

## **Wellness and Self-Care for the Veterinary Professional: Flourishing in the Face of Profession-Related Stress**

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### **Session Description**

Regardless of “area of practice,” the veterinary profession demands interaction, caring and effort that can be both rewarding and stressful. In this session’s segment we will demystify “profession-related stress and wellness,” and discover useable strategies and resources for promoting health for ourselves and others with whom we interact professionally and ourselves.

### **Wellness---What is it?**

Working definition (Merriam-Webster): “the quality or state of being in good health *especially as an actively sought goal* (emphasis mine)”

### **How do you start your own self-care, or maintain your own wellness? Awareness, Assessment, Accountability**

1. Acknowledge that our work exposes us to stress that can negatively impact our clinical and ethical functioning if that stress is not recognized and managed over time.
2. Understand where you are “now,” and where you would like to be over time.
3. Take action and be accountable for your own self care.

### **What can you do to advance this in the veterinary profession?**

1. Share what you learn
2. Know the limitations on your own knowledge. Advancing or promoting incorrect, non-validated, or incorrect theories and practice can cause harm. Be respectful of your “power position” and tread carefully and lightly.
3. Advocate for increased inclusion and resources of the profession: For instance, since the veterinary profession is mandated to, and contributes significantly to overall human and public health, our wellness could be seen as a “public good.” You may be interested in learning from, and advocating for inclusion of the veterinary profession in the National Academy of Medicine’s Action Collaborative on Physician Well-being and Resilience: <https://nam.edu/initiatives/clinician-resilience-and-well-being/>
4. Step up: work to create systems that support wellness-promotion efforts within various professional arenas, and hold yourself and leadership accountable for modeling, practicing, refining and iterating wellness “practices” and “policies” over time.

**Terminology:** Terminology is meant to provide a basis for shared understanding. In situations where discovery is ongoing, and multiple disciplines weigh in on interpretation of research and “best practices,” finding that shared understanding can be difficult. If we focus on the *outcome* we hope to accomplish (healthier, happier, ethical, maximally functioning, effective people doing good work), let us use terminology to advance those laudible goals. Likewise, let us not advance unproven terms or random theories as “facts,” or disparage or discredit the good work of experts and others who have pioneered and adhered to the highest scientific standards in order to accurately advance the body of knowledge. In short, don’t believe everything you’re told. Question, verify, hold accountable. Most of the best work on wellness comes from outside the veterinary profession.

### **Some terms you may encounter:**

1. Compassion stress
2. Compassion fatigue
3. Secondary traumatic stress

4. Vicarious traumatization
5. Primary traumatic stress
6. “Stress” vs. “Syndrome”
7. Ethical fatigue
8. Empathy fatigue
9. Burnout

**Definitions and Concepts:** For purposes of this audience, “client” will be used to denote owners or agents of animals being cared for, and “patient” will denote the non-human animal patients under our care.

1. **Compassion Fatigue (adapted from Charles Figley):** Compassion fatigue is a secondary traumatic stress disorder resulting from prolonged or intense exposure incurred while helping those who are in distress. Compassion fatigue is characterized by a variety of symptoms in the caregiver, most notably a general state of exhaustion and anxiety.

**Why does it matter?**

1. As a particular category of caregiver, veterinarians have been identified to be at high risk for developing CF
2. Those who are most empathetic, and often deliver the best/most compassionate care, are at highest risk for developing CF
3. Conversely, veterinarians are identified as being at extremely low to moderate risk for burnout and enjoy particularly high potential for compassion satisfaction.
4. Compassion Fatigue has been correlated with ethical lapses and decreased clinical competency
5. Compassion fatigue adversely affects caregivers’ overall health (psychoemotional, physical, spiritual/existential) as well as relationships
6. Compassion fatigue lowers ability to experience compassion satisfaction
7. It is considered unethical to ignore the self-care that is necessary to avoid the untoward consequences of compassion stressors that we encounter
8. CF is a major cause of attrition from the “helping” professions

