

# **Compassion Fatigue and Resilience With Staff in Therapeutic Programs**

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## Compassion Fatigue and Resilience With Staff in Therapeutic Programs

### Introduction

Almost anyone can learn the methods associated with the Brain Based Therapeutic Intervention Program for Children (BBTIPC), but what people underestimate is how much stamina, self-regulation, self-care and self-control it takes to stay therapeutic throughout the day, especially in the presence of severe emotional reactivity and ongoing trauma in children. The program requires staff—all at once—to be present, engaged, authentic, mindful, and reflective; to choose words wisely, talk less and show more; to use or enable time passing to be an intervention, to be patient, wait, and do nothing; to see the path to success and be inventive. An effective brain-based therapeutic program requires staff to consider all of this, in real time (right on the spot), in their efforts to see and create that path to success for each student; to search for the positive, to give hope, give opportunity and to give the student a chance to try again, and again (<https://kevinplummerphd.com/brain-based-therapeutic-intervention-programming-for-children/>).

A significant obstacle to remaining "therapeutic" is compassion fatigue, and people who work in therapeutic programs are particularly vulnerable to this. Compassion fatigue (measured by the ProQOL 5, Professional Quality of Life Scale [https://proqol.org/uploads/ProQOL\\_5\\_English.pdf](https://proqol.org/uploads/ProQOL_5_English.pdf) and several other available scales) is a psychological and physical condition involving job burnout (due to how one experiences the demands of the job) and secondary traumatic stress (STS) through repeated exposure to the trauma experienced by the children they help. Compassion fatigue is a common occupational hazard of working in therapeutic programs, because therapeutic programs rely heavily on establishing therapeutic relationships with students and this requires a high degree of ongoing empathy and compassion for those students. Signs and symptoms of compassion fatigue include:

- loss of energy
- physical exhaustion at work (but not outside of work)
- emotional exhaustion
- emotional depletion, feeling drained (perceiving students as energy drains)
- loss of meaning and purpose at work
- increased cynicism, pessimism, and a loss of hope
- diminished caring about the students, prone to shutting down ("I'm done")
- becoming numb or indifferent to what's going on
- chronic irritability
- frequent absenteeism, frequently extending breaks at work
- increased impulsivity/reactivity
- poor concentration and forgetfulness
- frequently distracted/preoccupied,
- increase in errors and decrease in productivity
- loss of interest in work.

For a comprehensive list of the signs and symptoms of compassion fatigue, see Signs and Symptoms of Compassion Fatigue at [kevinplummerphd.com](https://kevinplummerphd.com).

## Compassion Fatigue and Resilience

Maintaining a high degree of empathy and compassion for trauma-impacted children may seem natural and straightforward at first, but it becomes exceedingly difficult as compassion fatigue builds. Therapeutic programs are programs of giving (giving reinforcement, being attuned and giving high levels of focused attention, giving support, giving time and space, giving a chance, giving hope). Effectiveness is based on precision and self-control (using precise and scripted language, using prescribed routines, following set schedules, using visual feedback systems with fidelity). Being consistently precise, maintaining very good emotional self-control, and maintaining a mindset of giving takes great presence of mind, very good management of one's own stress, and a solid and stable emotional well-being. Compassion fatigue creates an erosion of all this.

Furthermore, compassion fatigue changes the way staff view the events around them, challenging them to accurately interpret what is really happening and making it difficult for them to arrive at the most therapeutic course of action. Consider how student behavior impacts you when you're under stress, feeling burned out, or feeling triggered. How you interpret an event is greatly dependent on your mood at the time of the event. What you see and perceive and remember is very dependent on how you feel at the time. When experiencing higher levels of compassion fatigue, it is almost impossible to be therapeutic. As your response to students and your ability to be therapeutic depends greatly on your own well-being, it is important to be aware of the risk factors for compassion fatigue, the symptoms of the condition, the resiliency or protective factors, and ways to revitalize and enhance resilience while on the job. It is the professional responsibility of everyone who works in a helping profession, especially those who work with children, to be aware of how they are impacted by the work they do, to identify when they have become compromised, and to take proper care to remedy their situation. Just as an exhausted pilot should know when to rest before attempting to fly the plane, staff in therapeutic programs should know how to manage their compassion fatigue before they engage with children.

