Compassion Fatigue in Homeless Health Care

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HEALING HANDS

Compassion Fatigue: The High Cost of Caring

Clinicians working in homeless health care devote their energy to the health and well being of their clients, helping them obtain the medical care, housing, and social services that they need. To ensure a long and successful career, it is essential to remember to take care of yourself, too. Those who work with individuals and families experiencing homelessness may be involved in street outreach, visiting people living in remote camps, and working in shelters and drop-in centers. Where you go and the suffering that you see, hear, and feel has a deep impact, even if you are not always cognizant of it. This impact is variously known as secondary trauma, compassion fatigue, or vicarious traumatization.

"Homelessness puts the human face on a broken health care system," says **Ed Stellon, MS, MA, CADC**, senior director of systems integration at Heartland Health Outreach in Chicago. "Among the people we serve and care about are those under the *most* stress: experiencing violence, living in horrific situations, suffering weather-related conditions—all of which is so unnecessary in our society. This is hard on staff, who are often caught in the crossfire.

"How do you care for individuals with complex situations and multiple conditions when the organization is underfunded? How do you judge success? How do you know when you are doing a good job or even that you have the skills needed to do your job? You don't study how to do this work; our employees are blazing new trails," Stellon says. "As a result, we often see the signs and symptoms of both primary and secondary stress in our staff: using more sick time, having physical symptoms—especially headaches—and squabbling among staff."

UNDERSTANDING STRESS
While stress itself is not necessarily a bad thing, unchecked it can have negative effects, some minor, others far-reaching. What is stressful for one person, may not be stressful for another. In manageable doses, stress can be a motivating factor in our lives, pushing us to do more or to make changes in the things that are not working for us. In large enough doses, however, stress can dramatically compromise functioning, resulting in compromised health and relationships. These aspects of stress call attention to the importance of being self-aware and finding the time to monitor our stress so we can better manage things as they arise (Syracuse University School of Education, 2011).

When workplace stress is prolonged, *burnout* occurs, which has been shown to be strongly associated with increased turnover, intent to leave one's job, absenteeism, lower commitment to the agency, and clients' ratings of quality of care (Ulrich et al., 2005). Job burnout—considered an occupational hazard for various people-oriented professions—leaves once enthusiastic professionals feeling drained, cynical, and ineffective (Maslach & Goldberg, 1998).

Secondary trauma includes experiencing symptoms similar to those of post-traumatic stress such as being easily startled, having nightmares or flashbacks, and avoiding situations that remind one of the original trauma. This stress can seriously affect the mental health of those in health care professions, mental health counselors, first responders, and others who are involved in treating those who are exposed to traumatic events.

EXTINGUISHING JOB BURNOUT
Given that secondary trauma is endemic in health care and other helping professions, what are homeless service providers doing to help support employees and minimize job-related stress? Executive Director **Bob Taube, PhD, MPH**, of the Boston Health Care for the Homeless Program (BHCHP) explains that they consider the issues of burnout and stress within the larger context of job satisfaction and staff retention. The rate of turnover seems to be a good indicator of how satisfied employees are with BHCHP as a place to work and how well the organization meets their employees' job-related needs.

Not just another job. "Staff feel very close to the BHCHP mission," Taube says, "and that this isn't just another job." BHCHP was named one of The Best Places to Work by the *Boston Business Journal* in its annual review of workplaces across the greater Boston area in June 2010 and June 2011. The organization has about 300 employees.

"I asked several employees what it is about BHCHP that enabled them to work here as long as they have here," says **Barry Bock, RN**,

BHCHP's chief operating officer. "What is it exactly that sets BHCHP apart? Uniformly, I heard 'Great coworkers. Great patients. The organization and your colleagues are here for you.'"

