

15

Compassion Fatigue Clinical Practice Workbook

A clinically branded, function-preserving edition retaining the original exercises, psychoeducation, checklists, logs, planning tools, and response space.

DSM-5-TR · ICD-11 CLINICAL ALIGNMENT

1 · Compassion Fatigue Self-Test

2 · How Healthy Is Your Workplace?

3 · Identifying Risk Factors

4 · Identifying Obstacles

5 · Challenging Negative Beliefs

6 · Cognitive Restructuring

7 · Identifying Internal and External Stressors

8 · Reflection

9 · Making Changes

10 · Pros/Cons Analysis

11 · Action Plan

12 · Building A Coping Toolkit

13 · Mindfulness

14 · Identifying Situations, Feelings, and Thoughts

15 · The Empty Chair Dialogue

How to use this workbook

- Use this workbook selectively and collaboratively; it is educational and does not replace individualized assessment, diagnosis, treatment, medical care, or crisis services.
- Skip, pause, or modify any activity that increases distress, danger, shame, or loss of functioning. Adapt language for culture, disability, neurodivergence, health, resources, and lived context.
- Ratings in this workbook are reflection tools unless a named, validated measure and interpretation are explicitly provided.

Contents

Compassion Fatigue Self-Test	4
How Healthy Is Your Workplace?.....	5
Identifying Risk Factors	6
Identifying Obstacles.....	7
Challenging Negative Beliefs.....	8
Cognitive Restructuring	10
Identifying Internal and External Stressors	13
Reflection	14
Making Changes	16
Pros/Cons Analysis.....	17
Action Plan	18
Building A Coping Toolkit.....	19
Mindfulness	20
Identifying Situations, Feelings, and Thoughts	21
The Empty Chair Dialogue	22

Compassion Fatigue Self-Test

Compassion fatigue is a real and expected consequence of working with people who are suffering or who have experience trauma.

The following questions represent common signs of compassion fatigue. Check off the ones you relate to:

- ☐ Are you experiencing a loss of interest in activities you used to enjoy?
- ☐ Do you feel that there is more work to do than have the ability to do?
- ☐ Do you feel that you are achieving less than you should?
- ☐ Do you feel unappreciated?
- ☐ Do you find that you are less sympathetic with people?
- ☐ Do you find yourself constantly thinking or dwelling around the suffering of others?
- ☐ Do you find yourself getting easily irritated?
- ☐ Do you often feel detached from your surrounding or from your internal experiences?
- ☐ Do you often feel drained of physical or emotional energy?
- ☐ Do you often feel overwhelmed or powerless when hearing of others' suffering?
- ☐ Do you often struggle with negative thinking about your job?

Score: _____/11

How Healthy Is Your Workplace?

The following are signs of a healthy workplace. Read the statements and check off the ones that are true in regard to your workplace:

- ☐ Employees consistently show respect toward those they serve.
- ☐ Employees have clear and appropriate boundaries.
- ☐ Employees have healthy ways of resolving conflict.
- ☐ Employees support each other and share the load.
- ☐ Most of the employees have good attendance and show up on time.
- ☐ Supervisors and administrators show respect for their subordinates.
- ☐ The well-being of the staff is important in your culture and employees are encouraged to seek help.
- ☐ There are many opportunities for you to learn and advance in your career.
- ☐ Your workplace is stable and doesn't have much turnover.

Notes:

Identifying Risk Factors

What about your job could be increasing the risk of compassion fatigue? The following are some common risk factors. Check off the ones you relate to and add more to the list:

- ☐ Client cognitive and behavioral issues, such as extreme anxiety, chronic depression, resistance, dependency, non-compliance and transference issues, anger and volatility, suicidality, etc.
- ☐ Client medical issues, such as chronic pain or terminal illness.
- ☐ Working conditions that contribute to caregiver stress, such as office politics, heavy caseloads, documentation demands, lack of administrative support, etc.
- ☐ Receiving little to no training in coping with stressful situations related to the field.
- ☐ Professional isolation due to the constraints of confidentiality and limited peer support.
- ☐ Emotional depletion caused by taking your work home, attaching your value to the outcome of your clients.
- ☐ The ongoing drain of hearing stories of suffering and trauma.
- ☐ Having a great deal of non-work stress in your personal life.
- ☐ Personal trauma history.
- ☐ Being anxiety-prone.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Identifying Obstacles

Reflect on what's causing you to neglect taking care of yourself or seeking help with your symptoms.