## Work Engagement and Compassion Satisfaction

### Work Engagement.

Many people feel highly engaged and energized by their work, invested in their work despite the challenges, and they are willing to invest substantial effort. They are inspired by their work and find it full of meaning and purpose. Work is a source of pride and fulfillment. Work engagement, as described and measured by Schaufeli (the Utrecht Work Engagement Scale—UWES, Work and Well-Being Survey), is the opposite of compassion fatigue and job burnout and can serve as a reliable indication of a person's ability to work effectively without succumbing to the symptoms of compassion fatigue and job burnout. Lower scores on the UWES ([https://www.wilmarschaufeli.nl/publications/Schaufeli/Tests/UWES\\_GB\\_17.pdf](https://www.wilmarschaufeli.nl/publications/Schaufeli/Tests/UWES_GB_17.pdf)), for example, may indicate that the person is at risk for job burnout, if their job stress and work conditions are adverse. On the other hand, maintaining high levels of work engagement is one way to prevent job burnout. Monitoring work engagement and fulfillment is a worthwhile endeavor for anyone who is determined to prevent job burnout, but it is particularly important for those who work in therapeutic programs. It can help determine the match between the

### Compassion Fatigue and Resilience

person and the job and it can help with the creation of job fulfillment plans in those cases where work engagement and fulfillment becomes too low. Signs and symptoms of work engagement include:

- high levels of pleasure, satisfaction and fulfillment derived from work
- high levels of energy and resilience on the job
- willingness to invest significant effort into the job
- frequently feeling a sense of pride and accomplishment at work
- frequently able to persist through obstacles and setbacks
- prevailing feelings of enthusiasm at work
- feeling significant and important through work, and well recognized
- feeling rewarded by what is accomplished at work
- often experiencing a pleasant feeling of total immersion in work
- work is energizing rather than fatiguing
- feeling inspired and creative at work
- work provides a sense of meaning and purpose.

For a comprehensive list of indicators of work engagement see Signs and Symptoms of Work Engagement and Compassion Satisfaction.

### Compassion Satisfaction.

Some people derive a great deal of pleasure and satisfaction from the experience of helping others and from being able to do their job well. They believe they make a difference in the lives of others and they feel invigorated after helping others. They are highly sensitive to the needs of others—have a high level of empathy for the people they help—and they are motivated in their work by their compassion. Compassion satisfaction is a measure of this (measured by the ProQOL 5, Professional Quality of Life Scale [https://proqol.org/uploads/ProQOL\\_5\\_English.pdf](https://proqol.org/uploads/ProQOL_5_English.pdf) and several other available scales). Compassion satisfaction is a critical component to burnout prevention, as a high level of compassion satisfaction is protective against job burnout. People who experience low levels of compassion satisfaction are more vulnerable to job burnout when working with others who are in distress. Lower levels of compassion satisfaction among individuals who are typically higher in compassion could be an indication that job burnout is on the rise and revitalization/resilience practices should be considered.

Everyone who works with children in therapeutic programs should strive to be inspired by their work, should find their work full of meaning and purpose, a source of pride and fulfillment. They should feel a high level of compassion for the children in these programs and they should derive a great deal of satisfaction from making a difference in the lives of others. It's great that compassion satisfaction and work engagement are protective factors for job burnout, but it's not job burnout that we should strive to prevent, as much as it is job fulfillment, meaning and purpose that we should strive to achieve. It is everyone's professional responsibility to monitor this and to pursue this for themselves, and to get help with this if necessary. The children in therapeutic programs have their hopes riding on it, the proficient application of therapeutic methods absolutely requires it, and the effectiveness of the therapeutic team heavily depends on it. Signs and symptoms of compassion satisfaction include:

- able to derive a great deal of pleasure and satisfaction from making a difference in the lives of others

## Compassion Fatigue and Resilience

- able to derive a great deal of pleasure and satisfaction from doing the job well
- a strong belief that one can make a difference in the lives of others
- feeling invigorated after helping others
- a high level of sensitivity to the needs of others
- compassion is a strong motivator
- able to envision positive outcomes for the people being helped
- able to maintaining a hopeful and optimistic outlook at work.

