Staying Afloat: Professional Stress and Wellbeing

Resources
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Self Care First:
“Place your own oxygen mask first” is perhaps the most important aphorism to think about when considering self-care as it applies to the stress related to caregiving. If we cannot first extend compassion and care to ourselves, we cannot extend it to those we have vowed to help through our work. There is an ethical mandate to self-care, as accumulated stress of caregiving can compromise effective clinical work and professional decision-making.

Definitions and Understandings:
Understanding of stress related to working in a helping profession can help normalize and destigmatize what we experience, and help build understanding, rapport and support for veterinarians working in other professional disciplines.

Veterinarians are at markedly increased risk for mental health problems (anxiety, depression, substance abuse disorders, suicide). It takes all of us working together, dedicated to educating and caring for ourselves, and sharing what we know and learn with others so that the individuals who comprise the veterinary profession remain health or are restored to health, and are encouraged and companioned in seeking professional help where appropriate. Our lives, our relationships, our communities and the work we do in the world will all be best served if we first start with our own self-care.

Empathy: Our “felt responses” to the stories, circumstances and emotions of others

Compassion: “A feeling of distress…for the suffering or misfortune of others, often including the desire to alleviate it.” For our purposes, compassion is the action we wish to take, based on our empathetic understanding of another’s distress.

Resilience: The ability to recover, or even benefit, from the effects of stressful or challenging events.
Hardiness: “the capacity for enduring or sustaining hardship, privation, etc.; capability of surviving under unfavorable conditions”\(^{\text{iii}}\) The “three C’s” of hardiness that can determine why some people succumb to the untoward effects of stressors, vs. those who are able to be resilient and even thrive:

Compassion Satisfaction (CSat): The degree of fulfillment derived from helping others\(^{\text{iii}}\). This is largely what contributes to our sense of work satisfaction, contributes a sense of purpose and gives a sense of meaning to the good work we do.

→ The importance of “noticing”: Compassion satisfaction provides a counterbalance to compassion stress/fatigue. This is one reason it is so important to stop and give ourselves (and others, including clients) recognition for our efforts, positive outcomes and the ways we benefit those under our care.

Burnout:
- has been defined as “exhaustion of physical or emotional strength or motivation, usually as a result of prolonged stress or frustration”\(^{\text{iv}}\)
- Generally builds over time until critical point is passed
- Contributed to by all types of job-related sources, not just interactions with clients and patients.
- Simple “sniff test” for burnout. “Do you like your job?” If answer is “no,” it is more likely to be burnout

Compassion Stress (CS) or Secondary Traumatic Stress: an expected, natural, and unavoidable stress experienced when helping those in distress or harm’s way...a consequence of the sense of responsibility and desire to help, and efforts to alleviate the suffering of others

- No one working as a caregiver is untouched by STS
- Teams are critical in limiting affects of STS
- It occurs in professional care providers as well as volunteers and family caregivers
- Symptoms experienced are global in nature (psychoemotional, physical, spiritual/existential, and social)
- CS can progress to CF

Compassion Fatigue (CF): “a state of exhaustion and dysfunction – biologically, psychologically, and socially – as a result of prolonged exposure to compassion stress”\(^{\text{v}}\) (Figley, 1995, p. 253)
- Also termed “Secondary Traumatic Stress Disorder”
- Severe exhaustion of body, mind and spirit resulting from accumulated or intense exposure to compassion stress that results in decreased functioning of the caregiver
- CF is easier to recover from than burnout.
• In contrast to burnout where caregiver becomes less invested in care, those suffering from CF continue to “give when the well is dry,” sacrificing self-care in order to continue to serve their clients/patients.
• Caregiver is unable to detach or obtain perspective in order to heal self.
• Those suffering from CF generally still like their jobs
• Hallmarks of CF mimic those of PTSD:

**Countertransference:** first defined by Freud, and subsequently refined over ensuing years by various researchers primarily in the area of psychoanalysis, countertransference can be conceptualized as follows:
• Originally thought to be “unhealthy” and “unprofessional” and was the concept sighted to encourage caretakers to avoid becoming “emotionally involved” with their patients. Current theory is that countertransference is not only inevitable, but a necessary component of providing compassionate and ethical care.
• The totality of feelings experienced by the caregiver in response to working with a client/patient.
• Caregiver may or may not be aware of their reactions/feelings as being countertransference
• Triggered by what is shared by the client or seen in the patient (stories, emotions, physical conditions, etc.) or by the caregiver’s personal experiences, background, issues, etc.
• Born of the empathetic response, countertransference is an expected and necessary phenomenon required to establish a relationship of trust between client and caregiver that is necessary in order to provide compassionate, and effective care.
• Countertransference is part of the compassion stress continuum