This informal poll was backed up by findings of BHCHP's employee satisfaction survey, according to Human Resources Director **Jessie Saacke, SPHR**: "One aspect of working at BHCHP that received high ratings is coworkers and how significant it is to work with others who share the goals, values, and feelings about why they work with the homeless population. This strong sense of camaraderie is important to sustaining morale. It makes coming to work fun, and it is a strong factor in helping employees deal with the inevitable stress of working with our population." Studies indicate that strong peer support is positively related to decreased job burnout (Ulrich, Buerhaus, Donelan, Norman, & Dittus, 2005).

"We monitor turnover rates and will do what it takes to make people want to stay," Saacke continues. Although turnover has been lower the past couple of years—most likely the result of the continued recession and high unemployment rates—in a typical year BHCHP's employee turnover rate is about 20 percent. "We offer a good benefits package, and employees enjoy a fair amount of time off. Employees start with four weeks of paid annual leave, which helps them cope with the stress caused by work/life conflicts. We offer a Family Medical Leave Program of 16 weeks, and there is a Personal Leave Program where the employee can apply for a three-month leave of absence without losing seniority or benefits."

RESPECT, SUPPORT & RECOGNITION

Lack of appreciation is one of the main, preventable reasons that employees leave their jobs (Levoy, 2008). Two surveys of nurses found that respect from frontline management and the administration influenced retention (Ulrich et al., 2005), and researchers say that an organization's culture—the unwritten norms and values surrounding how employees are valued as individuals—plays an important role in burnout. Individuals who feel respected by their organizations are less likely to experience burnout and more likely to expend effort on behalf of the organization. When the organization treats people well and individuals feel respected as a member of the group, employees feel that what they do is meaningful. In situations where staff perceives that the organization does not treat employees with dignity or respect, burnout can arise from employee demoralization. As they assist their clients, disrespected employees may mask their true feelings regarding how their organization treats them. This masking and suppressing can increase emotional exhaustion, which is one of the major components of burnout studied in the human services industry (Wharton School of the University of Pennsylvania [Wharton], 2006).

VICARIOUS TRAUMA WARNING SIGNS

What are clues that you are under too much stress? Consider these signs:
- Being afraid to take time off work; never taking a vacation
- Thinking the worst in every situation
- Reacting disproportionately, reacting strongly to relatively minor stressors
- Forgetting why you do your job
- Decreased performance at work, making mistakes, missing deadlines
- Constantly not getting enough sleep, being tired when you wake up
- Increased arguments with family & those close to you
- Decreased social life, becoming more isolated from friends, family & co-workers

Source: Volk et al., 2008

So how does an organization show respect for its employees? While more research may be needed to delve into what health care workers believe demonstrates respect in the workplace, at least one study of nurses identified these top three indicators of organizational respect (Ulrich et al., 2005):
- Managers involve nurses in the process of making key decisions that will affect nurses' ability to provide patient care
- Management reflects the high value it places on nursing through salary and benefit packages
- Managers listen to nurses' concerns and take action to address them

Another study conducted among health care workers identified these characteristics of organizational respect (Wharton, 2006):
- Staff members respect each other
- Staff members are treated with dignity
- Cultural diversity of the staff is valued
- Staff members are encouraged to be creative when solving problems
- Supervisors pay attention to staff members' ideas

Bock offers an example from BHCHP: "When the organization must make difficult budgetary decisions, we have several conversations with staff in both large and small groups to gather input about how to prioritize expenses. We want our employees to know that we are being open and frank about management issues."

A heartfelt thank you. "It's so important to show our appreciation to our employees," says Taube. "We routinely recognize and celebrate landmark anniversaries with the program, and there is an annual outstanding service award for staff members who are nominated by their peers. Supervisors use monthly staff meetings as opportunities to recognize employee contributions in smaller, informal ways."

"This is a small thing," Bock adds. "During the winter of 2010, Boston had a blizzard that closed the city, but our employees showed up for work. Every staff member who worked that day got a free meal. This small gesture shows that the organization recognized and appreciated the fact that employees had to get up at least two hours earlier in order to dig out and commute to work. We have a remarkable staff, doing tremendous work, and we want them to know that management is appreciative."