For a comprehensive list of indicators of compassion satisfaction see Signs and Symptoms of Work Engagement and Compassion Satisfaction at [kevinplummerphd.com](http://kevinplummerphd.com).

## Preserving Compassion Satisfaction and Work Engagement.

There are several important considerations for preserving compassion satisfaction and protecting against erosion in work engagement among therapeutic staff. Most important for preserving compassion satisfaction and work engagement in therapeutic programs is that staff maintain a thorough understanding of what they are trying to do and how it is supposed to help the population they're working with (sense of competence and control). They should also have a full understanding of what the job entails and they should actively anticipate what the experience will be, including:

- the level of ongoing effort and active engagement the job requires
- the necessity for ongoing professional growth
- the need for participation in the creation and development of the program
- the level of communication and collaboration needed among team members
- dedication to studying/understanding the complexities of the therapeutic program
- commitment to accepting an abundance of essential direction from other staff.

Understanding student progress (the reward for one's efforts) is also critical to preserving compassion satisfaction and work engagement in therapeutic programs. Staff should be aware of what is realistic with a cautious eye on the prevailing limitations to intervention effectiveness. This requires an acute awareness of the subtle indications of student progress, what progress looks like in small measures. Staff should always know and be able to recognize what success looks like as it is happening, to protect against the erosion of compassion satisfaction and work engagement. A growth mindset is also a protective factor, along with maintaining an active job skills growth plan.

Preservation of compassion satisfaction and work engagement requires the ability to self-assess and determine one's own needs for optimal job performance. In addition, it is a strength/protective factor to have very good self-regulation skills, affect management skills, and very good management of the stress response. It also helps if the person's naturally occurring outlook is optimistic and they are easily able to envision positive outcomes. There are many other strengths and protective factors that contribute to preserving compassion satisfaction and work engagement. For a more comprehensive list, see Strengths and Protective Factors for Minimizing Compassion Fatigue at [kevinplummerphd.com](http://kevinplummerphd.com).

## Compassion Fatigue

## Compassion Fatigue and Resilience

People who work with trauma-impacted children, emotionally impacted children, and children who are highly emotionally reactive are vulnerable to the erosion of compassion satisfaction and the deterioration of work engagement, leading to compassion fatigue. Compassion fatigue is a stress condition with stress responses falling into two broad categories, burnout and secondary traumatic stress. People who experience compassion fatigue feel chronically overwhelmed and frustrated at work, hopeless and ineffective, emotionally and physically drained, angry towards supervisors and co-workers, irritable and cynical (all associated with burnout). These people also feel an insensitivity toward, detachment from, and loss of patience with the people they're trying to help. They may over react to sensory stimuli, startle easily, feel on edge, perseverate on the trauma of the people they're trying to help, have intrusive thoughts and images, and become depressed or highly anxious as a result of their exposure to the trauma of the people they are trying to help (all associated with secondary traumatic stress). Compassion fatigue is measured by the ProQOL 5, Professional Quality of Life Scale ([https://proqol.org/uploads/ProQOL\\_5\\_English.pdf](https://proqol.org/uploads/ProQOL_5_English.pdf)) as well as several other available scales (<http://www.compassionfatigue.org/index.html>).