**Contagion Effect:**
• Tertiary traumatization of those close to/living with CF affected caregiver

**The Compassion Fatigue Model** (C. Figley, 2001)
*For purposes of this course, this will be the model of compassion fatigue that is referenced. Other models include the Empathic Response Model (Figley, C. and Radey,M., 2007) and the Caregiver Resilience Model (Figley, C. and Figley, K, 2008)*
The Role of Ethical Principles

Traditional ethical principles which have been one classic foundation for establishing biomedical ethics expanded for the caring professions

1. Nonmaleficence: “First, do not harm”
2. Beneficence: “Do good.” Doing something to help or improve someone’s situation
3. Autonomy: Respecting person’s right to self-determination
4. Justice: treating with equitability and fairness
5. Fidelity: Honoring an individual's trust with confidentiality, loyalty, honesty and integrity

Standards of Practice: Green Cross Academy of Traumatology

“II. Ethical Principles of Practice (CTSN, modified)

2. Traumatologists recognize that service to survivors of traumatic events can exact a toll in stress on providers. They maintain vigilance for signs in themselves and colleagues of such stress effects, and accept that dedication to the service of others imposes an obligation to sufficient self-care to prevent impaired functioning (see Figley, 1995; Pearlman & Saakvitne, 1995)”

On seeking professional help:

- Why don’t people / students seek support?
  - Belief that mental illness is not a legitimate or “real” illness

The Compassion Fatigue Process (Figley, 2001)
• Stigma, shame and belief that others will not understand
• Lack of awareness or knowledge about availability and types of mental health care supports and services
• When to consider seeking, or seek professional support:
  - If you think you are in imminent danger of harming yourself or someone else, this is an emergency. Call 911 in the U.S., or your local emergency services number in the area in which you reside
  - When you have psychoemotional or behavioral issues that are persistent, counterproductive, destructive, unhealthy, intrusive, etc. These could include depression, anxiety, sleep disturbances, eating disorders, fatigue, as sense of helplessness/hopelessness, etc.
  - If you think you might benefit—listen to your instincts and give it a try.
• Places to start:
  - Federation of State Physician Health Programs (services and who is served vary by state): http://www.fsphp.org
  - State Committees to Assist Impaired Veterinarians: https://www.avma.org/professionaldevelopment/personal/peerandwellness/pages/wellness-state-committees.aspx
  - American Psychological Association therapist locator service: http://locator.apa.org

What can we do about Compassion Fatigue, Compassion Stress, and Burnout?
Awareness of and assessment of one’s own compassion stress, and planning and implementation of self-care is necessary to prevent the progression of CS to CF in caretakers.

“An ethical professional or paraprofessional caregiver recognizes that one’s personal life has an impact on professional functioning, and vice versa. One’s personal life must be a priority, nurturing oneself to maintain physical health, leisure activities, and spiritual and psychological well-being.”

1. Awareness:
   a. Recognize that CS will occur and that CF must be prevented (for both self and colleagues/peers)
   b. This destigmatizes and demystifies CS and CF, decreases shame and isolation that comes from lack of awareness of the problems, and provides hope for colleagues who may be experiencing CS or CF.
   c. Understand how you respond to CS and employ suitable coping strategies to counteract reactions to stress

2. Self-assessments:
   a. figure out where you are now, what you’re happy with, and where you’d like to be using established and personally determined self-measures
b. Self-assessments are personal and confidential and for the use by the individual only. They should never be part of an employment record.

c. Self-assessments should, however, be encouraged by management as part of an overall goal of providing the highest quality, most compassionate and ethical care.

d. Use to help assess eight dimensions of self-care

3. **Accountability:** Understand that ignoring self-care is unethical because the care you provide will be compromised by CF

   a. Identify a professional buddy with whom you agree to mutually monitor your self-care plans, and with whom you can communicate regarding you professional response to stressors, and help with immediate, short-term, and long-term interventions to mitigate effects of CS. Develop an agreement with this “buddy” as to how you will support one another

   b. Identify someone in your personal life whom you trust and who is able to help you notice when you are experiencing the effects of CS that are affecting your personal life, and tell them how they can support you if they notice problems

   c. Make a personal commitment to share your knowledge about compassion stress and compassion fatigue to increase awareness within your profession and others.

   ➔ See resources and assessment tools at end of course notes

4. **Self-care plan:**

   a. Develop and maintain a self-care plan, based on you self-assessments in various areas of personal and professional life

   b. Plan addresses both “growth” and “maintenance” goals for the eight dimensions of self care

   c. It is often the case that strengthening of an area in your personal life can make it easier to effectively address work-related issues

   d. Plan should be directed toward a global care approach that addresses the psychological/emotional, physical, social and spiritual/existential

   e. Determine when you might benefit from other resources (professional counseling, compassion fatigue workshops, etc.)

   f. **SMART** xi or MASTERS xii approach to “wellness transformation” and self-care

   | **Specific** | **Motivation** |
   | **Measurable** | **Assessment** |
   | **Attainable** | **Self-reflection** |
   | **Realistic** | **Transformation** |
   | **Time based** | **Evaluation** |
   |               | **Reviewing** |
   |               | **Studying** |
Eight Dimensional Model for Self Care

In each area, assess where you are currently, and decide if you are personally satisfied with your status in each area. Specific measures are given for some areas.