→**Side note:** *It has been estimated that people routinely “review” unpleasant experiences five times, while experience positive experiences (i.e. positive case outcomes, establishing accurate diagnoses, etc.) only once.*

2. **Empathy:** Our “felt responses” to the stories, circumstances and emotions of others.
3. **Compassion:** “A feeling of distress...for the suffering or misfortune of others, often including the desire to alleviate it.”<sup>i</sup> For our purposes, compassion is the action we wish to take, based on our empathetic understanding of another’s distress.
4. **Resilience:** The ability to recover, or even benefit, from the effects of stressful or challenging events. Innate resilience, but also can be learned/cultivated.
5. **Hardiness:** “the capacity for enduring or sustaining hardship, privation, etc.; capability of surviving under unfavorable conditions.”<sup>ii</sup>
6. **Compassion Satisfaction (CSat):** The degree of fulfillment derived from helping others<sup>iii</sup>. This is largely what contributes to our sense of work satisfaction, contributes a sense of purpose and gives a sense of meaning to the good work we do.

Compassion satisfaction provides a counterbalance to compassion stress/fatigue. This is one reason it is so important to stop and give ourselves (and others, including clients) recognition for our efforts, positive

outcomes and the ways we benefit those under our care.

**7. Burnout:**

- a. Has been defined as “exhaustion of physical or emotional strength or motivation, usually as a result of prolonged stress or frustration”<sup>iv</sup>
- b. For purposes of this session, will be defined as related to systems, organizational and situational influences (vs. related to experiencing the distress of clients, patients, co-workers, etc.)
- c. Generally builds over time until critical point is passed
- d. Contributed to by all types of job-related sources, not just interactions with clients and patients.
- e. *Simple “sniff test” for burnout. “Do you like your job?” If answer is “no,” it is more likely to be burnout.*

**8. Compassion Stress (CS) or Secondary Traumatic Stress:**

- a. As “caregivers” (and this includes those who “care about” beings that they may never directly encounter...wildlife and conservation professionals, for instance) **no one is untouched by STS**
- b. CS is an expected, natural, and unavoidable stress experienced when helping those in distress or harm’s way...a consequence of the sense of responsibility to help, and efforts to alleviate, the suffering of others
- c. It occurs in professional care providers as well as volunteers and family caregivers
- d. Symptoms experienced are global in nature (psychoemotional, physical, spiritual/existential, and social) CS can progress to Compassion Fatigue

**9. Compassion Fatigue (CF):**

- a. Sometimes termed “Secondary Traumatic Stress Disorder”
- b. Severe exhaustion of body, mind and spirit resulting from accumulated or intense exposure to compassion stress that results in decreased functioning.
- c. CF is easier to recover from than burnout.
- d. In contrast to burnout where caregiver becomes less invested in care, those suffering from CF continue to “give when the well is dry,” sacrificing self-care in order to continue to serve their clients/patients.
- e. Caregiver is unable to detach or obtain perspective in order to heal self.
- f. *Those suffering from CF generally still like their jobs*

**10. Ethical Fatigue, Moral Stress, and Empathy Fatigue:** various terms invented by individuals (and advanced by some groups and organizations) to try to make sense of the components of the stress encountered by caregivers under various circumstances. These terms have not been scientifically evaluated for validity. While there is no doubt that there are many facets to caregiver stress, there is danger in representing these concepts as validated “truths” rather than understanding how they already fit within the context of highly validated frameworks for understanding, protecting against, mitigating and recovering from caregiver stress.

**11. Countertransference:** first defined by Freud<sup>v</sup>, and subsequently refined over ensuing years by various researchers, primarily in the area of psychoanalysis. Countertransference can be conceptualized as follows:

- a. The totality of feelings experienced by the caregiver in response to working with a client/patient.
- b. Originally thought to be “unhealthy” and “unprofessional” and was the concept sighted to encourage caretakers to avoid becoming “emotionally involved” with their patients.
- c. Caregiver may or may not be aware of their reactions/feelings as being countertransference
- d. Triggered by what is shared by the client or seen in the patient (stories, emotions, physical conditions, etc.) or by the caregiver’s personal experiences, background, issues, etc.