Compassion fatigue can lead to:

- high absenteeism
- tardiness following breaks
- requests to leave work early (scheduling appointments during work time)
- loss of motivation
- loss of pride in the work
- loss of investment in the work
- chronically negative attitude toward work
- negative attitude toward the people they're helping
- disparaging others on their team
- reduced efficiency
- distancing, reluctance to work as part of a team
- inability to complete tasks and assignments
- lack of flexibility
- difficulty adapting to change
- negative response to feedback and direction
- lack of vision of the future (inability to see what is possible)
- isolation from others
- excessive complaining and irritability
- excessive blaming
- emotional outbursts at work
- threats to resign.

## Burnout.

Burnout is a clinical term—well researched and scientifically measured—(<http://www.uapd.com/wp-content/uploads/Maslach-Burnout-Inventory-MBI.pdf> and <https://www.mindgarden.com/316-mbi-educators-survey>) referring to a prolonged stress reaction in response to the ongoing demands of the job. Symptoms of burnout fall into three categories: 1) overwhelming exhaustion (emotional, cognitive, physical), 2) cynicism and detachment from the job (depersonalization, distancing), and 3) ineffectiveness (feelings of lack of accomplishment or ability to be effective).

## Compassion Fatigue and Resilience

- Exhaustion:** loss of energy, physical exhaustion at work (but not outside of work)  
 emotional exhaustion, emotional depletion, feeling drained  
 poor concentration, forgetfulness, frequently distracted/preoccupied  
 frequently feeling overwhelmed  
 feeling burdened by responsibilities and work pressures  
 chronic irritability  
 chronic frustration and/or anger toward co-workers  
 feeling over worked  
 feeling close to a breaking point
- Cynicism:** pessimism, loss of hope  
 avoidance of feelings by shutting down ("I'm done")  
 avoidance of feelings by becoming numb, detached (e.g., diminished caring about the students)  
 loss of patience  
 loss of interest in work  
 feeling distant from work and the people at work  
 insensitivity toward others, especially the children they are helping  
 cynical ("what's the point, the parents will just undo our efforts at home")
- Ineffectiveness:** chronically feeling helpless, hopeless  
 (feeling ineffective) chronically feeling incompetent, ineffective, inadequate  
 unable to feel worthwhile at work  
 unable to understand how to be helpful  
 experiencing a decrease in productivity  
 experiencing an increase in errors.

Exhaustion in its various forms—feeling over extended and depleted—is the primary component of burnout. This leads to an inability to focus, concentrate, problem solve or sustain a productive effort, a feeling of always struggling with tasks and feeling tasks always require too much effort, frequently feeling frustrated with one's own efforts and frequently feeling emotionally drained by the work ("I can't take this anymore, I'm done. . .I'll go to the meeting, but I don't have the energy to participate. . .I can't work with her, she's exhausting").

Cynicism, the second component of burnout is a way of coping with exhaustion (when considering exhaustion as the initial symptom of burnout) by detaching and becoming indifferent. Some people find themselves moderating their compassion for their clients by distancing from them, as a way to protect themselves from emotional arousal that is too intense, too disturbing. When people experience burnout, then, their response to the feeling of exhaustion can be to disengage and pull back their efforts. They can lose the ability to respond to the needs of the people they work with, become insensitive, and sometimes callous in their response to the people they work with. They might stop caring about what happens to the people they work with. Students may be perceived as energy drains, so staff have to protect themselves, but this form of self-protection can add to the students' emotional challenges (due to lack of staff attunement, lack of recognition and reinforcement, loss of relationship), thereby increasing the difficulties

## Compassion Fatigue and Resilience

the students present, increasing the workload for the staff, further discouraging the staff and leading to higher levels of burnout.

Staff may even become cynical about their work with the children in therapeutic programs ("what's the point, they're never going to get any better. . . what's the point, that family is a train wreck so they'll just undo everything we do to help") and sometimes depersonalize the children they're supposed to be helping ("she's just a total mess, she's always going to be a mess, there's nothing I can do about it"). Staff who are chronically cynical have lost their pride in their work, their investment in their work and their connection with their work. A very strong relationship between exhaustion and cynicism is consistently found in the burnout research.