1. **Physical** (it may be appropriate to enlist the opinion of your physician)
   a. Strength
   b. Stamina/cardiovascular fitness
   c. Flexibility
   d. Balance

2. **Psychological/Emotional**
   a. How are you feeling?
   b. What do you need?
   c. Do you need support? If so, what kind?
   d. Enlist your “buddy” to help remind you when you’re “off center” (i.e. “when I’m getting stressed, I get more irritablewithdrawn/etc.) and what might help (i.e. a walk around the building, a moment outside in

3. **Spiritual**
   a. Finding meaning and purpose in one’s life and work, especially as they relate to a larger, sometimes non-tangible experience of connectedness
   b. Living with balance in relation to an “ultimate or immaterial reality...which can encompass an experience of an immanent or transcendent nature of the world,”

4. **Intellectual**
   a. Learning, growth and development in areas related to personal and professional life
   b. Ongoing cultivation of interests and skills that stimulate the mind, and keep one stimulated and engaged.

5. **Financial**
   a. Financial security (near- and long-term)
   b. Sufficient income to meet basic needs without
   c. Legal documents in order (consider including an “Ethical Will” for your practice if applicable)

6. **Social**
   a. Your “outer circle” of friends, acquaintances, organizational connections (professional, charitable, religious, or other social or support groups)
   a. Evaluation of where/with whom you have fun, rejuvenate, laugh, relax
   b. Assessment of social support and engagement

7. **Family**
   a. Your “inner circle” of relatives, those with whom you live, or others with whom you have developed intimate
   b. The trusted people you can safely and reliably turn to for support and nurturance

8. **Occupational**
   a. How you spend your time “giving back,” providing income, etc.
b. Can be professional work, or volunteer in nature (volunteer caregivers are just as susceptible to CS and CF as are those who are paid, and also able to experience BO and CSat)

Caregiver reactions and Coping Strategies

Reactions to stressful interactions (STS) with those we are helping have been identified for centuries, however were first clearly elucidated in a trauma care model first proposed by Charles R. Figley. Since that time, various studies have further explored etiology (work-related and personal caregiver reactions), reactions of caregivers, and adaptive coping strategies. The work is ongoing, and there is much overlap between disciplines (psychology, sociology, thanatology, traumatology, philosophy, medicine, neuropsychology, etc.). The potential “danger” is that the input from so many areas of specialty can result in "analysis paralysis" by those who, in an attempt to address their own self care, strive to understand, self-assess, and approach self-care in a “user friendly” manner. Because so many factors (see Figley’s CF model) influence CS and CF, it is important to realize that we bring with us to our daily interactions all of who we are…our past experiences and traumas, our knowledge and skills, our assumptions, prejudices, humor and personal abilities to navigate life and respond to circumstances. Some of us are more prone to self-reflection than others; some of us have healthier ways of coping than others. The point is to understand at least enough to move forward in awareness of STS reactions, assess where you are, develop a plan of care for yourself, and hold yourself accountable in a way that honors the importance of the work that you do, and the unique gifts you bring to your particular work.

Think about your personal situations and responses:

<table>
<thead>
<tr>
<th>Reactions to stressful events (personal and professional)</th>
<th>What you do that seems healthy and helpful</th>
<th>What you do that seems unhealthy or counterproductive</th>
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<td>i.e. difficult euthanasia</td>
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What the research shows: Caregiver reactions/Personal Impact
(Adapted from Janet Yassen, 1995)