- e. Born of the empathetic response, countertransference is an expected and necessary phenomenon required to establish a relationship of trust between client and caregiver that is necessary in order to provide compassionate, and effective care.
12. **“Contagion Effect”:** Tertiary traumatization of those close to/living with CF affected caregiver as a result of caregiver’s lack of availability (emotionally, physically). This can extend outwards to the communities, similar to the ripples created when a rock is thrown in calm water.
13. **Primary Traumatic Stress (PTS) and Primary Traumatic Stress Disorder (PTSD):**
- a. PTS is the constellation of reactions (somatic, psychoemotional, social, spiritual/existential) to a traumatic event, or events.
  - b. First identified in trauma survivors (natural disasters, war veterans, victims of violence, genocide survivors, etc.), PTS is now known to occur in a variety of settings, including serious illness, and any other event experienced by an individual as being significantly traumatic.
  - c. PTSD occurs when responses to the stressors are not affectively managed or addressed, and a syndrome of symptoms develops which requires specific interventions.
  - d. It can occur from a one-time intense exposure, or exposure to “milder” traumatic stresses over time (e.g. intensity and/or frequency or accumulation).

**The Compassion Fatigue Model** (C. Figley, 2001)

This will be the model referenced for this session. Other models include the Empathic Response Model (Figley, C. and Radey, M., 2007) and the Caregiver Resilience Model (Figley, C. and Figley, K, 2008)

**The Role of Ethical Principles**<sup>vi</sup>: Traditional ethical principles, a foundation for biomedical ethics

- 1. **Nonmaleficence:** “First, do not harm”
- 2. **Beneficence:** “Do good.” Doing something to help or improve someone’s situation
- 3. **Autonomy:** Respecting person’s right to self-determination
- 4. **Justice:** treating with equitability and fairness
- 5. **Fidelity:** Honoring an individual’s trust with confidentiality, loyalty, honesty and integrity

**Standards of Practice: Green Cross Academy of Traumatology**<sup>vii</sup>

“II. Ethical Principles of Practice (CTSN, modified)

- 2. “...dedication to the service of others imposes an obligation to sufficient self-care to prevent impaired functioning (see Figley, 1995; Pearlman & Saakvitne, 1995)”

**The ProQOL:** <http://www.proqol.org>

The “gold standard” for assessing the positive and negative effects of professional care giving, the sub-scales address burnout, compassion fatigue, and compassion satisfaction.

**What can we do about it?**

Awareness and assessment of one’s own compassion stress, and planning and implementation of self-care is necessary to prevent the progression of CS to CF in caretakers.

“An ethical professional or paraprofessional caregiver recognizes that one’s personal life has an impact on professional functioning, and vice versa. One’s personal life must be a priority, nurturing oneself to maintain physical health, leisure activities, and spiritual and psychological well-being.”<sup>viii</sup>

1. **Awareness:**

- a. Recognize that CS will occur and that CF *must be prevented* (for both self and colleagues/peers)

- b. This destigmatizes and demystifies CS and CF, decreases shame and isolation that comes from lack of awareness of the problems, and provides hope for colleagues who may be experiencing CS or CF.
- c. Understand how you respond to CS and employ suitable coping strategies to counteract reactions to stress

**2. Assessment:**

- a. Figure out where you are now, what you're happy with, and where you'd like to be using established and personally determined self-measures
- b. Self-assessments are personal and confidential and for the use by the individual only. They should never be part of an employment record.
- c. Self-assessments should, however, be encouraged by management as part of an overall goal of providing the highest quality, most compassionate and ethical care.
- d. Use to help assess eight dimensions of self-care

**3. Accountability:** Understand that ignoring self-care is unethical because the care you provide can be compromised by CF

- a. Develop and maintain a self-care plan, based on your self-assessments in various areas of personal and professional life.
- b. Plan addresses both "growth" and "maintenance" goals for the eight dimensions of self-care.
- c. It is often the case that strengthening of an area in your personal life can make it easier to effectively address work-related issues, and vice versa
- d. Plan should be a "whole-of-life" approach that addresses the psychological/emotional, physical, social and spiritual/existential.
- e. Determine when you might benefit from other resources (professional counseling, compassion fatigue workshops, etc.).
- f. Identify a professional buddy and a "personal life buddy" with whom you agree to implement and monitor your self-care plans, share moral support, and celebrate progress.
- g. Make a personal commitment to share your knowledge about compassion stress and compassion fatigue to increase awareness within your profession.