As exhaustion leads to cynicism, inefficacy, the third component of burnout, often develops. Inefficacy is a sense of reduced personal accomplishment based on feelings of incompetence and ineffectiveness, a feeling that one might not have the skills to succeed on the job. It's easy to see how staff in therapeutic programs can quickly lose effectiveness when impacted by the burnout symptoms of exhaustion and cynicism, but it's also possible that burnout can start with inefficacy.

The extraordinary needs of some of the students and the escalating demands for more highly developed programming can overwhelm the existing skill level of some staff, leading to pervasive feelings of ineffectiveness, and this could be followed by the other symptoms of burnout, emotional exhaustion and then cynicism. In some cases, it's not the extraordinary needs of some of the students, but the staff's limited ability to learn and limited willingness to learn therapeutic methods that leads to inefficacy (e.g., prior training makes the therapeutic methods counter-intuitive, or personal background predisposes people to be too harsh, too verbal, unable to be adequately attuned, or staff are resistant to reading instructive material or engaging in professional development, etc.). Ineffectiveness, then, can certainly lead to exhaustion (physical, cognitive and emotional depletion) and cynicism (detached, disengaged), just as exhaustion and cynicism can interfere with effectiveness and cause one to feel incompetent.

People are more susceptible to burnout when they lack the knowledge and the skill to adequately do the job and they have little opportunity to add to their knowledge or develop their skills, or—as a way to becoming more skilled and more effective—they are unable or unwilling to invest in the process of learning and growing on the job. They are further at risk when they have no autonomy at work, no involvement in decision making, no opportunity to contribute to the improvement of the program, no opportunity to change the way they do their job. People who are isolated, not part of an effective team and have little access to social support or supervision/guidance on the job are also at risk for burnout, just as they are if the work they are required to do does not align with their personal values and principles. People are at risk if they do not receive regular feedback and recognition, if they have little opportunity to express concerns, ask questions and get clear information and answers. They are also at risk if they have unrealistic expectations about what the job entails, how much they can accomplish, or how successful they can be. Finally, people are at risk if they are not highly engaged, energized and inspired by their work, if they don't find their work full of meaning and

### Compassion Fatigue and Resilience

purpose, if it's not a source of pride and fulfillment, if it is too difficult to feel compassion for the people they are trying to help. For a comprehensive list of risk factors, see Risk Factors for Compassion Fatigue at [kevinplummerphd.com](http://kevinplummerphd.com).

Burnout is well-defined, easily measured and all too common in the workforce, especially in education and some of the other helping professions, particularly those that deal with trauma-impacted individuals. It is important to be self-aware because there are a variety of things people can do to prevent and/or recover from burnout and it is a professional responsibility to recognize the need and actively manage it, just as you would recognize and treat a physical ailment to avoid infecting others and to be fit to do the job. Taking personal responsibility for preventing burnout is also important because one person's burnout can have a contagious effect on co-workers, causing greater personal conflict, disrupting job tasks, increasing the burden on others and adding to everyone's level of stress. For more information about the prevention of and management of burnout and compassion fatigue see the article, Resiliency Factors and Revitalizing Practices for the Management of Compassion Fatigue at [kevinplummerphd.com](http://kevinplummerphd.com).

### Secondary Traumatic Stress.

The second component of compassion fatigue is secondary traumatic stress (STS), also referred to as vicarious stress, vicarious trauma, and secondary traumatization. STS develops in staff when they develop problems due to their exposure to the trauma of the people they are working with. Staff in therapeutic programs may have a trauma reaction, for example, to repeatedly hearing stories about how the children in the program have been abused or are currently being traumatized. Their own trauma memory is created by imagining what the child experienced. These stories can lead to vivid images and compelling narratives in the people who hear them, combined with strong emotional activation; and then this narrative can be thought about, repeated to others, and processed over again as the person helping tries to come to terms with what they've heard. The empathy circuit of the brain activates the mirror neuron circuit and that can give the listener a small dose of the feelings and sensory experiences associated with the imagined trauma whenever it's reimagined (just as you might feel a twinge in your finger as you witness someone else accidentally cut their finger with a knife). This vicarious experience forms a memory for the listener, complete with images of what happened, images of the current suffering in the victim, a story line of what happened, along with feelings and sensations about what happened. It is not the same as a trauma memory. It doesn't come close to matching the intensity and it doesn't have the same level of impact on the brain and body, but it is a mild trauma memory nevertheless, that originated from the experience of the victim and now resides in the memory system of the helper.