Impact of STS on Professional Functioning (adapted from Janet Yassen, 1995)
<table>
<thead>
<tr>
<th>Performance of Tasks</th>
<th>Morale</th>
<th>Interpersonal</th>
<th>Behavioral</th>
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<tr>
<td>- ↓ quality</td>
<td>- ↓’d confidence</td>
<td>- Withdrawal from colleagues and co-workers</td>
<td>- Absenteeism</td>
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<td>- ↓ quantity</td>
<td>- Loss of, or decrease in, interest</td>
<td>- Impatience</td>
<td>- Exhaustion/low energy</td>
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<td>- ↓’d motivation</td>
<td>- ↓’d satisfaction</td>
<td>- ↓ in quality of work relationships</td>
<td>- Faulty judgment</td>
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<td>- Task avoidance</td>
<td>- Negative attitude</td>
<td>- Subsume own needs</td>
<td>- Irritability</td>
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<td>- Holding perfectionist stds.</td>
<td>- Apathy</td>
<td>- Staff conflicts</td>
<td>- Tardiness</td>
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<td>- Obsession w/details</td>
<td>- Demoralization</td>
<td>- Decreased trust</td>
<td>- Irresponsibility</td>
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<td>- Inability to delegate or</td>
<td>- Lack of appreciation</td>
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<td>- Overwork</td>
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<td>work cooperatively</td>
<td>- Detachment</td>
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<td>- Feelings of “incompleteness”</td>
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<td>- Questioning meaning or worth of work</td>
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<td>Self-Care Practices:</td>
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<td>Self-regulation:</td>
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<td>• Don’t take it personally</td>
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<td>• Don’t take abuse</td>
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<td>• Walk away</td>
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<td>• Defuse, don’t escalate</td>
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<td>• Think about your first</td>
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<td>response…see if that’s</td>
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<td>what /how you really want</td>
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<td>to say something. Let</td>
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<td>the first thought go by</td>
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<td>and see if another, better</td>
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<td>thought/answer/response</td>
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<td>might come second.</td>
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<td>Decreasing sympathetic</td>
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<td>dominance/increasing</td>
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<td>parasympathetic</td>
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<td>• Mindfulness practices</td>
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<td>• Exercise</td>
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<td>• Breathing (square</td>
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<td>walking, curled tongue</td>
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<td>breathing) see resources</td>
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<td>Ask yourself what you have</td>
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<td>control over:</td>
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<td>1. How other people treat</td>
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<td>2. How I respond to how</td>
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<td>others treat me?</td>
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</table>
3. How I treat others?
4. How others respond to how I treat them

Understanding the Role and Impacts of Empathy, Vulnerability and Shame

1. Mirroring and Empathy:
   Public Broadcasting System (PBS) Video, Mirror Neurons: http://www.pbs.org/wgbh/nova/body/mirror-neurons.html
   J Ruckmann and W Rief, Empathy: Neuroscientific Background, Clinical Implications, and Open Questions Verhaltenstherapie 2013;23:000–000: https://www.karger.com/ProdukteDB/miscArchiv/000/346/611/000346611_sm_eversion.pdf

2. Empathy, Vulnerability and Shame: Brene Brown
   www.brenebrown.com
   http://brenebrown.com/videos/

Self-Assessments and Instruments:

1. The ProQOL: The “gold standard” for assessing the positive and negative effects of professional care giving, the sub-scales address burnout, compassion fatigue, and compassion satisfaction.
   ➔See: www.proqol.org

   ➔See: http://www.stresstips.com/lifeevents.htm for ONE version of an online test that will automatically calculate your score. Others are available via web search.

3. Self-Compassion: Positively correlated with psychological well being; not associated with narcissism. Compassion for self precedes the ability to be compassionate with others.
   ➔See www.self-compassion.org for self assessment and additional information

   ➔Assessment is found at the end of the course notes.

5. The “How Vulnerable Are You to Stress?” assessment:
   Purpose: Identify pinpoint trouble spots in one’s basic self-care and
Identify “trouble spots” in your basic self-care so that will enable you to make significant changes that can improve your performance within the day.

→ Instructions: Test, scoring and interpretation are found at the end of course notes

6. **Spiritual Intelligence:** “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.” D.B. King

→ See [http://www.davidbking.net/spiritualintelligence/model.htm](http://www.davidbking.net/spiritualintelligence/model.htm) to access information and self-assessments.

7. **Hardiness:** In this course, is defined as one’s personal resources (reactions, responses, personal framing, sense of purpose, ability to “grow” through adversity) that are the underpinnings for resilience. A large body of “hardiness” work has been performed by Salvatore R. Maddi, PhD, psychologist/researcher. He suggests the following factors in hardiness that are foundational to recovering, processing, and even benefiting from exposure to traumatic, troubling or challenging life events (personal or professional):

   a) **Commitment:** the effort to remain engaged in ongoing work, rather than pull away, avoid or isolate

   b) **Control:** Active striving to influence outcomes rather than become discouraged, demoralized and passive.

   c) **Challenge:** the ability to view stressors, or resultant situations, as opportunities for “new learning”.

→ [www.hardinessinstitute.com](http://www.hardinessinstitute.com): Website for Salvatore R. Maddi, Ph.D., psychologist/researcher who’s work posits hardiness as an underlying factor influencing resiliency.

8. **Resilience:** The ability to effectively adapt to, or recover from, change, challenge and difficult life experiences. There is ongoing debate as to the relative efficacy of various self-reporting measures for resilience:

   a) Resilience: Several models exist. Self-assessment in this area can offer measurable indicators of our innate (trait) resilience, vs. acquired (“state” resilience) responses and coping strategies.

   b) Resilience impacts the experience of stress, and how we process and integrate stressful experiences.

   c) Can be learned/cultivated

   d) An adaptive response allowing modulation of control as situations dictate

   e) “Adaptive flexibility” associated with higher likelihood of positive feelings/emotions (affect)

   f) Potential for increased self-confidence, better psychological adjustment
One self-test for “state” (acquired/*state*) resilience. Tests for resilience are interpreted in context of individual’s particular circumstances, other life adaptive skills and self-care strategies.