Support from management. "At Heartland," Stellon says, "we have experimented with ways to support our employees by offering yoga,

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meditation, and acupuncture. We found that these practices didn't get to the issue of secondary stress. Now, our primary strategy for managing compassion fatigue is through providing adequate supervision. In a traditional organizational structure, it can be hard for clinical managers to have enough time to devote to this role, so we realigned our primary care services into a matrix structure where teams are aligned by job function. Since the organization has made these changes, our turnover rate is significantly lower.

"For example," Stellon explains, "there is a business operations team that manages hiring, compliance, productivity, facilities, quality improvement, and budgeting. This team frees the clinical manager from many administrative tasks such as grant writing and reporting. This also means that the staff person has two managers—the clinical manager and the business operations manager—he or she can rely on for support; this three-person team meets monthly. In addition, employees meet weekly with their supervisors one-on-one. These meetings provide safe opportunities for staff to sort out their thoughts and feelings about stressful incidents and work experiences.

"Supervisors are able to provide feedback and put frustrating aspects of this work into perspective," says Stellon. "It's hard to judge whether we are making a difference in our clients' lives, and the supervisor can help point out the small victories: 'Did the client come back to see you? Then he must have felt that you were a safe, trusted person.' It is critical to recognize the good work that is being done here."

Given that people have different ideas about what they want, need, and expect from supervision, Heartland developed a questionnaire that helps the employee and direct supervisor design an individualized supervision plan. The questionnaire, *What I Want from Supervision*, examines four areas of work: clinical, educative, administrative, and supportive. "Some staff want direction with specific cases, others want to improve their clinical skills such as motivational interviewing, some just need support and want to talk. The questionnaire helps the supervisor know how to structure the supervision meetings," Stellon explains. [The questionnaire is online at www.nhchc.org/wp-content/uploads/2011/10/What-I-Want-From-Supervision.pdf]

WORKPLACE VIOLENCE: GUIDELINES FOR HOMELESS SERVICES PROVIDERS

Health care continues to lead other industries in the incidence of nonfatal injuries, assaults & acts of violence, many of which go unreported. Acts of violence affect not only the health care worker, but also the organization in direct & indirect ways such as low employee morale, increased turnover rates, decreased trust & increased cost in lost workdays (Ulrich et al., 2005).

To learn how Health Care for the Homeless projects address workplace violence and support employees following a traumatic event, refer to the newly updated publication, *Workplace Violence: Prevention & Intervention* (2011). Produced by the HCH Clinicians' Network, the publication features protocols & policies that are used in HCH projects across the country. Download the free PDF at www.nhchc.org/clinicalresources/WorkplaceSafety.pdf

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Another major issue in supporting staff is the flexibility of scheduling work hours. This flexibility demonstrates that the organization recognizes the importance of the employee's personal and family life (Ulrich et al., 2005). "Many of BHCHP's staff work part-time at their request. We try to be flexible and accommodate this whenever possible," says Saacke.

WHEN BAD THINGS HAPPEN TO GOOD PEOPLE

Safety—both physical and mental—is the most basic need in the work environment (Ulrich et al., 2005). Bock outlines BHCHP's process of addressing a violent or threatening incident where a staff member feels threatened, overtly or covertly. "When there is an issue of workplace violence, there is an aggressive intervention to render the situation safe immediately. We want employees to know that they are not alone in solving these kinds of problems. Next, we ask the involved staff what we can do to help make them feel safe and supported. There is a debriefing to process the event, and if needed, the employee may take the rest of the day off. He or she is counseled to drink plenty of water to help flush the adrenaline from the system, and one-on-one counseling will be offered. The person's supervisor will call the employee at home to check how he or she is doing.

"If this was a significant event, we inform all staff about the incident to defuse the situation and stop rumors in the workplace. We want employees to know that the administration is not trying to hide information," Bock says.