Helping professionals who have their own trauma history are particularly vulnerable to this because their own trauma memories can be triggered by hearing about the trauma of another, and then one's own trauma memories can be stored with this new memory attached. Following that, the presence of student, even the student's voice, can become a trigger for the helper's own trauma experience. In the presence of the student the helper may now feel more anxious and on edge, more easily startled, more impulsive

### Compassion Fatigue and Resilience

and reactive. They might find it more difficult to concentrate. They may more easily leave the present, dissociate, daydream, experience intrusive thoughts and frightening images.

People without a trauma history (a minority of the people in the helping profession) can also develop STS through repeated exposure to the trauma of several children. Repeated exposure can create a cumulative effect, especially if the helper is already stressed and if there is little opportunity to regain perspective with co-workers and supervisors at work, or with family and friends outside of work, or if the person does not actively engage in experiences that reset the sympathetic nervous system (e.g. exercise, engaging with nature, meditation, muscle relaxation, deep breathing, restorative breaks at work, etc.).

Symptoms of secondary traumatic stress include:

- feelings of heightened anxiety and nervousness, on edge
- more easily startled
- increased impulsivity and reactivity
- intrusive thoughts and images about student trauma
- difficulty concentrating
- increased feelings of mistrust and suspicion
- perception of increased demands
- easily annoyed by the needs or demands of others
- lack of patience
- increased frustration and anger
- inability to let go of work-related matters, rumination
- sleep problems
- avoidance of certain students
- loss of hope.

Secondary trauma is one of the emotional hazards of working with trauma-impacted children in therapeutic programs. Along with burnout, it can be extremely incapacitating if staff are not prepared. The effects of secondary trauma not only create suffering and poor job performance within the staff, but STS leads to further complicating the needs of the students that the staff are trying to help, often worsening their condition. It is incumbent upon everyone who works in therapeutic programs to be highly aware of the risk for secondary trauma and how to prevent it from fully developing (or how to recover from it). Staff should watch for the signs in each other. Being part of a close and supportive group is very helpful in identifying the signs of secondary trauma in each other and in helping each other regain perspective or find the needed support. The key to preventing secondary trauma is in the development and/or application of self-regulation skills, particularly involved in the management of the sympathetic nervous system (resetting following an elevated stress response), so that when faced with a child's trauma you can prevent prolonged activation of your own stress response. It is advantageous to have several psychological and physiological resetting options available. For further information about all of this, see:

Signs and Symptoms of Compassion Fatigue (the segment focusing on secondary trauma)

## Strengths and Protective Factors for Minimizing Compassion Fatigue Resiliency and Revitalization Practices for Compassion Fatigue

### Resources

Additional resources for monitoring compassion fatigue, preventing compassion fatigue, developing work engagement, promoting compassion satisfaction, and building resiliency can be found at <https://kevinplummerphd.com/>. This includes:

Signs and Symptoms of Work Engagement and Compassion Satisfaction

Risk Factors for Compassion Fatigue

Signs and Symptoms of Compassion Fatigue

Strengths and Protective Factors for Minimizing Compassion Fatigue

Resiliency and Revitalization Practices for Compassion Fatigue.

This article was based on content that I have developed on staff wellness in therapeutic programs, brain-based therapeutic intervention with children, working with trauma-impacted students in school, restorative breaks, distress tolerance, and measuring team effectiveness, which can be found at <https://kevinplummerphd.com/>. In addition, I drew from the work of several other researchers and a variety of materials that these people have developed.

