

# Souvenirs from the Journey: Building Compassion Satisfaction through Confidence, Competence, Connectedness, and a Climate of Compassion

E. Ayn Welleford

**Abstract:** I didn't realize mine was a story of building resiliency and compassion satisfaction until the COVID-19 pandemic emerged and I began to hear students, colleagues, friends, and family echo similar narratives from their journeys. Nurturing our compassion satisfaction is our first duty as helping professionals. Sometimes the best tools for resiliency in times of crisis come from the souvenirs from our own stories, hard won remembrances, personal lessons in narrative care. This article shares lessons learned for building compassion satisfaction: confidence in our big why, competence in our tools, connection with our village, and creating a climate of compassion for self and others so we may thrive in times of struggle.

**Keywords:** compassion fatigue, compassion satisfaction, COVID-19, self-care, self-compassion, trauma, resilience

We are all works in progress.

— G. Kinman, personal communication, August 2018

My husband and I have been in training for a pandemic for more than a decade. In 2004 he was diagnosed with Non-Hodgkin's Lymphoma. With his diagnosis came heightened caution about germs and illness, concerns about hugs and handshakes, avoidance of crowds, no fresh flowers or eating raw vegetables, sanitized surfaces, occasional mask-wearing, and lots and lots of handwashing. These were daily health precautions in our home.

I didn't realize mine was a story of building resiliency and compassion satisfaction until the COVID-19 pandemic emerged. All of a sudden I began to hear students, colleagues, friends, and family echo similar narratives from their journeys.

As human beings we may experience many different types of tragedy and trauma throughout our lifetime. The naming and awareness of, response to, and recovery from the experiences are all unique to the individual. However, unifying characteristics exist. The Substance Abuse and Mental Health Services Administration's (SAMHSA) working definition of trauma includes the three Es: "an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014, p. 7).

Because of the important mediating role of compassion satisfaction in reducing or preventing the trauma that precipitates compassion fatigue, building resilience, self-efficacy, and meaning-making are essential to the transformation from negative to positive aspects (Cocker & Joss, 2016; Stamm, 2016) of emotional labor.

We cannot talk about trauma without also talking about *resilience*: the ability to recover from and transcend adversity. Resiliency is an individual's toolkit strengths and resources, as well as internal and external protective factors that help a person to recover from, or succeed despite, adverse circumstances (Gentry et al., 2010). It is the psychological well of strength that individuals draw from in times of hardship. Resiliency is the gift often hard-won from hardship. Resiliency is the souvenir.

By definition, a souvenir is something kept as a reminder of one's journey or experience. I am impressed by people who showcase their souvenirs in glass cases, categorized and organized... Mine resemble a junk drawer of less tangible stories, quotes, images, memories... Each reminds me of where I've been, and what I must remember. At this stage of my journey, I am still sifting through and examining my souvenirs trying to make sense of and hold tight to these lessons.

Your story may be the key to unlock another's prison.

— author unknown

### **Where the Journey Began**

I'm gonna love you like I'm gonna lose you.

— Meghan Trainor, *Like I'm Gonna Lose You*

"Something funny about my blood." That's what my husband said when he came home from the appointment. "Just going to have some additional blood work."

Hm. Should I be worried?

The follow-up appointment information arrived in the mail from Virginia Cancer Institute.

Maybe that was the time to be worried?

It was a warm sunny Friday afternoon. We were excited to see that there was a Brewster's ice cream shop near the VCI building and looking forward to a post-appointment treat.

It was quiet in the office, winding down from the week.

The doctor greeted us warmly with "Hematologist/Oncologist" printed on his white coat.

Uhm. Could this be something?

He was unrushed and pleasant as he reviewed the test results. "These are a bit abnormal, but not so far out of the range to cause alarm. Hop on the table and let's just take a look."

I'm thinking about ice cream.

He began poking and paused.

“So, while your blood work doesn’t look alarming, have you noticed this large lump in your neck?”

Uhm...

## **Souvenirs for Building Confidence**

### **Terror**

If you’ve been faced with the feeling that one day you will be without “your person,” then you are acquainted with this type of terror, and we are kindred. Terror drags his sharp snaggy fingers through your days, catching you up as you go about your plans. Once you’ve become acquainted with him, he follows you from room to room, he sits on park benches staring you down over his newspaper, he shows up at dinner parties uninvited, unexpectedly dulling the conversation. You never shake him, and you will never be the same. Terror changes you and the things that once seemed important, essential tasks and priorities. Terror reshuffles the deck. You wonder how the world keeps turning while you sit staring eye-to-eye with Terror.