The following are some common reasons. Check off the ones you relate to and add more to the list:

- ☐ Not giving yourself enough time for reflection.
- ☐ Believing that you don't have time for self-care.
- ☐ Your distress is manifesting in disguised ways (e.g. physical pain, chest pain, headaches), which lead you to search for a medical explanation rather than a psychological one.
- ☐ Not giving yourself permission to seek help.
- ☐ Believing that since you are a helper you should be able to help yourself.
- ☐ Not recognizing the severity of your distress.
- ☐ Experiencing a sense of shame, failure or stigma if you're to acknowledge having issues.
- ☐ Mistakenly believing that you just need a vacation or some days off instead of considering what needs to be changed.
- ☐ A tendency to excessive self-sacrifice
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Challenging Negative Beliefs

1. Using the list above, check if you have any beliefs that get in the way of seeking help and taking care of yourself.

The following are some examples:

- ☐ “I don’t have time for self-care.”
- ☐ “I shouldn’t have any psychological issues.”
- ☐ “If I have any issues, I shouldn’t admit to them.”
- ☐ “I should be able to solve my own problems.”
- ☐ _____
- ☐ _____
- ☐ _____

2. Negative belief that you want to change:

3. Put your belief to the test:

- Is this belief moving you forward or holding you back? How so?

- Is this belief accurate? How so?

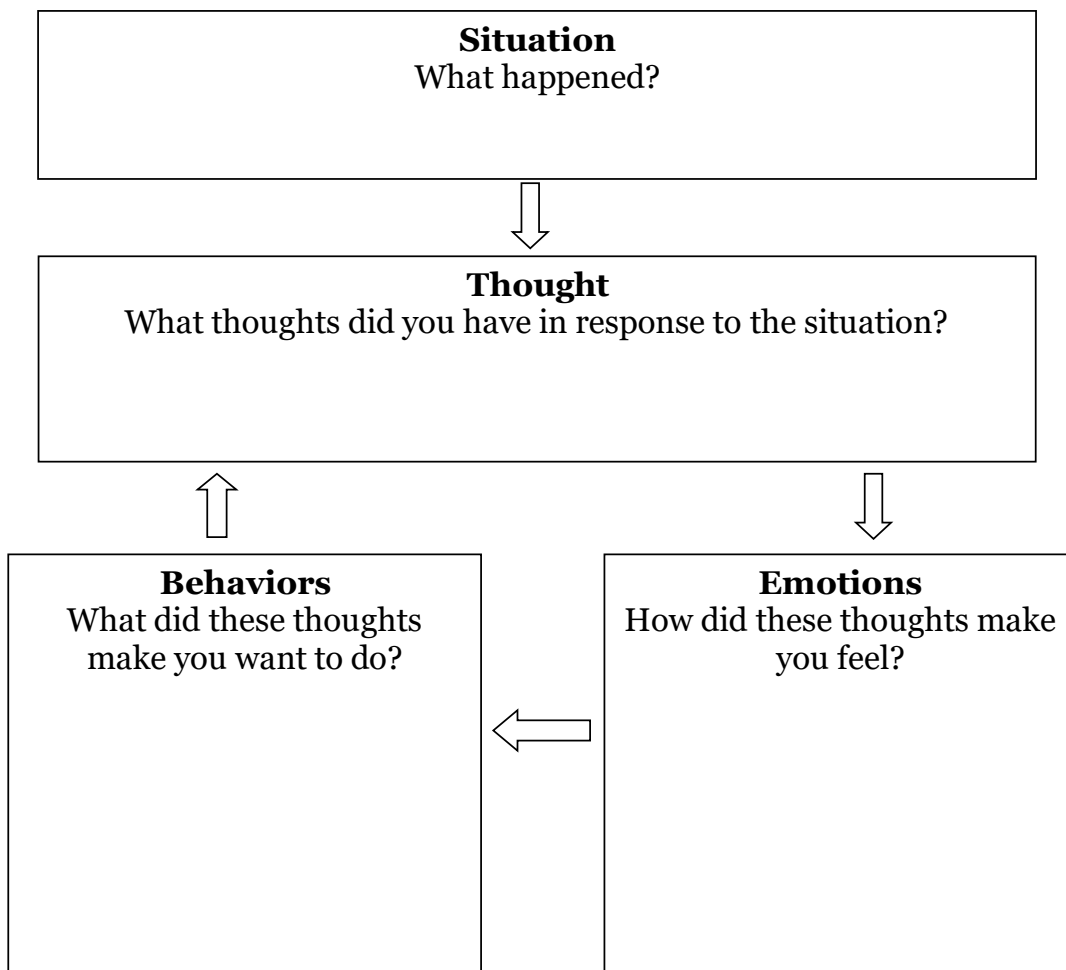
- What would you tell a friend who has the same belief?

