life.	4	3	2	1	0
11-p. Thoughts of a traumatic event keep coming to my mind (i.e., thoughts, dreams, flashbacks).	0	1	2	3	4
12-x. I seem to be unable to control my worries or fears.	0	1	2	3	4
13-i. I worry about my health.	0	1	2	3	4
14-c. I do not know how I came to be at some place.	0	1	2	3	4
15-a. Drugs or alcohol interferes with what I need to get done.	0	1	2	3	4
16-d. I am no longer interested in the activities I used to enjoy.	0	1	2	3	4
17-s. I think about ending my life.	0	1	2	3	4
18-i. I have not been well due to diagnosed physical illness(es).	0	1	2	3	4
19-c. I easily recall important personal information about myself.	4	3	2	1	0
20-a. Drugs / alcohol have negatively impacted my personal life.	0	1	2	3	4
21-d. I have a lot of energy.	4	3	2	1	0
22-s. I have a specific plan to end my life.	0	1	2	3	4
23-p. I lose my temper easily.	0	1	2	3	4
24-x. I always feel on edge.	0	1	2	3	4
25-i. I have frequent headaches.	0	1	2	3	4
26-c. I act out of character and feel I don't know myself.	0	1	2	3	4
27-a. Drugs or alcohol are not a problem in my life.	4	3	2	1	0
28-d. I have lost or gained more than 10 lbs. recently.	0	1	2	3	4
29-s. I fear that my life will never improve.	0	1	2	3	4
30-p. I avoid people, places or things that are trauma reminders.	0	1	2	3	4
31-x. My concentration is good.	4	3	2	1	0
32-i. I am afraid I will become seriously ill in the future.	0	1	2	3	4
33-c. I feel outside of myself - detached like an observer.	0	1	2	3	4
34-p. I am fairly relaxed and do not startle easily.	4	3	2	1	0
35-x. I feel irritable most of the time.	0	1	2	3	4

$\underline{\quad}$ + $\underline{\quad}$ + $\underline{\quad}$ + $\underline{\quad}$ + $\underline{\quad}$ + $\underline{\quad}$ + $\underline{\quad}$ = $\underline{\quad}$
 d a s p x i c TOTAL GCS SCORE

Index of Clinical Stress (Abel, 1991)

Name: _____

Date: _____

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

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

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

Score: _____

MISSION STATEMENT INSTRUCTIONS (Alternate Short Version)

On your journey toward wellness and recovery from Compassion Fatigue we invite you to explore your early memories of being a caring person, how this led you to become a working caregiver, what that means to you and what keeps you from achieving your ideal in your work.

Please consider the following categories and try to answer them being as general or as specific as you wish. This is an exploration and therefore there can be no right or wrong approach or answer. Follow your instincts on this one and they will send you in just the right direction.

YOUR PROFESSIONAL DEVELOPMENT

*What is it about you that led you toward helping others?

PERSONAL & PROFESSIONAL ETHICS

*What are the values that you will never compromise in your work with clients?

COMMITMENTS

*What are you committed to offer clients? What are you committed to offer yourself?

STRENGTHS: Clients & your own

*What do you believe about your clients? What about your own strengths?

YOUR IDEAL

*If you were to become your ideal caregiver how would life look to you?

ROADBLOCKS AND BAD TRAFFIC

*What impediments keep you from this ideal?

These are just some questions designed to stir your thinking on this topic. Give yourself some time to think about your personal Mission Statement, then take the plunge and commit your thoughts to paper. However, make sure to offer yourself creative license in this endeavor. Remember, there is no right or wrong Mission Statement and, chances are, it will be in continual evolution as long as you practice in this field. This is a wonderful gift to give yourself and can be a source of empowerment and inspiration for you in the future. Enjoy.

PERSONAL MISSION STATEMENT (Alternate Short Version)

USE AS MUCH SPACE AS YOU NEED!

YOUR PROFESSIONAL DEVELOPMENT

*What is it about you that led you toward helping others?

PERSONAL & PROFESSIONAL ETHICS

*What are the values that you will never compromise in your work with clients?

COMMITMENTS

*What are you committed to offer clients? What are you committed to offer yourself?

STRENGTHS: Clients & your own

*What do you believe about your clients? What about your own strengths?

YOUR IDEAL

*If you were to become your ideal caregiver how would life look to you?

ROADBLOCKS AND BAD TRAFFIC

*What impediments keep you from this ideal?