**Eight-Dimensional Model for Self Care**

In each area, assess where you are currently, and decide if you are *personally* satisfied with your status in each area.

1. Physical
2. Psychological/Emotional
3. Spiritual (note: this word often holds negative connotations. I use it here to denote the universal human experience of existential meaning making, and not specific religiosity, although religiosity can be part of the spiritual dimension)\*
4. Intellectual
5. Financial
6. Social
7. Occupational

**Nine Dimensions of Wellness:** The concept there are nine inter-connected aspects of wellness.

Here's one link from Auburn University:

<https://cws.auburn.edu/studentaffairs/healthandwellness/about/?NineDimensions>

1. Physical
2. Emotional
3. Intellectual (mental)

4. Interpersonal (social)
5. Cultural (diversity)
6. \*Spiritual
7. Environmental
8. Occupational

### **Caregiver reactions and Coping Strategies (Yassen<sup>ix</sup>)**

Reactions to stressful interactions (STS) with those we are helping have been identified for centuries, however were first clearly elucidated in a trauma care model first proposed by Charles R. Figley. Since that time, various studies have further explored etiology (work-related and personal caregiver reactions), reactions of caregivers, and adaptive coping strategies. The work is ongoing, and there is much overlap between disciplines (psychology, sociology, thanatology, traumatology, philosophy, medicine, neuropsychology, etc.). Because so many factors influence CS and CF, it is important to realize that we bring with us to our daily interactions all of who we are...our past experiences and traumas, our knowledge and skills, our assumptions, prejudices, humor, and personal abilities to navigate life and respond to circumstances. Some of us are more prone to self-reflection than others; some of us have healthier ways of coping than others. The point is to understand at least enough to move forward in awareness of STS reactions, assess where you are, develop a plan of care for yourself, and hold yourself accountable in a way that honors the importance of the work that you do, and celebrates the unique gifts you bring to your work.

**Think about your situations and your responses:**

<b>Reactions to stressful events (personal and professional)</b>	<b>What you do that seems healthy and helpful</b>	<b>What you do that seems unhealthy or counterproductive</b>
i.e. euthanasia that causes grief	Take a moment to honor feelings, acknowledge the loss	Move immediately on to the next case and forget to address the grief later

### **Healthy Coping Strategies:**

1. Adaptive strategies and behaviors you establish in your personal life often translate to you professional life as well.
2. Remember “moderation in all things,” including what you do with regard to coping.
3. Some strategies will work for you, some will not. Some will work during some times or situations, and not at others. Some may appeal to you, and some may not. Try something new from time to time to see what benefit you may derive.
4. Recognize and act on the importance of seeking help

### **Self Care at Work:**

- **BREATHE.** And if you’re not sure if you are, BREATHE AGAIN!
- **Notice** how you’re doing during the day. Check in with yourself and take a moment for a self-care treat both *before* there is a problem, and when you notice internal indicators of stress.
- **Talk** (professionally, kindly and concisely) about what support you might need from co-workers, or communicate if you need to take a moment to take care of yourself. This is particularly important before (if you can predict) and after euthanasias or intense cases/crises, or when interacting with challenging clients or patients.