Cognitive Restructuring

Cognitive restructuring is the process of challenging and reframing negative beliefs.

Think about a situation that triggers difficult emotions. Some examples may include:

- Dealing with a very demanding client who telephones regularly in crisis or asks for frequent emergency sessions.
- Working with a highly suicidal or “resistant” client.
- Being overwhelmed by paperwork or caseload.



Reevaluate the situation by answering the following questions:

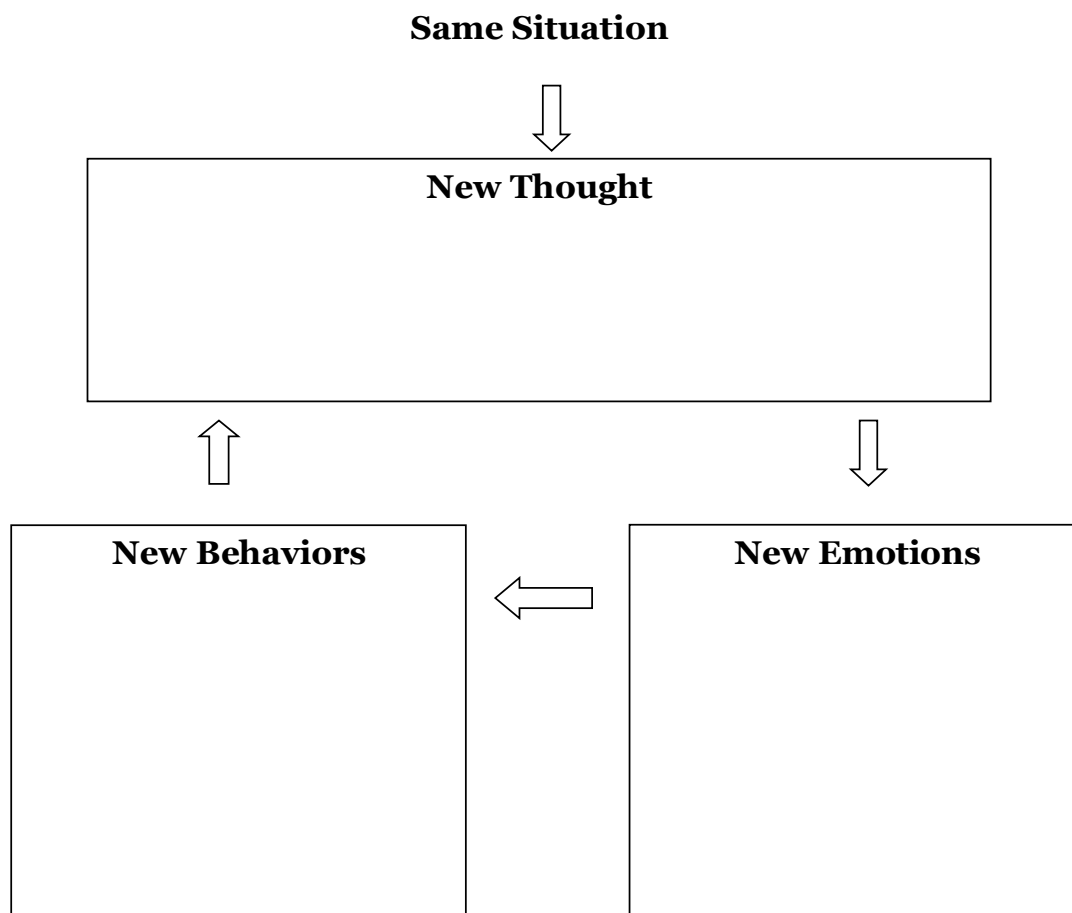
- What is the evidence for and against this thought?

