Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. This self-test helps you estimate your compassion status: This includes your risk of burnout, compassion fatigue and satisfaction with helping others. Consider each of the following characteristics about you and your current situation. Print a copy of this test so that you can fill out the numbers and keep them for your use. Using a pen or pencil, write in the number that honestly reflects how frequently you experienced these characteristics in the last work week. Then follow the scoring directions at the end of the self-test.

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>Rarely</td>
<td>A Few Times</td>
<td>Somewhat Often</td>
<td>Often</td>
<td>Very Often</td>
</tr>
</tbody>
</table>

**Items About You**

1. I am happy.
2. I find my life satisfying.
3. I have beliefs that sustain me.
4. I feel estranged from others.
5. I find that I learn new things from those I care for.
6. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
7. I find myself avoiding certain activities or situations because they remind me of a frightening experience.
8. I have gaps in my memory about frightening events.
9. I feel connected to others.
10. I feel calm.
11. I believe that I have a good balance between my work and my free time.
12. I have difficulty falling or staying asleep.
13. I have outburst of anger or irritability with little provocation.
14. I am the person I always wanted to be.
15. I startle easily.
16. While working with a victim, I thought about violence against the perpetrator.
17. I am a sensitive person.
18. I have flashbacks connected to those I help.
19. I have good peer support when I need to work through a highly stressful experience.
20. I have had first-hand experience with traumatic events in my adult life.
21. I have had first-hand experience with traumatic events in my childhood.
22. I think that I need to "work through" a traumatic experience in my life.
Compassion Satisfaction/Fatigue Self-Test for Helpers - CONTINUED

<table>
<thead>
<tr>
<th>0 Never</th>
<th>1 Rarely</th>
<th>2 A Few Times</th>
<th>3 Somewhat Often</th>
<th>4 Often</th>
<th>5 Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. I think that I need more close friends.</td>
<td>24. I think that there is no one to talk with about highly stressful experiences.</td>
<td>25. I have concluded that I work too hard for my own good.</td>
<td>26. Working with those I help brings me a great deal of satisfaction.</td>
<td>27. I feel invigorated after working with those I help.</td>
<td></td>
</tr>
<tr>
<td>28. I am frightened of things a person I helped has said or done to me.</td>
<td>29. I experience troubling dreams similar to those I help.</td>
<td>30. I have happy thoughts about those I help and how I could help them.</td>
<td>31. I experienced intrusive thoughts of times with especially difficult people I helped.</td>
<td>32. I have suddenly and involuntarily recalled a frightening experience while working with a person I helped.</td>
<td></td>
</tr>
<tr>
<td>33. I am preoccupied with more than one person I help.</td>
<td>34. I am losing sleep over a person I help's traumatic experiences.</td>
<td>35. I have joyful feelings about how I can help the victims I work with.</td>
<td>36. I think that I might have been &quot;infected&quot; by the traumatic stress of those I help.</td>
<td>37. I think that I might be positively &quot;inoculated&quot; by the traumatic stress of those I help.</td>
<td></td>
</tr>
<tr>
<td>38. I remind myself to be less concerned about the well being of those I help.</td>
<td>39. I have felt trapped by my work as a helper.</td>
<td>40. I have a sense of hopelessness associated with working with those I help.</td>
<td>41. I have felt &quot;on edge&quot; about various things and I attribute this to working with certain people I help.</td>
<td>42. I wish that I could avoid working with some people I help.</td>
<td></td>
</tr>
<tr>
<td>43. Some people I help are particularly enjoyable to work with.</td>
<td>44. I have been in danger working with people I help.</td>
<td>45. I feel that some people I help dislike me personally.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Items About Being a Helper and Your Helping Environment**

