

Compassion Satisfaction/Fatigue Self-Test for Helpers

Adapted with permission from Figley, C.R., (1995). Compassion Fatigue, New York: Brunner/Mazel.
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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.

0 Never	1 Rarely	2 A Few Times	3 Somewhat Often	4 Often	5 Very Often
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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.
- ___ 23. I think that I need more close friends.
- ___ 24. I think that there is no one to talk with about highly stressful experiences.
- ___ 25. I have concluded that I work too hard for my own good.
- ___ 26. Working with those I help brings me a great deal of satisfaction.
- ___ 27. I feel invigorated after working with those I help.

Compassion Satisfaction/Fatigue Self-Test for Helpers - CONTINUED

0 Never	1 Rarely	2 A Few Times	3 Somewhat Often	4 Often	5 Very Often
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- ___ 28. I am frightened of things a person I helped has said or done to me.
- ___ 29. I experience troubling dreams similar to those I help.
- ___ 30. I have happy thoughts about those I help and how I could help them.
- ___ 31. I experienced intrusive thoughts of times with especially difficult people I helped.
- ___ 32. I have suddenly and involuntarily recalled a frightening experience while working with a person I helped.
- ___ 33. I am preoccupied with more than one person I help.
- ___ 34. I am losing sleep over a person I help's traumatic experiences.
- ___ 35. I have joyful feelings about how I can help the victims I work with.
- ___ 36. I think that I might have been "infected" by the traumatic stress of those I help.
- ___ 37. I think that I might be positively "inoculated" by the traumatic stress of those I help.
- ___ 38. I remind myself to be less concerned about the well being of those I help.
- ___ 39. I have felt trapped by my work as a helper.
- ___ 40. I have a sense of hopelessness associated with working with those I help.
- ___ 41. I have felt "on edge" about various things and I attribute this to working with certain people I help.
- ___ 42. I wish that I could avoid working with some people I help.
- ___ 43. Some people I help are particularly enjoyable to work with.
- ___ 44. I have been in danger working with people I help.
- ___ 45. I feel that some people I help dislike me personally.

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 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.

TRS

TRAUMA RECOVERY SCALE

PART I

- ___yes___no I have been exposed to a traumatic event in which **both** of the following were present:
- experienced, witnessed or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others, **AND**
 - my response involved intense fear, helplessness or horror.

- If **yes** is answered 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.

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

Comments: _____

Silencing Response Scale (Baranowsky, 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.

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

- (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)

Name: _____ Date: _____ BirthDate: _____ Sex: M F

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.

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

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

Index of Clinical Stress (Abel, 1991)

Name: _____

Date: _____

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

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

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

Score: _____

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 at your 3 sub-scores and the various combinations:

Score	Burnout Level	ComFat* Level	ComSat** Level
High	High Burnout	High CF	High Satisfaction
Medium	Mod Burnout	Mod CF	Mod Satisfaction
Low	Low Burnout	Low CF	Low Satisfaction

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).

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

Measures

- ♦ The silencing response

Scoring

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

4. Global Check Set (Baranowsky & Gentry, 1998)

Measures

- ♦ Psychological Disorders - including **Depression(d)** (# 2, 9, 16, 21, 28), **Substance Use(a)** (# 1, 8, 15, 20, 27), **Suicidality(s)** (# 3, 10, 17, 22, 29), **PTSD(p)** (# 4, 11, 23, 30, 34), **Generalized Anxiety Disorder(x)** (# 5, 12, 24, 31, 35), **Somatization(i)** (# 6, 13, 18, 25, 32), and **Dissociation(c)** (# 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

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

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

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

- ◆ Multiply Item Score by 100 to get Adjusted Score

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

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

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

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

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

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

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?