VIEWS OF THE WORK ENVIRONMENT

Executive Director **Mary Bufwack, PhD**, of United Neighborhood Health Services (UNHS) in Nashville, Tennessee, talks about a recent employee satisfaction survey: "There seemed to be a lot of dissatisfaction among employees contributing to workplace stress. We wanted to understand what was going on so that the problems could be addressed." A network of primary care clinics and health programs, UNHS serves those who are homeless through the Downtown Homeless Clinic and a large mobile clinic. The agency has about 110 employees.

"We created a survey based on other employee satisfaction questionnaires and published it on SurveyMonkey," Bufwack says. "Once the results were compiled, we presented the findings during a staff meeting. Then we met in small groups to focus on specific issues and determine what staff and the agency can do to address the problems identified. These suggestions went to newly formed committees created to respond to employees' concerns.

"The survey revealed that the biggest employee worry was that they were not getting the information they needed from senior and midlevel administrative staff. The perception was that there weren't opportunities for effective two-way communication so that the administration could hear employees' thoughts and feelings. In response, we formed a communications committee to develop a plan for addressing these very real issues.

"Related to the lack of communication was the secondary issue of distrust," Bufwack continues. "These feelings were related to unease about job security in the face of recent layoffs and a reduction in workforce."

A positive impact on employees' lives.
"The survey also showed that staff is very satisfied with our employee benefits package—insurance, sick leave, vacation time, and the Employee Assistance Program (EAP) we have in place. It's important for health centers to maintain good wages and benefits so that staff are not worried about being able to provide for their families," Bufwack says. "Our EAP provides counseling services, basic legal advice, help with financial planning, and other services. There is a phone number staff can call for services, which is posted widely throughout the agency. Also, UNHS contracts with a hotline for workplace complaints such as sexual harassment or bullying, and the same number can be used to report fraud and abuse. The hotline provides a safe, anonymous way for employees to inform management of problems."

Although it sounds like the Buddha talking, this British poster designed in 1939 was to be deployed if Germany invaded Britain. Its message of equanimity is a valuable tool to have in your stress reduction toolkit. Whatever the situation, remain calm, i.e., don't freak out. What is served by that? Nothing. It's time & energy wasted & does nothing to forward the solution to the problem.

Carry on. Keep moving forward no matter how you feel. This helps us to uncouple our present circumstances from our more enduring sense of well being, even if things are not ideal. Even if our country has just been invaded!

— Arnie Kozak, PhD, author, psychologist & founder, Exquisite Mind, Burlington, Vermont CtWatchdog meditation & stress reduction blogger

Addressing compassion fatigue. To help address compassion fatigue, UNHS held a workshop for its staff. "We did several exercises in a large group setting to examine what employees can do to help each other deal with workplace stress," Bufwack explains. "The group acknowledged that working with special populations can be very stressful, and although the agency recognizes the inherent danger in vicarious traumatization and compassion fatigue, management can't make this stress go away.

"The workshop encouraged staff to turn to their team members and work relationships for support so that they aren't taking so much stress home with them. Staff reacted very positively to the workshop, and we are integrating some of the stress reduction techniques into the workplace so we don't lose sight of the goal to care for one another." The National Health Care for the Homeless Council provided this onsite technical assistance; to request training on vicarious trauma or self-care, contact **Victoria Raschke, MA**, director of technical assistance and training, at vraschke@nhchc.org or 615/226-2292.

CREATIVE STRATEGIES TO IMPROVE THE WORK ENVIRONMENT
Following the workshop, UNHS received grant funding to contract with The Circle Center [www.thecirclecenter.com] for services. "For the last three or four months we have been using a Talking Circle as a way to create a community and build an environment of trust and safety," says Bufwack. "All employees are assigned to a circle, a random group of 10 to 12 people. The Circle meets monthly, there is a discussion facilitator, and the topics are universal and nonthreatening; participants may be asked to talk about their first car or an influential teacher, for example. The meeting begins with a reading related to the session's topic. Then, one by one, everyone talks; some people have funny stories, some moving stories. The Circle ends with another reading.

"These stories illustrate the participants' values and what moves them, and at the same time illustrates that we are all human and there are universal experiences we all share. Staff really like participating, and we are finding that the Talking Circle is building trust within the organization."