**Instructions:** click on “Test Your Resilience” on the top, then select “take the 25-item RS” from the drop-down menu.

**www.resiliencycenter.com:** Website for Al Siebert, PhD, author of the *The Resiliency Advantage.* Site contains articles regarding resilience theory, and a resiliency self-test that scores online.

### Self-Care Practices: Mind-Body Practices:

1. UCLA Mindful Awareness Research Lab: Resources for Mindfullness meditation training [http://marc.ucla.edu/body.cfm?id=22](http://marc.ucla.edu/body.cfm?id=22)
2. Yale School of Medicine Therapeutic Neuroscience Clinic (YTNC): Resources for Mindfulness Training: [http://medicine.yale.edu/psychiatry/ytnr/care/resources.aspx](http://medicine.yale.edu/psychiatry/ytnr/care/resources.aspx)
4. Healing breathing practices: [http://www.yogajournal.com/practice/2844](http://www.yogajournal.com/practice/2844) and demonstration of the Sitali Pranayam breath pattern that is very powerful for lowering anxiety, blood pressure and helping with calming. On YouTube: [https://www.youtube.com/watch?v=1Z3RA0bjYuE&noredirect=1](https://www.youtube.com/watch?v=1Z3RA0bjYuE&noredirect=1)
5. Emmens Lab (University of California, Davis): Gratitude and Wellbeing: [http://psychology.ucdavis.edu/Labs/emmons/PWT/index.cfm?Section=1](http://psychology.ucdavis.edu/Labs/emmons/PWT/index.cfm?Section=1)

**Professional and Personal help resources: Cornucopia** Veterinary Professional Organizations (local, state VMAs, specialty groups)

1. Liability insurance providers
2. Communications: [Calgary-Cambridge Framework](http://www.calgary-cambridgeframework.com) (click on link to print/view PDF) and [Guide](http://www.guide.com)
3. Local and state practice act guidelines, rules and administrative codes—the law can help guide decision making (strays, abandonment, abuse, neglect)

4. Cooperation not Competition: Build local professional relationships to prevent isolation and provide support (help with cases, camaraderie, staff “sharing”, supervision, etc.)

5. AVMA Committees to Assist Impaired Veterinarians: https://www.avma.org/professionaldevelopment/personal/peerandwellness/pages/wellness-state-committees.aspx

6. Federation of State Physician Health Programs: http://www.fsphp.org

7. Supervision: Peer or professional venue for discussing your personal “stuff” that can impact/interfere with your work. When working with clients, you may notice issues arise that are “yours,” not “theirs.” Supervision is the place to discuss these issues for insights as to underlying personal and work life experiences, fears, behaviors, etc., that can impact your functioning, ability to be fully present to clients and patients, and ultimately to establish trust and provide compassionate care.

8. For an explanation of Supervision, see: http://en.wikipedia.org/wiki/Clinical_supervision

9. Continuing Education: See work by Dale Moore (references)


11. National Institutes for Mental Health Suicide Awareness and Prevention:


**Work environment:**

1. Noise, temperature, lighting, physical comfort
2. Schedule in breaks and honor them.
3. You cannot be all things to all people all of the time. So don’t try.

**Limit “tech” time:**
1. Internet free-times/zones (i.e. does your bed double as a second office??)
2. Limit TV/news time. Especially during disasters...take a break from the 24-7 disaster news cycle.
3. Cell-phone free zones/time
4. Limit times for answering emails and business texts and prioritize.

**Healthy Coping Strategies (Adapted from Janet Yassen—see references)**

→ Adaptive strategies and behaviors you establish in your personal life often translate to you professional life as well.
→ Remember “moderation in all things,” including what you do with regard to coping.
→ Some strategies will work for you, some will not. Some will work at other times and not at others. Some may appeal to you, and some may not, but try something new from time to time to see what benefit you may derive.
→ Recognize and act on the importance of seeking help

