

Lesson One: Burnout – Professional Group Learning Guides

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Click the [blue button](#) directly above that states "Start Taking This Lesson." Clicking on this allows full access to this lesson's learning guides. You will see a completion bar after pressing this button and your lesson activates.



The following sections listed below are the ACT Group Learning Guide portions of the lesson and must be completed before considering Lesson One finished.

-The first step is ACT ONE. This interactive form section will give you an opportunity to delve deeply into the concepts behind our lesson and reflect on how they connect to your life and your role as caregiver. A critical element for the success of an ACT Learning Group is to provide some time and space for personal reflection and journaling.

-After completing this step, ACT TWO is a period of group discussion and reflection. All participants must be given a safe space to express themselves during this time. This portion of the interactive form is filled out with insights gained from your community exploration.

-Next, your group will move on to ACT THREE, the Best Practices, real-world habits, ways of thinking, or behaving that can increase personal well-being. Goals to incorporate best practice suggestions can be made on the group or individual level and support systems can be developed during this time.

-Finally, fill out the **Evaluative Quiz** at the end of your Best Practices section. The button stating "take your lesson quiz" will lead you to a quick evaluation that must be submitted. After submission, you will receive a congratulation message and your lesson will be recorded as "completed."

-As a reminder, we strongly suggest you look over all the additional Recommended Lesson Resources (books, videos, and web materials) and explore the wealth of information that will build upon and enrich the teachings found in this lesson.

Learning Guides

Burnout: Step One (Professional Group Learning Track)

Length: 15 minutes

ACT ONE: ASK YOUR QUESTIONS

Burnout: Step Two (Professional Group Learning Track)

Length: 30 minutes

ACT TWO: CONVERSATION WITH OTHERS

Burnout: Step Three (Professional Group Learning Track)

Length: 15 minutes

ACT THREE: TRANSLATE INTO ACTION

Recommended Lesson Resources

The following materials are available for further study. You may use the links below or return to the [Lesson One Homepage](#). We highly recommend you view the full list of recommended books, articles, websites, and videos and choose at least three additional materials to study to deepen your understanding of each lesson.



[Recommended Books](#)

[Related Videos](#)

[Web Materials & Academic Journals](#)

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Befriending Compassion Fatigue Series
Lesson One: Burnout

ACT One

1) According to our lesson, Compassion Fatigue is "the blunting of emotional caring and concern and a distancing from others, both the care –receivers and those in your life." Examine your current level of compassion fatigue. Record your response on a 1-5 scale. 1-Overwhelmed by Compassion Fatigue/ 5-Free of Compassion Fatigue

1-Overwhelmed by Compassion Fatigue ▲
2
3
4
5-Free of Compassion Fatigue ▼

What experiences or factors might be contributing to feelings of compassion fatigue?

2) How does the following statistic match your caregiving experience? "40%-60% of caregivers will suffer from compassion fatigue." Use a 1-5 scale. 1-Does not match / 5-Matches very closely

1-Does not Match ▲
2
3
4
5-Matches Very Closely ▼

Describe a time you felt compassion fatigue or you interacted with a caregiver experiencing compassion fatigue. What behaviors indicated this was an issue? What impact did it have on the caregiving experience?

3) Record your reaction to the following concept: "Befriending compassion fatigue means regulating our reactivity in the face of suffering so that we can remain well, and in our wellness remain present for our patients." Use a 1-5 scale. 1-Strongly Disagree/ 5-Strongly Agree.

1-Strongly Disagree ▲
2
3
4
5-Strongly Agree ▼

Describe a time you felt compassion fatigue or you interacted with a caregiver experiencing compassion fatigue. What behaviors indicated this was an issue? What impact did it have on the caregiving experience?

3) Record your reaction to the following concept: "Befriending compassion fatigue means regulating our reactivity in the face of suffering so that we can remain well, and in our wellness remain present for our patients." Use a 1-5 scale. 1-Strongly Disagree/ 5-Strongly Agree.

1-Strongly Disagree ▲
2
3
4
5-Strongly Agree ▼

How can we "regulate our reactivity?" What prevents us, as caregivers, to slow down and observe our emotional reactions? What can be done to create that space for mindful awareness about what we are feeling?