HCH PHILOSOPHY OF CARE
Within most homeless health care practice settings, it is common for clinicians to employ practices such as motivational interviewing, harm reduction, person-centered care, and trauma-informed care. "Not only do these practices benefit our clients, but they also serve the caretaker by emphasizing that the onus of the outcome is not on you as the clinician," says **Ken Kraybill, MSW**. "Practicing motivational interviewing, for example, is itself a form of self-care for the clinician because of the way it elevates one's sense of hopefulness for the client and the outcome." Kraybill, a former HCH social worker and case manager, is currently the director of training for the Center for Social Innovation.

"It is foolhardy to think that we can be providers of care to others without being the recipients of proper nurture and sustenance ourselves," says Kraybill. "Providing care to people experiencing homelessness takes a personal toll on the caregiver. It means working under demanding circumstances, bearing witness to tremendous human suffering, and wrestling daily with a multitude of agonizing and thorny issues.

"There are the frustrations of trying to help homeless individuals while hitting ubiquitous roadblocks: the inadequate resources and structural barriers such as the lack of affordable housing, health care services, and not earning a living wage," he continues. "It's a normal response to feel burdened by these circumstances. While at the same time, we have the privilege of becoming partners in extraordinary relationships, marveling at the resiliency of the human spirit, and laying claim to small but significant victories. Such is the nature of this work that it can drain and inspire us all at once.

"We know that before we can offer hope and healing, we must first enter into another's suffering," says Kraybill. "By listening to others' stories and providing a sense of deep caring, we walk a difficult path. When caring becomes burdensome, we experience the signs and symptoms of secondary traumatic stress. The good news is that as homeless health care providers, we know a great deal about trauma and being person-centered. We already know how to care for ourselves based on what we know about caring for others, and nothing in the world needs to change for us to transform our own life experience."

FIRST, CARE FOR YOURSELF

As clinicians, it is our responsibility to develop strategies to manage work-related stressors in positive ways since it is only when we first care for ourselves can we effectively care for others. When our needs are met, those we care for will benefit, too. By recognizing the causes of stress in our lives, we can use or develop coping strategies. In its simplest form, *self-care* refers to our ability to function effectively while meeting the challenges of daily living with a sense of energy, vitality, and confidence. The term implies that we are active participants in the process, and it spans a range of issues from the physical, the emotional, the intellectual, to the spiritual. It may be conceptualized as including the dimensions of feeling, thinking, and behaving. Self-care may be referred to as "resilience," a "healthy balance," "wellness," or simply "mental health" (Syracuse University School of Education, 2011).

"We must shift self-care from a place of peripheral afterthought to one of central importance in human service work," says **Marc Potter,**

Practicing meditation during a guided session led by writer & teacher Susan Piver at the 2008 National Health Care for the Homeless Conference

MSW, LCSW, who has worked in the field of mental health for over 25 years, including 11 years with the HCH Project at Harborview Medical Center in Seattle. "In our culture, we often look at self-care in terms of recreation, distraction, and pleasure, but through my own devastating experience with secondary trauma and subsequent recovery, I've learned the absolute necessity of self-care." Potter spent a time living on the streets himself before entering recovery from methamphetamine addiction. Key to his recovery process was listening to guided meditations and reading about mindfulness and Buddhism. Now, Potter trains human service professionals on the importance of renewing their capacity for compassion and how to focus on positive emotions.

"Although many times I had been told to meditate and even learned how to do it, I had never actually *practiced* meditation. Being mindful wakes you up to the present moment, and frees you from the 'Monkey Mind,' which is jumping and grasping from one idea to another without rest. Meditation is a practice that develops your ability to focus by paying attention to your breath and calming your mind. Working in a world of scarce resources and serving clients with seemingly endless needs, we seldom have time to connect with the reasons we began this work in the first place. Mindfulness can help us return to that place and find refreshment."