There’s a secret society of silence about Terror. Rarely does anyone talk about Terror once they’ve met him, and ones who aren’t yet acquainted don’t seem to notice his lurking. The mere mention is too jarring. Besides, their Terror is not your Terror. I most certainly don’t want your Terror shaking hands with my Terror, getting acquainted and showing up, arm in arm, strolling blithely down the street. Nope. Talking about it definitely will not make me feel better. My Terror is all about me, and I’m not interested in having grown-up conversations about Him. In fact, mostly I want to sit in the dark, stroke my Terror, cry in the shower, my Terror and me.

If growing up is the process of creating ideas and dreams about what life should be then maturity is letting go again.

— Mary Beth Danielson, *Broken Days*

### **Clarity**

Without the ever-present sense of death, life is insipid. You may as well live on the whites of eggs.

— Muriel Spark, *Memento Mori*

Sara Ban Breathnach (1995) put it this way: “When you are worried about your health or the health of a loved one, your concentration focuses like a laser. Suddenly there is clarity about all of life because you realize what is important” (p. 12). But first, everything becomes completely unclear. Fear shakes your confidence. There’s a thing that happens when you lose faith in the external world’s answers and solutions, barn-burning-down-and-seeing-the-moon style, when you realize that most everything you believe about a thing is wrong or at least not wholly true. And many of those untruths you have been practicing to perfection your entire life. The familiar models and labels packed into your emotional suitcase along the way have never been

questioned. So many of us travel heavy. We are simply stickier than others, picking up things along the path that may not be ours to carry—putting us at greater risk for Secondary Traumatic Stress (STS) from the wounds we carry for ourselves and others and burnout when demands exceed resources. In this depleted state, waning confidence in our resilience, purpose, and joy sends us steadily down the path to compassion fatigue (Flarity et al., 2016).

When a fresh clarity calls for unpacking, the unpacking is PAINFUL. So painful, in fact, that the familiarity of carrying seems less burdensome. The glimpse of clarity fades, pulling us further away still from our natural essence and path of compassion satisfaction.

### **Prune Baby Prune**

The road to enlightenment is long and difficult, and you should try not to forget snacks and magazines.

— Anne Lamott, *Traveling Mercies: Some Thoughts on Faith*

I catch a glimpse of myself in the large windows in the chemo room. I'm momentarily stunned. Jim says that we are over-hobbed. This is what over-hobbed looks like: like a pack mule. As a rule, I travel heavy. I am sticky. I gather and collect and carry it all with me. Today it's lunch, snacks, coffee, water, knitting, laptop, book, and my packed and weighty planner. I'm in for the long haul of treatment day.

Some days it is overworking, others too many projects on my knitting needles, or too much garden to weed, or too many house projects to successfully complete in a lifetime. I pack too much, carry too much, plan too many things in an hour, overbook every moment. I pack and carry it all with me. Just. In. Case. This is my every day. And there I am looking back at me. Jim turns to me and asks, "Which chairs do we prefer today?" I startle back into the room. A momentary pause brings many things. We are naturally meaning-making machines, and I know there must be a lesson in here, if only I will sit still long enough to listen. Whether it's our own illness or the illness of another, these things come upon us, and we react with such surprise.

We ignore our health, burn the candle at both ends, neglect self-care, spread ourselves too thin, borrow on our futures, you know all the metaphors, and then are astonished when we are ill-prepared when crisis arises. Some thick-headed souls like myself must be forced to sit down, sit still, take note, and chart a new path. It sounds easy enough, to begin the unpacking, but the path is painfully unfamiliar. This is new territory with no map, no GPS, and now what if you had none of your own stuff? We love our baggage because it is comfortable; we believe this is where our strength lies.

### **Souvenirs for Building Competence**

#### **Internship Year Capstone**

These tools that supported your survival will not support your thriving.

— author unknown

This capstone has been a killer! I've come through this very long "internship," demanding that I level up. It's as if I have been chugging through the semester and then very nearly at the end, I take a glance back at the syllabus and realize that I've missed some key learning objectives and have to cram! I am asking myself, am I really fit for duty? Mid-life is the practice ground for elderhood, a rich and fertile place to dig through the refuse and discover the treasures and tools needed for the bonus round of later life, the blessing of longevity. Practice ground brings resilience. Enjoy the bustle if you are to reap the rewards of the journey (Schaie, 1994).