| 46. I like my work as a helper. | 47. I feel like I have the tools and resources that I need to do my work as a helper. | 48. I have felt weak, tired, run down as a result of my work as a helper. | 49. I have felt depressed as a result of my work as a helper. | 50. I have thoughts that I am a "success" as a helper. | 51. I am unsuccessful at separating helping from personal life. |
| 52. I enjoy my co-workers. | 53. I depend on my co-workers to help me when I need it. | | | | |
54. My co-workers can depend on me for help when they need it.
55. I trust my co-workers.
56. I feel little compassion toward most of my co-workers
57. I am pleased with how I am able to keep up with helping technology.
58. I feel I am working more for the money/prestige than for personal fulfillment.
59. Although I have to do paperwork that I don't like, I still have time to work with those help.
60. I find it difficult separating my personal life from my helper life.
61. I am pleased with how I am able to keep up with helping techniques and protocols.
62. I have a sense of worthlessness/disillusionment/resentment associated with my role as a helper.
63. I have thoughts that I am a "failure" as a helper.
64. I have thoughts that I am not succeeding at achieving my life goals.
65. I have to deal with bureaucratic, unimportant tasks in my work as a helper.
66. I plan to be a helper for a long time.
**TRRS**

**TRAUMA RECOVERY SCALE**

**PART I**

___yes___ no I have been exposed to a traumatic event in which *both* of the following were present:

a. 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*

b. my response involved intense fear, helplessness or horror.

- If *yes* is answered please 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.

<table>
<thead>
<tr>
<th>Type Of Traumatic Event</th>
<th>Number of Times</th>
<th>Dates/Age(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Childhood Sexual Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Rape</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Other Adult Sexual Assault/Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Natural Disaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Industrial Disaster</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Motor Vehicle Accident</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Combat Trauma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Witnessing Traumatic Event</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Childhood Physical Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Adult Physical Abuse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Victim Of Other Violent Crime</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Captivity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Torture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Domestic Violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Sexual Harassment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Threat of physical violence</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Accidental physical injury</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Humiliation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Property Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Death Of Loved One</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Terrorism</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. Other: ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23. Other: ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24. Other: ____________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25. Other: ____________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Comments:** ____________________________________________________________
PART III
Place a mark on the line that best represents your experiences during the past week.

1. I make it through the day without distressing recollections of past events.
   
   0% | 100% of the time

2. I sleep free from nightmares.
   
   0% | 100% of the time

3. I am able to stay in control when I think of difficult memories.
   
   0% | 100% of the time

4. I do the things that I used to avoid (e.g., daily activities, social activities, thoughts of events and people connected with past events).
   
   0% | 100% of the time

5. I am safe.
   
   0% | 100% of the time

6. I feel safe.
   
   0% | 100% of the time

7. I have supportive relationships in my life.
   
   0% | 100% of the time

8. I find that I can now safely feel a full range of emotions.
   
   0% | 100% of the time

9. I can allow things to happen in my surroundings without needing to control them.
   
   0% | 100% of the time

10. I am able to concentrate on thoughts of my choice.
    
    0% | 100% of the time

11. I have a sense of hope about the future.
    
    0% | 100% of the time

**Scoring Instructions**: record the score for where the hash mark falls on the line (0-100) in the box beside the item (average 5a with 5b to get score for 5). Sum scores and divide by 10.

**Interpretation**: 100 – 95 (full recovery/subclinical); 86 - 94 (significant recovery/mild symptoms); 75 – 85 (some recovery/moderate symptoms); 74 (minimal recovery/severe); below 35 (possible traumatic regression)
**Silencing Response Scale (Baranowsky, 1996, 1998)**

**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 1 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.

<table>
<thead>
<tr>
<th>1=Rarely/Never</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10=Always</th>
<th>Sometimes</th>
</tr>
</thead>
</table>

(1)____ Are there times when you believe your client(s) 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)____ 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, 1998)

Instructions: Read through each statement responding to items in a manner that best describes your experience over the previous 2 work weeks. Some questions relate to the present and some to the past, respond accordingly.

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

TOTAL GSC SCORE: ___ + ___ + ___ + ___ + ___ + ___ = _____

d a s p x i c
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: _____
### COMPASSION FATIGUE ASSESSMENT PROFILE

1. **Compassion Satisfaction/Fatigue Self Test (Stamm & Figley, 1998, 1995)**

#### Measures
- Compassion Satisfaction
- Compassion Fatigue
- Burnout

#### Scoring
- Circle the following 23 items: 4, 6-8, 12-13, 15-16, 18, 20-22, 28-29, 31-34, 36, 38-40, 44.
- Put a check by the following 16 items: 17, 23-25, 41-42, 45, 48, 49, 51, 56, 58, 60, 62-65.
- Put an “X” by the following 26 items: 1-3, 5, 9-11, 14, 19, 26-27, 30, 35, 37, 43, 46-47, 50, 52-55, 57, 59, 61, 66.