Potter has created podcasts of guided meditations on self-care for those in the healing professions, and he offers workshops that incorporate mindfulness, meditation, and the healing power of story to address compassion fatigue, secondary trauma, and burnout. "My cause is to help others avoid the suffering that I experienced and caused," he says. To download the free podcasts or learn more about Potter's workshops, visit www.marcpotter.com.

AN ESSENTIAL SKILL: MINDFULNESS

Mindfulness is the ability to cultivate awareness of the present moment, the here and now, without judging and without striving for anything. Practicing mindfulness offers the unique strength of learning how to control our own minds, instead of our minds controlling us. It involves being in a relaxed state, observing our inner world of thoughts, feelings and sensations, as well as the outer world without trying to change anything. This awareness may be cultivated with formal practices such as sitting meditation or mindful movement practices like walking meditation, chi gong, or yoga. Mindfulness also involves an informal practice in which we meditate as we do what we do (Goldstein & Goldstein, n.d.; Flowers & Stahl, 2011).

According to **Saki Santorelli**, an instructor at the Stress Reduction Clinic at the University of Massachusetts Medical Center: "In the context of preventive and behavioral medicine, mindfulness practice is a vehicle that assists people in learning to tap deep internal resources for renewal, increase psychosocial hardiness, and make contact with previously unconceived possibilities and ways of being. Besides well-documented reductions in both medical and psychological symptoms, participants report an increased sense of self-esteem, shifts in their sense of self that afford them the ability to care for themselves while better understanding their fellow human beings, a palpable deepening of self-trust, and for some, a finer appreciation for the preciousness of everyday life" (Santorelli, 1996).

Being mindful makes use of our capacity to be aware of what is going on in our bodies, hearts and minds—and in the workplace. The nature of our reality is that we are continually navigating a profusion of perpetually changing events. Within the stress reactivity domain, the technical term for this shifting reality is *stressor*—the ever-present events that we regularly adapt to. While some stressors are met with ease, others threaten our sense of stability. The crucial difference in our responses to stressors generally has to do with fear and our perception of feeling threatened or overburdened by an event. From a psychological perspective, stress is a relational *transaction* between a person and his or her environment, and our perception of events as being either overwhelming or capable of being handled makes a tremendous difference (Santorelli, 1996).

Since many of our perceptions operate below the threshold of awareness, often we fail to realize that our resources are being strained. Conversely, due to conditioning by habit and history, we may react to events that are not—or may no longer be—threatening as if they are threatening. Developing the ability to see and understand ourselves and the world around us is an essential skill, therefore, if we are to be less subject to these subliminal or involuntary reactions and handle stress effectively. As we learn to become more aware and mindful within a formal meditation practice, we will search for concrete ways to integrate this calmness and stability into everyday life and the workplace (Santorelli, 1996). ■

TOOLKIT OF PRACTICAL RESOURCES TO HELP EFFECTIVELY ADDRESS WORKPLACE STRESS

Resources for agencies & supervisors

Work Environments & Morale: Setting Up Your Program for Success | Nicholas H. Apostoleris, PhD, MBA	www.nhchc.org/resources/clinical/tools-and-support/work-environment
Self-Care: Don't Forget to Breathe | E-course | 2011 *Continuing education credits available*	www.center4si.com/training/our_courses.cfm
What about You? A Workbook for Those Who Work with Others | National Center on Family Homelessness | 2008 *Use workbook activities to develop a staff retreat or use sections & activities with your team*	http://508.center4si.com/SelfCareforCareGivers.pdf
Simple ways to reward & recognize employees & avoid job burnout | Corelli & Associates | 2008	www.christinespeaks.com/SimpleWaysToReward.pdf
Creating & maintaining a healthy work environment: A resource guide for staff retreats | 2003	www.nhchc.org/Clinicians/ResourceGuideforStaffRetreats.pdf
eMindful | *Online evidence-based behavioral change programs*	www.emindful.com
Employee satisfaction survey template *Create free online surveys*	www.surveymonkey.com/mp/use-cases/employee-satisfaction-survey
Employees burnt out? Engage & excite them again	www.brighthub.com/office/human-resources/articles/123020.aspx
Prevent job burnout: How a supervisor can help	www.abc-stress.com/prevent-job-burnout.html
Trauma-Informed Organizational Toolkit | National Center on Family Homelessness | 2009	www.familyhomelessness.org/media/90.pdf
Workplace Wellness E-Course | When Working Hurts: Effectively Addressing Stress in Trauma Informed Workplaces | 2011	www.fisherandassociates.org/pdf/ E_Course_Workplace_ Wellness_2011.pdf