Dis-comfort like dis-ease is a fertile launching point, a warning bell that big change is coming. Life shifts at points where we experience biological readiness and environmental demand—development is needed, time to grow (Piaget, 1972)! There is better beyond now. The key is to recognize growing pains when you feel them at whatever step along the journey, rather than mask, joke, deny, or label them as a permanent state. Recognize growing pains as stones on the path of the learning journey. When clarity flickers, recognize it as a powerful time for reflection and renewal. Don't deny. Dig! Don't just do something. Sit there! Sit with that feeling and ask the Important questions: What are you? Here to teach me? I've discovered that the focus that accompanies this type of isolating feeling is essential for the unpacking, opening the suitcase. Maybe it's time to lighten the load. I'm reminded of the encouragement, often attributed to Thomas Merton, to question which wall our ladder to success is leaning against because we may find that all along we have been choosing the wrong wall. Plot twist. Pivot. GROW.

### **Well Heeled. Well Healed.**

H.A.L.T. Never allow yourself to become too Hungry. Angry. Lonely. Tired.  
— Cleveland Clinic (<https://health.clevelandclinic.org/halt-hungry-angry-lonely-tired/>)

People frequently say to one another "I hope you're taking care of yourself." Or "I hope you're making time for yourself." Well-meaning people use these phrases not knowing how isolating and damaging these phrases can feel to the recipient.

I'm also aware that if I cannot hear this well-intended message with kindness then I know that my emotional well has run dry. I'm fumbling, having lost all strength and tools at the bottom of this pit and some seemingly kind-hearted soul is only attempting to send me words of encouragement to which I'm responding with echoes of "F@#\$ youuuuuuuu, throw me a god damn rope!" I know I need to get myself right! I am not competent, nor can I be trusted to have my own back (Cocker & Joss, 2016; Nolte et al., 2017). I need to retool.

Stemming from my own curiosity, I recently asked a group of women how many of them had a formal self-care plan that they could articulate or write down and share if called on to do so. Of about 300 or so women in the room, only 10–12 raised their hands. WHAT IS WRONG WITH THIS PICTURE? How do we expect to be fit for duty if we aren't keeping ourselves emotionally, physically, or even spiritually fit? And how can we think we would know how to support or care for another if we cannot say for ourselves what care looks like? Clearly, many of us are equally complicit.

Early on, when Jim was first diagnosed, shoe shopping was my only self-care strategy. No lie, I cried the first time I walked into the chemo room. It was a sad, sick, loud, cold, lonely, hard fear. That's how the room felt to me. My insides fluttered. I wanted to run! It was so painful that sometimes, while Jim slept, I took myself shoe shopping. That all changed the first time I watched someone code during treatment. I never left again. I sat, anchored to my chair, internally scrambling for new strategies.

Looking back, it is no wonder that many of those shoes I purchased on treatment days fit so poorly... poor fit ... bad fit... unfit ... I was unfit and didn't know how to get myself right, so I reached for a strategy espoused loudly from the dominant narrative of self-care: shop. It never worked for me. Instead of feeling healed and cared for I felt unsatisfied, remorseful, guilty, and burdened, not to mention pinched and blistered. That was an expensive attempt at self-care that never did the job. Turns out, self-nurturing and self-compassion are much less expensive once you know what you really need. Self-care, of the self-honoring style, looks more like daily attention to what I call the big six basic wellness practices: sleep/rest, nutrition, hydration, elimination, mobility/ambulation, and social engagement. Or as my mother used to say, "A nap and a snack."

Let the soft animal of your body love what it loves.

— Mary Oliver, *Wild Geese*

### **Souvenirs for Building a Connectedness and a Climate of Compassion**

The most insidious aspect of compassion fatigue is that it attacks the very core of what brought us into this work: our empathy and compassion for others. (Mathieu, 2007, p. 1)

#### **No Juice for the Squeeze**

2008 was a very full year. Whenever Jim and I think back to try to recall when an event occurred, we say to each other, "it must have been 2008." Jim was still having regularly scheduled chemotherapy, his mother was ill and dying several states away, and he had broken his leg in a motorcycle accident.

The swelling in his ankle had finally gone down enough to schedule the surgery. Our nurse came into the room and matter-of-factly told us when the surgery would be. I already had my calendar open. At this point in our medical care journey together, I was quite accustomed to the back-and-forth "how-do-these-dates-work-for-you" appointment scheduling game. However, this was not that. I broke into a sweat as I realized how many meetings I would have to reschedule in order to make the date work.

My internal dialogue spinning, "Could they have chosen a worse day? I mean, seriously? How non-person-centered could they be?" I fumed, working myself into an absolute fizz. I looked at Jim as if to ask, "Can you believe the arrogant, non-person-centered, thoughtlessness of the medical profession?"