Completed forms may be printed out by pressing CTRL button + P (Windows) or CMD button + P (Mac).

By submitting this form you are agreeing to contribute to our national research project. All information will be used anonymously.

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- Recommended Books
- Related Videos
- Web Materials and Academic Journals

[Click Here to Go to ACT TWO](#)

[Click Here to Go to ACT Learning Guide Homepage](#)



Befriending Compassion Fatigue Series
Lesson One: Burnout

ACT Two

1. *"The up side to behaviors like the Silencing Response is that they act as smoke detectors to warn us of the need for action before the fire of Compassion Fatigue gets out of control. When we use this warning to motivate an investment in extreme self-care and some good trauma therapy we can begin to recover, both for ourselves and those we serve."* –Jan Spillman

Discuss a time you experienced silencing responses in the face of suffering, either as a caregiver or a care-receiver. Is this a situation you often face? How did that make you feel? How did it make the care-receiver feel? Some examples of silencing responses include: avoiding the topic, changing the subject, giving a pious/canned answer, implying a lack of faith, belittling stress, suggesting to "just get over it," giving angry or sarcastic remarks, blaming victims, faking interest, inattention, appearing visibly bored, and doubting people's stories.

2. *"It is important to become aware of the times you are truly connected, the times you are listening to the story, the times you are present with the patient."* –Soul & Science Lesson

Why does a caregiver's inattention not only close off discussion with a patient, but also add to the caregiver's compassion fatigue? What might be some examples of opposite, healthy responses in the face of suffering and trauma? How can an apparent lack of interest be modified into sincere communication and how does that connection benefit all involved?

3. *"Our medical model would like to make [compassion fatigue] into some sort of disease, illness, or pathological condition that needs to be fixed, eliminated, or cured in some way. What I have to say is that it is a natural part of the way we are wired to be human."* – Soul & Science Lesson

How does your caregiving community view compassion fatigue? Is it seen as personal weakness or is it seen as a natural struggle most caregivers face? What formal or informal support systems are in place to recognize and respond to this challenge? If there are none available, what would you like to see implemented.

4. *"Self-care is never a selfish act—it is simply good stewardship of the only gift I was put on earth to offer others."*–Parker Palmer

How is self-awareness part of self-care? How can awareness of disconnection lead to greater compassion towards yourself? How can it lead to greater satisfaction in the caregiver role?

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- Recommended Books
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- Web Materials and Academic Journals

[Click Here to Go to ACT THREE](#)

[Click Here to Go to ACT Learning Guide Homepage](#)



ACT Step Three Best Practices

Soul & Science recommends that it is best to have personal experience with a practice before recommending it to others. Consider one of the following ways to experience the teachings from this Lesson.

Required Materials: [Compassion Satisfaction/Fatigue Self-Test](#)

1. "It is self-awareness that will tell us when we are and are not on target."

Stop right at this moment and notice what you are feeling. Are you feeling connected and hopeful or numb and cynical? Write down the words that come to mind. Now take a moment out of your day-to-day experiences in the caregiving role and take the same assessment. Do your emotions seem fall under the caregiver fatigue category? Are there areas that you can address with greater awareness and self-care? Record your thoughts and insights.

2. "Regulate our reactivity in the face of suffering..."

Breathe before responding. When you are about to respond or react while caregiving, take a conscious breath and leave a space to observe and regulate your emotion. That small moment will give you a chance to avoid silencing responses and seek active communication.

3. "...in our wellness, we can remain present for our patients."

Fill out the [Compassion Satisfaction/Fatigue Self-Test](#) to assess your current state of satisfaction and fatigue. Complete this survey at least two more times over the course of a month and see how and if the results are changing. What might be bringing you more satisfaction? What might be creating more fatigue? Reflect on what is and isn't helping you reach your goal of greater resiliency.

At the end of your ACT LEARNING GROUP, take a couple of moments to express gratitude or other intention aloud or in silence. Use the Closing Reflection statement as the final word for your group meeting.

CLOSING THOUGHT

"But feelings can't be ignored, no matter how unjust or ungrateful they seem."

— Anne Frank, *The Diary of a Young Girl*

