

The Counseling Team International
1881 Business Center Drive, Suite 11
San Bernardino, CA 92408
(909) 884-0133
www.thecounselingteam.com

Compassion Fatigue Self-Test for Helpers

Please describe yourself: Male/Female; number of years helping is _____.

Consider each of the following characteristics about you and your current situation.
Write in the number for the best response. Use one of the following answers:

1 = Rarely/Never 2 = At Times 3 = Not Sure 4 = Often 5 = Very Often

Answer all items, even if not applicable. Then read the instructions to get your score.

Items about you:

1. ___ I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
2. ___ I find myself avoiding certain activities or situations because they remind me of a frightening experience.
3. ___ I have gaps in my memory about frightening events.
4. ___ I am estranged from others.
5. ___ I have difficulty falling or staying asleep.
6. ___ I have outbursts of anger or irritability with little provocation.
7. ___ I startle easily.
8. ___ While working with a victim I thought about violence against the person or persons who victimized.
9. ___ I am a sensitive person.
10. ___ I have had flashbacks connected to my clients and families.
11. ___ I have had first-hand experience with traumatic events in my adult life.
12. ___ I have had first-hand experience with traumatic events in my childhood.
13. ___ I have thought that I need to "work-through" a traumatic experience in my life.
14. ___ I have thought I need more close friends.
15. ___ I have thought that there is no one to talk to about a highly stressful experience.
16. ___ I have concluded that I work too hard for my own good.

Items about your clients and their families:

17. ___ I am frightened of things traumatized people and their family have said or done to me.
18. ___ I experience troubling dreams similar to a client of their family and mine.
19. ___ I have experienced intrusive thoughts of sessions with especially difficult clients and their families.
20. ___ I have suddenly and involuntarily recalled a frightening experience while

- working with a client or their family.
21. ___ I am preoccupied with more than one client and their family.
 22. ___ I am losing sleep over a client and their family's traumatic experiences.
 23. ___ I have thought that I might have been "infected" by the traumatic stress of my clients and their families.
 24. ___ I remind myself to be less concerned about the well-being of my clients and their families.
 25. ___ I have felt trapped by my work as a helper.
 26. ___ I have felt a sense of hopelessness associated with working with clients and their families.
 27. ___ I have felt "on edge" about various things and I attribute this to working with certain clients and their families.
 28. ___ I have wished that I could avoid working with some clients and their families.
 29. ___ I have been in danger working with some clients and their families.
 30. ___ I have felt that some of my clients and their families dislike me personally.

Items about being a helper and your work environment:

31. ___ I have felt weak, tired, and rundown as a result of my work as a helper.
32. ___ I have felt depressed as a result of my work as a helper.
33. ___ I am unsuccessful at separating work from personal life.
34. ___ I feel little compassion toward most of my co-workers.
35. ___ I feel I am working more for the money than for personal fulfillment.
36. ___ I find it difficult separating my personal life from my work life.
37. ___ I have a sense of worthlessness/disillusionment/resentment associated with my work.
38. ___ I have thoughts that I am a "failure" as a helper.
39. ___ I have thoughts that I am not succeeding at achieving my life goals.
40. ___ I have to deal with bureaucratic, unimportant tasks in my work life.

SCORING INSTRUCTIONS: (a) Be certain you responded to all items. (b) Circle the following 23 items: 1-8, 10-13, 17-26, and 29. (c) Add the numbers you wrote next to the item. (d) Note your risk of Compassion Fatigue:

26 or less = Extremely low risk	31 to 35 = Moderate risk
27 to 30 = Low risk	36 to 40 = High risk
	41 or more = Extremely high risk

Then, (e) Add the numbers you wrote next to the items not circled. (f) Note your risk of burnout:

19 or less = Extremely low risk	25 to 29 = Moderate risk
20 to 24 = Low risk	30 to 42 = High risk
	43 or more = Extremely high risk

*Note: This instrument is under development. Please contact Dr. Charles R. Figley, Psychosocial Stress Research Program, Florida State University, MFT Center (R86E), Tallahassee, FL 32306; phone (904) 644-1588, fax (904) 644-4804.

1994, Florida State University Psychosocial Stress Research Program.