However, the look on Jim's face told a different story. His expression was flat, hard, cold, silent.

I am embarrassed to admit my own non-person-centered thoughts about my very own person. We wear ourselves down to nubs with all of the doing and wonder why it feels so empty when our schedules are so full. Yet another flicker that maybe my ladder was against the wrong wall.

We are driven to care by our own compassion satisfaction or big why, the joy and meaning brought by caring. But this caring core can become outweighed by risk and triggers and context. In the day-to-day experiences of STS and burnout, the joy and meaning of our big why gets dinged and battered and buried until we become so disconnected from ourselves, from our loved ones, from what brought us to this caring core in the first place. We lose confidence in our ability to continue.

Somewhere along the way Jim's cancer journey became my own course in self-compassion. Collecting souvenirs along the way from my own learning journey, hard lessons of discovery that I couldn't be the person I wanted to be for him if I weren't first fit for duty, for myself. For me, this began with getting reacquainted with my own big why and who I wanted to be vs. what I wanted to do.

### **Let's Rethink that Oxygen Mask Metaphor**

I wonder if women's fear of dependency doesn't stem from being too much depended upon.

— Gloria Steinem, *Doing Sixty and Seventy*

Let's face it, there's no such thing as self-CPR. And if you've been the one sharing the mask a shift may be challenging. Regardless of the metaphors about putting the oxygen mask on yourself first, be honest, most of us don't actually do that. First, let's rethink the frequently used oxygen mask metaphor. Let's be clear: the oxygen mask only falls from the overhead when the plane is losing cabin pressure. There is obvious trouble, and the passengers are unsettled. There are times in the pit of compassion fatigue when we feel depleted from the emotional labor of caring for others, and we do not have the tools or personal resilience to have our own backs (Nolte et al., 2017), and we must seek support from our village. Always feeling as if you are the one sharing the mask is not a sustainable scenario. Sometimes we are incapable of having our own backs. In my exploration and self-discovery, I came across some helpful and heartbreaking research.

Nolte shared the following reflection regarding individuals at greater risk for compassion fatigue:

There were feelings . . . of not being able to identify options to deal with stress . . . unable to diffuse the distress they experienced . . . through use of internal dialogue with self or verbalization with others—strategies believed to distance . . . from compassion fatigue. Those who were unable to internally dialogue regarding care provided, diffuse stress, and

maintain perspective faced significant inner conflict to “opt out.” (2017, p. 4369)

This speaks to what Flarity and colleagues (2016) refer to as the exhaustion funnel, in which individuals with high levels of fatigue have spiraled far beyond the safety of the buffering provided by compassion satisfaction, basic wellness practices, and resiliency tools to pull themselves back from the debilitation of compassion fatigue. In depleted states, highly fatigued individuals are not working from a place of strength and do not have the best use of their existing skills and tools.

This is what it feels like to not have your own back. At this point, we cannot expect to “pull ourselves up by our own bootstraps” as if independence was ever really a thing. This quote also identifies why we cannot simply recommend self-care to another person by saying, “Let me know if I can help,” or “I hope you’re taking care of yourself.” No, in these situations, it is important to do something—even if it may be the wrong thing.

It is not a leap to say that it is dangerous and damaging to take anything other than a trauma-informed approach to addressing compassion fatigue. Casually suggesting that a person buried under their compassion fatigue seek better self-care can be like throwing gasoline on a house that’s already on fire. It sets ablaze a blame, shame, and anger trifecta. It is beyond not helpful—it can actually be damaging and hurtful to folks, sending them further down the isolating pathway to compassion fatigue, exacerbating the feeling of being “alone in a crowded room” (Nolte et al., 2017, p. 4373). Additionally, the upstream mental health cascade of the diseases of despair are knocking at the door.

This is a village effort. Just like those women that I questioned about their self-care practices, we must learn or re-learn to have our own backs, and in this way, we will heal each other.

### **Enter Village Reform**

When people show you who they are, believe them.

— Maya Angelou (<https://www.youtube.com/watch?v=xcXdHDnKV2g>)

I have heard it said that we are each a product of the five people with whom we spend the most time. Learning to be selective about who is in your village and intentional about who receives your energy and simultaneously whose energy you receive is a recognized developmental shift (Carstensen, 2006). What brings on the shift is different for everyone. For some, becoming selective or “reforming the village” is a necessary step to close the lid to reduce additional risk for STS.

I found, as Nolte and colleagues (2017) suggest, that I couldn’t have my own back and I needed to retool in order to build my own resilience by being selective about sharing my oxygen mask and choosing some new villagers who could help me relearn by modeling resiliency practices so I could, in turn, unpack my relational scripts and internal working models.