- **Organize** time to finish all of your work
- **Be cognizant** of trying to be all things to all people (i.e. taking every walk-in, emergency, tech-turned-doctor appt, phone call, etc.). This “perfectionist” effort increases stress (not enough time, concern about not doing all things well).
- **Schedule appropriately** to allow time for callbacks, literature searches, referral calls, review of diagnostics, review of progress notes, etc.
- **Limit availability** after hours (“after hours” includes breaks while at work)
- **Set specific times** to answer e-mails and telephone calls
- **Delegate** what you do not need to do.
- **Empower** team members to explore, develop and apply their skills and talents
- **Get out** so you can live fully: Family time, personal time, social time is sacred and foundational, but often are the first things to go
- **Tweak your work environment:** lighting, noise, comfortable work stations, flooring, air quality, comfortable ambient temperature
- **Maximize comfort** wherever you can (comfortable clothing and shoes, slippers for “desk time”, music, candle, green plants, etc.)
- **Maximize “ease of access”** to frequently used resources (phone, reference books, charging materials, etc.)
- **Employ Humor** (yes, even “gallows” humor discharges stress). Be respectful and appropriate, and avoid “humor at the expense of others.”
- **Take breaks.** Get out of office/clinic for breaks/lunch. Eat sitting down, and mindfully.
- **Eat** healthy periodic snacks and full meals when appropriate founded on diverse, healthy food as nutritionally complete as possible.s
- **Nutritional support:** supplements as needed to fill nutrient and micronutrient to support optimal physiologic function (including in the face of stressors)
- **Drink** plenty of “water.” Caffeinated, high sugar or diet beverages don’t qualify. Water, herbal teas, etc., do.
- **All things in moderation:** cut yourself some slack and realize that a periodic indulgence can be “good for the soul.” You will know by your “self-talk” whether or not you have acted in moderation.
- **Mindfulness minute:** take 60 seconds each hour to simply close you eyes and notice the sensation of breathing...air moving in and out of your nose.
- **Health benefits of contact with the earth and interacting with Nature:** emerging area of scientific research. Here are two publications: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4378297/>
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3709294/>

**Self-Compassion:** Positively correlated with psychological well being; not associated with narcissism.

Compassion for self precedes the ability to be compassionate with others.

→See <http://www.self-compassion.org> for self-assessment and additional information

**Hardiness:** In this course, is defined as one’s personal resources (reactions, responses, personal framing, sense of purpose, ability to “grow” through adversity) that are the underpinnings for resilience. Salvatore R. Maddi, PhD contributed significantly to the body on knowledge on cultivating hardiness. He suggests the following factors in hardiness are foundational to recovering, processing, and even benefiting from exposure to traumatic, troubling or challenging life events (personal or professional):

1. **Commitment:** the effort to remain engaged in ongoing work, rather than pull away, avoid or isolate
2. **Control:** Active striving to influence outcomes rather than become discouraged, demoralized and passive.
3. **Challenge:** the ability to view stressors, or resultant situations, as opportunities for “new learning”.

**Resilience:** The ability to effectively adapt to, or recover from, change, challenge and difficult life experiences. There is ongoing debate as to the relative efficacy of various self-reporting measures for resilience<sup>x</sup>.

1. Resilience: Several models exist. Self-assessment in this area can offer measurable indicators of our innate (trait) resilience, vs. acquired (“state” resilience) responses and coping strategies.
2. Resilience impacts the experience of stress, and how we process and integrate stressful experiences.
3. Innate components (trait resilience) and acquired (state resilience)
4. Can be learned/cultivated
  - An adaptive response allowing modulation of control as situations dictate
  - “Adaptive flexibility” associated with higher likelihood of positive feelings/emotions (affect)
  - Potential for increased self-confidence, better psychological adjustment<sup>xi, xii, xiii</sup>

See <http://www.resiliencycenter.com> for Dr. Seibert’s articles related to resiliency.

→ See resources for online link to resiliency self-assessment

See Ego Resiliency Scale self-assessment and scoring. Developed by Block and Kremen (1996), this scale measures ego-resiliency that is a stable indicator of innate resilience (“trait” resilience) that is present from birth. This PDF also includes a Secondary Traumatic Stress assessment tool. [http://ja.cuyahogacounty.us/pdf\\_ja/en-us/defendingchildhood/drcharlesfigley-scoring-scalesheets.pdf](http://ja.cuyahogacounty.us/pdf_ja/en-us/defendingchildhood/drcharlesfigley-scoring-scalesheets.pdf)