  - Add the numbers you wrote next to the items for each set of items and note: )
  - Add all circled numbers for your Compassion Fatigue risk factor: TOTAL = _____
    - 26 or less=extremely low risk; 27-30=low risk; 31-35=moderate risk; 36-40=high risk; 41 or more=extremely high risk.
  - Add all numbers with checks beside them for your Burnout risk: TOTAL = _____
    - 36 or less=extremely low risk; 37-50=moderate risk; 51-75=high risk; 76-85=extremely high risk.
  - Total numbers marked "X" for Compassion Satisfaction factor: TOTAL= _____
    - 118 and above=extremely high potential; 100-117=high potential; 82-99=good potential;
      64-81=modest potential; below 63-0=low potential.

#### FURTHER INTERPRETATION (Figley, In Press)
Distinguish between changing jobs & changing ways: Look as your 3 sub-scores and the various combinations:

<table>
<thead>
<tr>
<th>Score</th>
<th>Burnout Level</th>
<th>ComFat* Level</th>
<th>ComSat** Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>High Burnout</td>
<td>High CF</td>
<td>High Satisfaction</td>
</tr>
<tr>
<td>Medium</td>
<td>Mod Burnout</td>
<td>Mod CF</td>
<td>Mod Satisfaction</td>
</tr>
<tr>
<td>Low</td>
<td>Low Burnout</td>
<td>Low CF</td>
<td>Low Satisfaction</td>
</tr>
</tbody>
</table>

**Change Careers:** High Burnout, High CF, Low Satisfaction

**Change Jobs:** High Burnout, Low CF, High Satisfaction

**Stay & Manage Stress:** Low Burnout, High CF, Mod Satisfaction

**Change Client:** Low Burnout, Low CF, Low Satisfaction

*ComFat: Compassion Fatigue Level

**ComSat: Compassion Satisfaction Level
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).


**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, 1998)

**Measures**

- Psychological Disorders - including **Depression** (# 2, 9, 16, 21, 28), **Substance Use** (# 1, 8, 15, 20, 27), **Suicidality** (# 3, 10, 17, 22, 29), **PTSD** (# 4, 11, 23, 30, 34), **Generalized Anxiety Disorder** (# 5, 12, 24, 31, 35), **Somatization** (# 6, 13, 18, 25, 32), and **Dissociation** (# 7, 14, 19, 26, 33).

**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
  \[ \text{(Reversed Items)} + \text{(Remaing Items)} = \text{(Total Score)} \]

- Subtract total # completed items (25 on scale) from Total Score to get Item Score
  \[ \text{(Total Score)} - \text{(#items complete)} = \text{(Item Score)} \]

- Multiply Item Score by 100 to get Adjusted Score
  \[ \text{(Item Score)} \times 100 = \text{(Adjusted Score)} \]

- Multiply # of completed items (25 on scale) by 6 to get Divisor
  \[ \text{(#items complete)} \times 6 = \text{(Divisor)} \]

- The Adjusted Total is divided by the Divisor to get the Total ICS Score
  \[ \text{(Adjusted Total)} / \text{(Divisor)} = \text{(Total ICS Score)} \]

- Total ICS Score should range between 0-100
  Scores > 30 = significant stress
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 in 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?
LETTER FROM
"THE GREAT SUPERVISOR"

This letter should be written to yourself from an omniscient (all knowing) and omni-benevolent (all good) source. It should reflect the nurturance, support and validation that you have wanted and needed to hear from someone in authority. It should focus upon your strengths, assets and goodness. This will be a challenge for some ... the more honest and sincere that you make this letter, the more benefit you will receive from the work that will come with it in subsequent sessions.

Dear ________________,

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From: Anna B. Baranowsky, Ph.D.,C.Psych.
Traumatology Institute
Toronto, Canada