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Emotional</th>
<th>Behavioral</th>
</tr>
</thead>
<tbody>
<tr>
<td>-Organize (write things down, use electronic reminders)</td>
<td>-Allow yourself to feel what you feel, and just “notice” without judgment.</td>
<td>-Relax and rest</td>
</tr>
<tr>
<td>-Make small, regular, relevant decisions</td>
<td>-Learn to experience what you feel (esp. the “somatic” responses that accompany emotions)</td>
<td>-Laugh</td>
</tr>
<tr>
<td>-Recognize (and write down) what you do well or that works</td>
<td>-Permit yourself to ask for help</td>
<td>-Play</td>
</tr>
<tr>
<td>-Plan ahead, set goals, look to the future</td>
<td>-Let others love you</td>
<td>-Do things you like</td>
</tr>
<tr>
<td>-Celebrate successes</td>
<td>-Love others</td>
<td>-Explore something you’ve “always wanted to do”</td>
</tr>
<tr>
<td>-Problem solve</td>
<td>-Communicate openly, actively, openly, kindly, wisely</td>
<td>-Challenge yourself gently in activities that interest you.</td>
</tr>
<tr>
<td>-Slow down!</td>
<td>-Have someone to whom you can “vent”</td>
<td>-“Set goals, have a plan”</td>
</tr>
<tr>
<td>-Have a backup plan</td>
<td>-BREATHE!</td>
<td>-Positive Psychology (Seligman) approach</td>
</tr>
<tr>
<td>-Be aware you have options</td>
<td></td>
<td>-Focusing technique (Gendlin and Weiser-Cornell)</td>
</tr>
<tr>
<td>-Learn when to say “no”</td>
<td>-Laugh</td>
<td>-Journaling, Projective Dream Work (Jeremy Taylor), The Work (Byron Katie), etc.</td>
</tr>
<tr>
<td>-Learn when to say “yes”</td>
<td>-Watch funny movies, etc.</td>
<td>-EFT, EMDR, Progressive relaxation</td>
</tr>
<tr>
<td>-Get sufficient information to make informed decisions</td>
<td>-Listen to emotive, uplifting, fun, meaningful or inspiring music</td>
<td>-Music to modulate mood</td>
</tr>
<tr>
<td>-Break large tasks into smaller tasks</td>
<td>-Employ positive self-talk</td>
<td>-Practice gratitude</td>
</tr>
<tr>
<td>-Learn about what interests you (in moderation)</td>
<td></td>
<td>-Daily review (“Examen”)</td>
</tr>
<tr>
<td>Spiritual</td>
<td>Social</td>
<td>Physical</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>-Meditation</td>
<td>-Learn to, and ask for, help</td>
<td>-BREATHE!</td>
</tr>
<tr>
<td>-Prayer</td>
<td>-Take time with loved ones and friends (schedule if necessary)</td>
<td>-Minimize sugar, alcohol, stimulants</td>
</tr>
<tr>
<td>-Mindfulness</td>
<td>-Maintain and/or establish healthy boundaries</td>
<td>-Eat well (regular, healthy, balance) and mindfully</td>
</tr>
<tr>
<td>-Practice gratitude</td>
<td>-Physical contact: hugs, holding hands, sitting close, healthy sexual activity</td>
<td>-Drink plenty of water</td>
</tr>
<tr>
<td>-Read/study spiritual/existential literature (incl. philosophy)</td>
<td>-Use humor and have fun with others</td>
<td>-Minimize sugar/fat/stimulants</td>
</tr>
<tr>
<td>-Get out in nature for a sense of connection</td>
<td>-Catch others &quot;doing good&quot;</td>
<td>-Sleep adequately (maximal benefit from 7-9 hrs/night)</td>
</tr>
<tr>
<td>-Discuss challenges to, changes in, or disruption of beliefs with spiritual or experiential care provider (i.e. spiritual director, etc.)</td>
<td>-Express gratitude</td>
<td>-Take short naps or small breaks</td>
</tr>
<tr>
<td>-Practice or establish rituals that reflect/foster/grow/honor your beliefs</td>
<td>-Apologize for stress-related flares of temper, irritability, poor listening, etc.</td>
<td>-Get fresh air</td>
</tr>
<tr>
<td>-Look for meaning or opportunity for growth in life experiences</td>
<td>-Use “kind” humor to defuse tense circumstances</td>
<td>-Wear comfortable shoes/clothing</td>
</tr>
<tr>
<td>-Retreats/workshops/seminars</td>
<td>-State desires clearly and concisely, and give others time to clarify understanding. Do the same for others</td>
<td>-Exercise (strength, flexibility, stamina, balance)</td>
</tr>
<tr>
<td>-Be involved with a faith or other community for support</td>
<td>-Talk…with partner, trusted friend or trusted co-worker</td>
<td>-Practice calming or relaxation techniques</td>
</tr>
<tr>
<td>-BREATHE through the dark times and maintain hope</td>
<td>-Use work as opportunity for play, cooperation and building relationships</td>
<td>-Be gentle with yourself</td>
</tr>
<tr>
<td>-Seek professional spiritual or experiential support</td>
<td>-PLAY!!</td>
<td>-Massage, hot baths, foot rubs, sauna, scalp massages</td>
</tr>
<tr>
<td>-Anticipate needs</td>
<td></td>
<td>-Enjoy physical contact with others (kids, pets, partner, and friends).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Get your bare feet on bare ground</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Maintain personal medical/dental care and screenings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>-Ask for help</td>
</tr>
</tbody>
</table>