### **Novel Approaches and Reframing for the Future in Veterinary Medicine:**

#### **Professional “cultures”:**

1. Psychological safety
2. Culture of safety
3. High Reliability Organizations

**Medical Communications (Outcomes-based) Skills:** One of four core clinical skills, employing validated medical communications skills has been shown to increase compliance, decrease stress for both care providers and patients (human medicine) and clients (veterinary medicine), improve care provider satisfaction, and lead to better outcomes in care. See the Calgary Cambridge Framework and Guides, recently adapted and validated for applications in the veterinary profession.<sup>xiv</sup>

**Get out of your head and into your body:** As professional caregivers, by necessity we spend much of our time “in our heads.” Sometimes this will get us the answers and insights we need with regard to our personal stress and wellness, but many times it will not. Practices and therapeutic approaches that primarily engage deeper, intuitive, embodied wisdom can be highly effective. For instance, Sensorimotor Psychotherapy:

<https://www.sensorimotorpsychotherapy.org/home/index.html> and Focusing: <https://focusingresources.com/>

**Mentoring:** “Pay it forward,” and renew your passion for what you do. Can help you evaluate what’s working, what’s not, what you would change, how you put into practice the lessons you’ve learned, and recognize and celebrate how much you have accomplished and contributed.

**Continuing Education:** Dale A. Moore<sup>x</sup> demonstrated that veterinarians participate in continuing veterinary medical education (CVME) in part, “to rejuvenate their enthusiasm for practice, prevent practice burnout, and provide a sense of veterinary community.” In addition, CVME is designed to enhance knowledge and skills. CVME is not just a legal requirement of licensure, but also another “self-care” option that could be employed to enhance compassion satisfaction and stave off compassion exhaustion/fatigue and burnout.

**Supervision:** Peer or professional venue for discussing your personal “stuff” that can impact or interfere with your work. When working with clients, you may notice issues arise that are “yours,” not “theirs.” Supervision is the place to discuss these issues for insights as to underlying personal life experiences, fears, behaviors, etc., that



can impact your functioning, ability to be fully present to clients, and ultimately to establish trust and provide compassionate care.

**Social Media:** Can offer tremendous support, especially in area of psychological, emotional, spiritual and social health. Remember to be appropriate, “trust and verify,” and not put anything online that you wouldn’t want your mom to see (the “stink test). Similarly, do not engage in criticism of others, especially when you don’t know “all the details” of situations. *And do not advance or promote information that you are not qualified to represent (i.e. a current common practice is for people to ascribe causality to the comparatively high rate of suicidal ideation among veterinary professionals when no specific causality other than general mental health risks have been identified).*

**Borrowing** skills and approaches from the fields of psychology and sociology, including Positive Psychology, Focusing, Projective Dream Work (Jungian), and cultivating “appropriate vulnerability” (see Brene Brown’s many discussions on this at her website or in her books: <https://brenebrown.com/>)

### **Self-Assessments and Resources:**

<https://cws.auburn.edu/studentaffairs/healthandwellness/about/?NineDimensions>: Nine dimensions of Wellness

<http://www.proqol.org>: Exceptional overview of current theory and practice with regard to compassion fatigue/satisfaction and burnout measures. Access the classic self-assessment tool used as the standard for assessment of compassion fatigue, compassion satisfaction and burnout (personal use and in research setting for different cohorts)

<http://www.stresstips.com/lifeevents.htm>: Life Events Stress test. Evaluation of health risk based on tabulation of values for various life-event stressors experienced over the preceding twelve months.

<http://www.self-compassion.org>: “How Self-Compassionate are you?” Access the self-assessment for self-compassion (psychological/emotional dimension of self-care). Also find information about self-compassion, exercises to improve, and importance of cultivating self-compassion

<http://www.resiliencycenter.com>: Website for Al Siebert, PhD, author of the *The Resiliency Advantage*. Site contains articles regarding resilience theory, and a resiliency self-test that scores online.