- 1) J. Eric Gentry, Ph.D., Certified Compassion Fatigue Professional, author of several scientific papers and trainer of other professionals in the area of compassion fatigue.
- 2) Ed Deci, Ph.D. and John Ryan, Ph.D. author of a multitude of scientific papers and creators of Self-Determination Theory, the most robust theory of motivation in the world. Their work on motivation is extremely relevant to work engagement and compassion satisfaction, even though they have not worked specifically in those areas.
- 2) Angela Duckworth, Ph.D. author of a multitude of scientific papers on Grit. Her work on persistence and resilience (persevering despite obstacles and setbacks) is extremely relevant to job burnout and work engagement, even though she has not worked specifically in those areas.
- 3) Christina Maslach, Ph.D. one of the leading researchers on burnout, a pioneer in the field of burnout, and creator of the Maslach Burnout Inventory (MBI).
- 4) The Maslach Burnout Inventory (MBI).  
<http://www.uapd.com/wp-content/uploads/Maslach-Burnout-Inventory-MBI.pdf>
- 5) William Schaufeli, Ph.D. prolific researcher on work engagement and developer of the Utrecht Work Engagement Scale (UWES).

## Compassion Fatigue and Resilience

6) Utrecht Work Engagement Scale (UWES).

[https://www.wilmarschaufeli.nl/publications/Schaufeli/Test%20Manuals/Test\\_manual\\_UWES\\_English.pdf](https://www.wilmarschaufeli.nl/publications/Schaufeli/Test%20Manuals/Test_manual_UWES_English.pdf)

[https://www.wilmarschaufeli.nl/publications/Schaufeli/Tests/UWES\\_GB\\_17.pdf](https://www.wilmarschaufeli.nl/publications/Schaufeli/Tests/UWES_GB_17.pdf)

7) Beth Hudnall Stamm, Ph.D. prolific researcher (retired) on compassion satisfaction, burnout, and secondary trauma and creator of the Professional Quality of Life Scale (PROQOL, now in version 5).

8) PROQOL Version 5 (2009)

[https://jpo.wrlc.org/bitstream/handle/11204/4293/](https://jpo.wrlc.org/bitstream/handle/11204/4293/The%20Concise%20Manual%20for%20the%20Professional%20Quality%20of%20Life%20Scale.pdf?sequence=1)

[The%20Concise%20Manual%20for%20the%20Professional%20Quality%20of%20Life%20Scale.pdf?sequence=1](https://jpo.wrlc.org/bitstream/handle/11204/4293/The%20Concise%20Manual%20for%20the%20Professional%20Quality%20of%20Life%20Scale.pdf?sequence=1)

[https://proqol.org/uploads/ProQOL\\_5\\_English.pdf](https://proqol.org/uploads/ProQOL_5_English.pdf)

9) The Headington Institute has developed extensive guidelines and training materials on all aspects of worker stress (including burnout and traumatic stress) and worker well-being.

<https://headington-institute.org/>

[https://www.headington-institute.org/files/are-you-showing-signs-of-burnout-for-emerg-responders\\_48145.pdf](https://www.headington-institute.org/files/are-you-showing-signs-of-burnout-for-emerg-responders_48145.pdf)

10) The Compassion Fatigue Awareness Project (CFAP) is a wealth of information that is helpful in identifying compassion fatigue and supplying protocols for wellness.

<http://www.compassionfatigue.org/>

11) Workplace Strategies for Mental Health provides some straightforward information on job burnout, understanding it, preventing it, and recovering from it.

<https://www.workplacestrategiesformentalhealth.com/managing-workplace-issues/burnout-response>

<https://www.workplacestrategiesformentalhealth.com/newsletter/healthy-break-activities>

12) Elena Aguilar has written extensively in this area, most notably, her book *Onward* and the companion Workbook. She also has a consulting business <https://brightmorningteam.com/> that focuses on educator resilience. Her approach overlaps considerably with the model I developed.