Resources for clinicians

Taking care: Coping with grief & loss toolkit	www.nhchc.org/ShelterHealth/GriefAndLoss.pdf
Compassion Fatigue Awareness Project	www.compassionfatigue.org
Mindfulness & Mastery in the Workplace: 21 Ways to Reduce Stress during the Workday | Santorelli | 1996	http://www.bemindful.org/mindmastery.pdf

TOOLKIT OF PRACTICAL RESOURCES TO HELP EFFECTIVELY ADDRESS WORKPLACE STRESS, *continued*

To Weep for a Stranger: Compassion Fatigue in
Caregiving | Patricia Smith | 2009
*Breaking free from the bonds that restrict dedicated
caregivers from living a happy, healthy life*

www.createspace.com/3393286

Self-assessment tools

Self-Care Assessment Worksheet

www.ecu.edu/cs-dhs/rehb/upload/Wellness_Assessment.pdf

Professional Quality of Life Scale (ProQOL)
Compassion Satisfaction & Compassion Fatigue
*Commonly used measure of the negative & positive affects of helping
others who experience suffering and trauma*

www.proqol.org/ProQol_Test.html

Compassion Fatigue Self-Test & Life Stress Self-Test

www.compassionfatigue.org/pages/selftest.html

"How to" guides

How to Meditate

www.shambhalasun.com/index.php?option=com_
content&task=view&id=26&Itemid=222

How to Do Mindfulness Meditation

www.shambhalasun.com/index.php?option=content&task=
view&id=2125

How to Prevent Staff Burnout

www.ehow.com/how_2058256_prevent-staff-burnout.html

Mindful Solutions for Success & Stress Reduction at Work

http://drsgoldstein.com/CDs.aspx

Mindful Solutions at Work Program *(iPhone & iPad app)*

http://blogs.psychcentral.com/mindfulness/2011/12/
mindful-solutions-at-work-video

Workplace Mental Health Promotion: How-To Guide

http://wmhp.cmhaontario.ca

Websites

Creating & maintaining a healthy work environment

www.nhchc.org/healthyenviron.html

HelpGuide.org

http://www.helpguide.org/mental/burnout_signs_symptoms.htm

Homelessness Resource Center | Topic: Self-Care for Providers

http://homeless.samhsa.gov/Channel/Self-Care-for-Providers-27.aspx

Marc Potter, MSW, LCSW
*Workshops & podcasts that address compassion fatigue
& burnout using mindfulness & meditation techniques*

www.marcpotter.com

Mindful Living Programs

www.mindfullivingprograms.com

Good Reads

Buddha's Brain: The Practical Neuroscience of Happiness, Love & Wisdom by Rick Hanson with Richard Mendius | New Harbinger Publications | 2009

Trauma Stewardship: An Everyday Guide to Caring for Self while Caring for Others by Laura van Dernoot Lipsky | Berrett-Koehler Publishers | 2009

Wild Chickens & Petty Tyrants: 108 Metaphors for Mindfulness by Arnie Kozak | Wisdom Publications | 2009

The Lost Art of Compassion: Discovering the Practice of Happiness in the Meeting of Buddhism & Psychology by Lorne Ladner | HarperCollins | 2005

Kitchen Table Wisdom by Rachel Naomi Remen | Riverhead Trade | 1997

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Wharton School of the University of Pennsylvania. (2006). More than job demands or personality, lack of organizational respect fuels employee burnout. Retrieved from http://knowledge.wharton.upenn.edu