**How Vulnerable Are You To Stress?** *University of California, Berkeley Wellness Newsletter*, (August 1985). Scale Developers: Lyle Miller and Alma Dell Smith of Boston University Medical Center. → **Online version with automated scoring can be found at:** <http://www.thebody.com/content/art32281.html>

<http://www.hardinessinstitute.com>: Website for Salvatore R. Maddi, Ph.D., psychologist/researcher whose work posits hardiness as an underlying factor influencing resiliency.

<http://www.dbking.net/spiritualintelligence/sisri.htm>: Self-test for “Spiritual Intelligence” to assess spiritual/existential dimension of self-care. Results are interpreted as your personal satisfaction with your abilities in each of the four core areas of “spiritual intelligence”

### **Books:**

- *Thanks! How Practicing Gratitude Can Make You Happier* (and other books) by Robert Emmons
- *When Professionals Weep: Emotional Countertransference Responses in End-of-Life Care*: Renee Katz and Therese Johnson (Eds.)
- *Teaching and Learning Communication Skills in Medicine* by Kurtz, Silverman and Draper

- *There's no Such Thing as a Dragon: stories and pictures* by Jack Kent
- *Relax and Renew: Restful Yoga for Stressful Times* by Judith Lasater
- *Meditation as Medicine* by Dharma Singh Khalsa, MD, and Cameron Stauth
- *Food as Medicine* by Dharma Singh Khalsa, MD
- *The Pain Cure* by Dharma Singh Khalsa, MD and Cameron Stauth
- *How Good People Make Tough Choices* by Rushworth M. Kidder
- Any books by Jeremy Taylor related to Projective Dream Work
- *The Power of Focusing: A Practical Guide to Emotional Self-Healing* by Ann Weiser Cornell
- *Focusing* by Eugene Gendlin
- *How to go on Living When Someone You Love Dies* by Therese Rando
- *Please Understand Me: Character and Temperament Types* by David Keirsey and Marilyn Bates
- *Compassion Fatigue in the Animal-Care Community* by C.R. Figley and R.G. Roop
- *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder*: Charles Figley (Ed.)

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<sup>i</sup> Collins English Dictionary - Complete & Unabridged 10th Edition

2009 © William Collins Sons & Co. Ltd. 1979, 1986 © HarperCollins Publishers 1998, 2000, 2003, 2005, 2006, 2007, 2009

<sup>ii</sup> Dictionary.com Unabridged. Based on the Random House Dictionary, © Random House, Inc. 2011.

<sup>iii</sup> Figley, C.R. and Roop, R.G., *Compassion Fatigue in the Animal-Care Community*, Humane Society Press, Washington D.C., 2006

<sup>iv</sup> Merriam-Webster's Medical Dictionary. Retrieved September 14, 2008, from Dictionary.com website: <http://dictionary.reference.com/browse/burnout>

<sup>v</sup> Freud, S. (1959-a). The future prospects of psychoanalytic therapy. In E. Jones (Ed.), *Collected Papers of Sigmund Freud* (Vol. 2, pp. 285-296). New York: Basic Books. (Original work published 1910).

<sup>vi</sup> Beauchamp and Childress, American Psychological Association, 2010

<sup>vii</sup> Ethics of Self Care, adapted from Green Cross Academy of Traumatology Standards of Practice. [https://www.ncbi.nlm.nih.gov/books/NBK207194/box/part2\\_ch2.box30/?report=objectonly](https://www.ncbi.nlm.nih.gov/books/NBK207194/box/part2_ch2.box30/?report=objectonly) Retrieved February 9, 2018 <http://www.greencross.org>

<sup>viii</sup> Kathleen Figley, PhD, Figley Institute CSM 103, 2010

<sup>ix</sup> Yassen, Janet: "Preventing Secondary Stress Disorder" in *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder*, Charles Figley (Ed.), Brunner/Mazel, Florence, KY 1995

<sup>x</sup> Moore, Dale A., et. al. JAVMA, Oct 2000, Vol. 217, No. 7: 1001-1006

<sup>xi</sup> Adams, C.L., and Kurtz, S. (2016). Skills for Communicating in Veterinary Medicine. Dewpoint Publishing.