**Self care at work and elsewhere:**

- **BREATHE.** And if you’re not sure if you are, BREATHE AGAIN!
• **Eat** healthy periodic snacks and full meals when appropriate.
• **Drink** plenty of “water”—caffeinated, high sugar, or diet beverages don’t qualify. Water, herbal teas, etc., do.
• **Exercise:** stamina, strength, flexibility
• **Rest** your mind and your body (nap, sleep, meditation, prayer, etc.)
• **Play** (games, dance, sing, etc.)
• **Pray** or employ other existential “meaning making” processes to identify what’s important and create a foundation for purpose and resiliency.
• **Notice** how you’re doing during the day. Check in with yourself and take a moment for a self-care treat both *before* there is a problem, and when you notice internal indicators of stress
• **Talk** (professionally, kindly and concisely) about what support you might need from co-workers, or communicate if you need to take a moment to take care of yourself. This is particularly important before (if you can predict) and after euthansias or intense cases/crises, or when interacting with challenging clients or patients
• **Organize** time to finish all of your work
• **Build** support networks: for work, for personal life
• **Strive** for synergism to maximize teamwork and satisfaction in collaborative efforts
• **Partner** with those who have shared interests and goals and complimentary knowledge/skills/abilities
• **Be cognizant** of trying to be all things to all people (i.e. taking every walk-in, emergency, tech-turned-doctor appt, phone call, etc.)-increases stress (not enough time, concern about not doing all things well)
• **Schedule appropriately** to allow time for call-backs, literature searches, referral calls, review of diagnostics, review of progress notes, etc.
• **Limit availability** after hours (“after hours” includes breaks while at work)
• **Set** *specific times* to answer e-mails and telephone calls
• **Delegate** what you do not need to do. **Empower** team members and co-workers to maximize their skills
• **Get out** so you can live fully: Family time, personal time, social time are foundational, but often are the first things to go
• **Tweak your work environment:** lighting, noise, comfortable work stations, flooring, air quality, comfortable ambient temperature
• **Maximize comfort** wherever you can (comfortable clothing and shoes, slippers for “desk time”, music, candle, green plants, etc.)
• **Maximize “ease of access”** to frequently used resources (phone, reference books, charging materials, etc.)
• **Employ Humor** (yes, even “gallows” humor discharges stress). Don’t be inappropriate, insulting, or disrespectful
• Did I say **BREATHE?**
• **Take breaks!** This means you! Get out of the office/clinic/lab/truck and off computer/phone/tablet for breaks/lunch. Eat sitting down, and mindfully.
• **All things in moderation:** cut yourself some slack and realize that the periodic indulgence is “good for the soul.” You will know by your “self-talk” whether or not you have acted in moderation.

**Grief responses and compassion stress:**

• Symptoms related to grief, and those of CS have overlap (cognitive, psycho-emotional, somatic, behavioral, spiritual, social)
• This illustrates importance of need for holistic approach to self-care…it can be difficult to discern what is source of discomfort/dysfunction (often a compassion stressor is also a loss that must be mourned)
• Process your own losses (experience of, responses to, and what is helpful are individual realities)
• Do not underestimate the value of ritual for honoring our work, the losses we experience, and the richness of our relationships, however brief they might be

**Novel Approaches and Reframing for the Future of Veterinary Medicine:**

**Medical Communications Skills:** Since difficult or noncompliant clients and discussing/disputing fees have been identified in the top three external stressors for veterinarians\(^\text{xviii}\), enhanced communication skills can be expected to mitigate some stressors in this area. In particular, the work of Suzanne Kurtz et. al.\(^\text{xix}\) establishes a system of medical communication that addresses all of the five aforementioned ethical principles as they apply to medical practice. Additionally, specific medical communications skills are shown to improve outcomes, lead to fewer missed diagnoses, and improve compliance.

**Mentoring:** “pay it forward,” and renew your passion for what you do. Can help you evaluate what’s working, what’s not, what you would change, how you put into practice the lessons you’ve learned.

**Continuing Education:** Dale A. Moore\(^\text{xx}\) demonstrated that veterinarians participate in continuing veterinary medical education (CVME) in part, “to rejuvenate their enthusiasm for practice, prevent practice burnout, and provide a sense of veterinary community.” In addition, CVME is designed to enhance knowledge and skills. CVME is not just a legal requirement of licensure, but also another “self-care” option that could be employed to enhance compassion satisfaction and stave off compassion exhaustion/fatigue and burnout.
Social media: A double edged sword Can offer tremendous support, especially in area of psychological, emotional, spiritual and social health. Can also increase exposure to criticisms, negative judgments, etc. that can add significantly to stress (i.e. cyber-bullying)

Exercise:

Body Scan: Use image (see below) to note areas of restriction, pain, stiffness, tightness, discomfort

Use one of the following relaxation methods: Progressive relaxation, square breathing, mindfulness breathing

Body scan again: Note any changes from original scan.
Books:

- *Co-dependent No More: How to Stop Controlling others and Start Caring for Yourself* by Melody Beattie
- *Boundaries: When to Say Yes, When to Say No-To Take Control of Your Life* by Henry Cloud and John Townsend
- *When Professionals Weep: Emotional Countertransference Responses in End-of-Life Care* by Renee Katz and Therese Johnson (Eds.)
- *Teaching and Learning Communication Skills in Medicine* by Kurtz, Silverman and Draper
- *There’s no Such Thing as a Dragon: stories and pictures* by Jack Kent
- *Relax and Renew: Restful Yoga for Stressful Times* by Judith Lasater
- *Meditation as Medicine* by Dharma Singh Khalsa, MD, and Cameron Stauth
- *Food as Medicine* by Dharma Singh Khalsa, MD
- *The Pain Cure* by Dharma Singh Khalsa, MD, and Cameron Stauth
- *How Good People Make Tough Choices* by Rushworth M. Kidder
- Any books by Jeremy Taylor related to Projective Dream Work
- *Focusing* by Eugene Gendlin
- *How to go on Living When Someone You Love Dies* by Therese Rando
- *Please Understand Me: Character and Temperament Types* by David Keirsey and Marilyn Bates
- *Compassion Fatigue in the Animal-Care Community* by C.R. Figley and R.G. Roop
- *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder* by Charles Figley (Ed.)
<table>
<thead>
<tr>
<th>Question</th>
<th>Score 1</th>
<th>Score 2</th>
<th>Score 3</th>
<th>Score 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. I am generous with my friends.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>2. I quickly get over and recover from being startled.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>3. I enjoy dealing with new and unusual situations.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4. I usually succeed in making a favorable impression on people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>5. I enjoy trying new foods I have never tasted before.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>6. I am regarded as a very energetic person.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>7. I like to take different paths to familiar places.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>8. I am more curious than most people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>9. Most of the people I meet are likable.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>10. I usually think carefully about something before acting.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>11. I like to do new and different things.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>12. My daily life is full of things that keep me interested.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>13. I would be willing to describe myself as a pretty &quot;strong&quot; personality.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>14. I get over my anger at someone reasonably quickly.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

**Scoring Interpretation**

<table>
<thead>
<tr>
<th>Score Range</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>47-56</td>
<td>Very High Resiliency Trait</td>
</tr>
<tr>
<td>35-46</td>
<td>High Resiliency Trait</td>
</tr>
<tr>
<td>23-34</td>
<td>Undetermined Trait</td>
</tr>
<tr>
<td>11-22</td>
<td>Low Resiliency Trait</td>
</tr>
<tr>
<td>0-10</td>
<td>Very Low Resiliency Trait</td>
</tr>
</tbody>
</table>
How Vulnerable Are You To Stress?

In modern society, most of us can’t avoid stress. But we can learn to behave in ways that lessen its effects. Researchers have identified a number of factors that affect one’s vulnerability to stress - among them are eating and sleeping habits, caffeine and alcohol intake, and how we express our emotions. The following questionnaire is designed to help you discover your vulnerability quotient and to pinpoint trouble spots. 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.

1. I eat at least one hot, balanced meal a day.
   Always
   Sometimes
   Never
   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
**Scoring Instructions for “How Vulnerable Are You to Stress?”**: To calculate your score, add up the figures and subtract 20.

<table>
<thead>
<tr>
<th>Score Interpretation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>A score below <strong>10</strong> indicates <strong>excellent resistance</strong> to stress.</td>
</tr>
<tr>
<td>A score <strong>over 30</strong> indicates <strong>some vulnerability</strong> to stress;</td>
</tr>
<tr>
<td>A score <strong>over 50</strong> indicates <strong>serious vulnerability</strong> to stress.</td>
</tr>
</tbody>
</table>
## Checking Your Basic Needs @ Work

Adapted from Life Makeovers (2000) by Cheryl Richardson

<table>
<thead>
<tr>
<th>Self-Care @ Work</th>
<th>Yes</th>
<th>No</th>
<th>Comments/Reflections</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do I take a lunch break every day and do something unrelated to work?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I work reasonable hours?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I schedule &quot;breathing room&quot; every day so I can step back, and reevaluate my priorities?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is my office free of clutter?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I have adequate lighting and clean air?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I delegate work to free my time and empower others?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do my family/friends honor my work time? If no, have I asked them?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I have blocks of uninterrupted time without distractions and interruptions?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I have a DO NOT DISTURB sign?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have I scheduled specific times for returning phone calls and checking e-mail?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have I stopped taking on more than I can handle?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I drink enough water when I am at work?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I have comfortable shoes/slippers at my office?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I schedule time off from work (sick leave and/or vacation time) to take care of myself?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I have someone to talk with about my professional life?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I have creature comforts that make my office pleasant? (music and other sounds, aroma, artwork)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do I say yes to commitments that I later regret?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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7 Adapted from Life Makeovers (2000) by Cheryl Richardson

http://dictionary.reference.com/browse/burnout


Beauchamp and Childress, American Psychological Association, 2010

Green Cross Academy of Traumatolgy Standards of Practice. www.greencross.org

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