- What would be a more helpful or realistic thought in response to this situation?

- What is the worst that could happen?

- If it did happen, what could you do to cope with or handle it?

- What would a dear friend say about your thought?



Identifying Internal and External Stressors

Identify stressors that need to change.

External stressors:

- ☐ Demanding clients
- ☐ High organizational conflict
- ☐ Insufficient salary
- ☐ Long hours
- ☐ Low peer support
- ☐ Low supervisor support
- ☐ No or poor on-job training
- ☐ _____
- ☐ _____
- ☐ _____

Internal stressors:

- ☐ Poor professional boundaries
- ☐ Poor self-care or imbalanced lifestyle
- ☐ Unrealistic expectations of clients
- ☐ Intolerance of things not going well
- ☐ Perfectionism
- ☐ Negative self-evaluation
- ☐ Not knowing how to ask for help
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Reflection

1. What do you do best in your work setting?

2. What advantages does your work setting provide?

3. What can you improve in your work setting to relieve some of your burnout?

4. What are good opportunities facing you in the future?

5. Do you consider yourself spiritual or religious? Do you have spiritual beliefs that help you cope with stress?

6. What gives your life meaning and purpose?

7. Who are your greatest support systems?

Making Changes

To assess your motivation and willingness to change use the following transtheoretical model of change first proposed by Prochaska and DiClemente (1984).

1. Read the following statement and check off the ones you relate to:

- ☐ I may not need to make changes (Pre Contemplation)
- ☐ Maybe I need to change (Contemplation)
- ☐ I am considering what I can change (Preparation)
- ☐ I am starting to make changes (Action)
- ☐ I am maintaining the changes I made (Maintenance)

2. Ideally, you want to be at the Preparation, Action or Maintenance stage, but if you're not, what would help you get there?

Pros/Cons Analysis

To increase your motivation to make changes regarding taking care of yourself and reducing your stressors, try doing a pros and cons analysis and rate each element based on its importance:

Pros of staying the same	Rate (1-5)	Cons of staying the same	Rate (1-5)
Score		Score	
Pros of changing	Rate (1-5)	Cons of changing	Rate (1-5)
Score		Score	

Action Plan

List below all the things you could do to manage your external and external stressors and practice more self-care:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Building A Coping Toolkit

Build resources for support. These resources may include activities, objects, pictures, and quotes that help you cope with difficult emotions.

The following are some examples. Check off the ones you think you can use and more to the list:

- ☐ Art materials like crayons or paint
- ☐ Articles or pictures from magazines
- ☐ Clay or play dough
- ☐ Fidget toys
- ☐ Inspirational quotes
- ☐ Music that is calming or uplifting
- ☐ Names and photos of support people
- ☐ Natural materials like feathers or stones
- ☐ Phone numbers for help lines
- ☐ Pictures of peaceful scenes
- ☐ Prompts for breathing exercises
- ☐ Reminders of healthy activities or things you enjoy
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

Mindfulness

Mindfulness is the practice of focusing your attention on what you're sensing, feeling, and thinking in the present moment, without judgment or labeling.

How to Do It

1. Sit in a comfortable position where you won't be disturbed for up to 10 minutes.
2. Set a timer for 5 minutes or more.
3. Choose a focus. It can be your breath or an object in the room or a repetitive sound of a fan or similar device.
4. Turn your attention to your own physical sensations, feelings, and thoughts. Observe them as gently as you can without judging them or yourself.
5. Turn your attention back to your focus. If you chose your breath, let your attention follow the air as you breathe in and out.
6. These moments will be interrupted by automatic thoughts. Notice these thoughts and let them pass as you return your attention to your focus.

Identifying Situations, Feelings, and Thoughts

For the next week, every time you notice yourself feeling a strong emotion, try to identify the thought that accompanies it.

Situation/Trigger	Emotions (feelings/ bodily sensations)	Negative Thoughts	Urge/impulsive behavior	Alternative Thought	Positive Action

The Empty Chair Dialogue

The goal of this reflection is to release any feelings of guilt or sadness toward this person in a safe way.

1. Think of a patient who has died or left and whom you still think about periodically.
2. Place two chairs facing each other. Sit on one and speak toward the empty chair facing you, while imagining the person you lost sitting across from you.
3. Picture how they look, their posture, and their facial expression.
4. When ready, share with the person any thoughts you have.

You may use the following prompts:

You were special to me because_____

What made me feel_____about your loss was_____

I wish_____

You taught me_____

2026 Clinical Alignment

DSM-5-TR (including Sept. 2025 update) · ICD-11 CDDR / 2026 MMS

Classification status

- DSM-5-TR: Not a DSM diagnosis · non-diagnostic construct; may overlap trauma-, stress-, mood-, or occupational concerns
- ICD-11 CDDR: No dedicated mental-disorder code · non-diagnostic construct
- This workbook is non-diagnostic. A title, checklist, or completed activity never establishes a diagnosis.

Pages requiring the updated interpretation

- The audit identified source pages 2, 6, 7, 10, 17. The statements below supersede incompatible diagnostic, scoring, safety, or resource wording on those pages.

Diagnostic and differential limits

- A symptom checklist or self-rating cannot establish diagnosis. Any diagnostic discussion must address clinically significant distress/impairment, required course or duration where applicable, developmental and cultural context, substance/medication and medical causes, comorbidity, exclusions, and reasonable differentials without reproducing copyrighted criteria.

Document-specific corrections

- Describe Compassion Fatigue as a contextual, functional, occupational, umbrella, or proposed construct-not a confirmed diagnosis-unless a separately recognized disorder is assessed.
- Where Compassion Fatigue discusses symptoms, add the missing diagnostic frame: clinically meaningful distress/impairment, relevant course or duration, exclusions, developmental and cultural context, substance/medication or medical causes, and plausible differentials.
- Supersede diagnostic-sounding scoring on pages [2, 17]: disclose whether each tool is validated or author-created, remove unsupported thresholds, and separate symptom monitoring from diagnosis.
- Replace crisis wording on pages [2, 6, 10] with the current U.S. 988 call/text/chat pathway, 911 or nearest emergency department for immediate danger/medical emergency, and a direction to use verified local services outside the United States.

Measures, scoring, and permissions

- Pages [2, 17] contain named, implied, or author-created screening/rating content . These scores are not diagnostic unless the exact instrument, version, validation population, administration, and interpretation are established. Identify provenance for every item set and scoring rule. Obtain publisher permission/license when required; otherwise remove cutoffs and label it as a nonvalidated reflection checklist, or replace it with a properly licensed measure without altering its wording/scoring.

Intervention scope and contraindications

- Use Compassion Fatigue activities as psychoeducation and structured reflection, not diagnosis or a stand-alone treatment plan. Adapt or stop any exercise that worsens distress, functioning, conflict, pain, or dissociation, and escalate care according to the actual presentation.

Crisis and current resources

- For Compassion Fatigue, use: ·If there is immediate danger or a medical emergency, call 911 or go to the nearest emergency department. In the U.S., call or text 988 or use 988lifeline.org for 24/7 crisis support. Outside the U.S., use verified local emergency and crisis services.· Verify all topic-specific agencies and links at publication.

Authoritative references

- <https://www.psychiatry.org/psychiatrists/practice/dsm/updates-to-dsm/updates-to-dsm-5-tr-criteria-text>
- <https://www.psychiatry.org/getmedia/b68a5776-f88c-45c7-9535-fd219d7aa5cb/APA-DSM5TR-Update-September-2025.pdf>
- <https://icd.who.int/browse/2026-01/mms/en>
- <https://www.who.int/publications/i/item/9789240077263>
- <https://www.samhsa.gov/mental-health/988>

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- <https://www.samhsa.gov/mental-health/national-behavioral-health-crisis-care>
- <https://988lifeline.org/>