There is ample research describing personal risk for compassion fatigue (Nolte et al., 2017). I've begun to think of risk for compassion fatigue along a continuum. Imagine the following scenario as an illustration of the "Sticky People Continuum." You walk into a room, bag over your shoulder, coffee in one hand, an armload of notebooks and materials in the other. As you enter the room, you stumble. There's an avalanche of coffee, notebooks, and the contents of your book bag everywhere.

From the people around the table you receive several responses. Several may respond, "Oh. Let me help you with that." Others would stand up to come help you. These are the mid-level Sticky People. There is at least one person at the table who would have, anticipating the avalanche, launched themselves across the table. Meet Level Ten, Super Sticky!

Then there is one final type of person sitting at the far end of the table filing her nails and checking her phone. She glances up and maybe says, "Oh, it looks like you dropped something," and goes back casually to what she is doing. This person is "Non-Stick." This is the first person to invite into your village. Non-Stick is your "To Don't List Mentor." You may not necessarily want to be friends with Non-Stick, but you will want to keep her in mind when you consider picking up some new task or responsibility. We need a To Don't List Mentor in our village in order to put a lid on the stress and experiences flowing in that can increase our risk for STS and ultimately compassion fatigue. Those of us who are at greater risk for compassion fatigue, or "Sticky People," are always picking up things that don't actually belong to us: tasks, roles, duties, and responsibilities. We need guidance about how NOT to do this.

The second villager I invited was my "Permission Slip Writer." And then the Permission Slip Writer, you know, sometimes we need somebody to tell us, no, you don't have to go to that tenth Zoom meeting today. It's OK to take a day off. It's OK to sleep in. It's OK not to return that phone call today. This is also the villager who gives permission to say "no thank you" for unwanted offers. From your Permission Slip Writer, we Super Sticky people can learn to have confidence in our own "No." This villager must be always ready to send messages to keep me on track. We Sticky People become containers for other people's stress and trauma, and this is a potential. So full up with other people's emotions that we cannot connect with our own meaning and emotions.

Given that Sticky People tilt toward a negative explanatory style and benefit from support in order to drown out the voice of their inner critic, I needed more "Cheerleaders" in my village. My inner critic is well-practiced, carries a large megaphone, and seems to never sleep. I needed a whole squad, actually, someone who is going to say, "You are doing a great job," and often more importantly, "It's all going to be OK." "You got this." A village may be full of actual people, or it may be a Pinterest board filled with uplifting quotes that you scroll through when you need a boost.

As a reminder to set an "off switch," I also added a "Playdate Partner," to remind me to add some fun in my day. Many of us who are at risk for compassion fatigue have no off switch from our work roles or other duties. We need people who are going to remind us to go do something

fun, diversify our identity pie, and pull ourselves away from this over-identification with the work role.

The Cheerleaders are very good friends with the “Bouncer.” My village Bouncer shows up to greet my inner critic. She carries a basket of party favors and says, “Thank you for coming, let me see you out!” whenever your inner critic shows up uninvited.

Every event needs a “Coat Check Person.” As Sticky People, we become containers of the stress and trauma of others (refer back to STS). We need someone we can point to to say, “Hi there, may I take that for you?” And they will. We become so overflowing, we need a place to dip out and debrief with a person, a therapist, or a journal.

### **Lessons Learned on Building Compassion Satisfaction: Confidence, Competence, and a Connected Climate of Compassion**

Be a lamp, or a lifeboat, or a ladder. Help someone’s soul heal. Walk out of your house like a shepherd.

— Rumi, *Poem 3090*

The same research that is illuminating the neuroscience of trauma is also accelerating our collective understanding of how to protect and inoculate ourselves from its long-term, negative effects. A strong and growing body of research shows that consistent and intentional actions that promote safety, compassion, self-efficacy, basic wellness practices, and connection can support and heal (van der Kolk, 2014). Moreover, resilience can be taught, applied, and practiced with positive results.

Through this journey, I’ve discovered that building resiliency for emotional labor comes from tiny intentional ongoing actions to build confidence in my big why, competence in my knowledge and skills, and connectedness with myself and others. Self-compassion is our moral imperative as carers and helping professionals. It is the foundation of all human flourishing, and yet it is often the first discarded in times of crisis. Your big why may become scuffed, buried, neglected, abused, and even forgotten along the journey. This happens so easily in the accumulation of external duties and demands, roles and responsibilities, lost among all that we carry. Retooling for harmonizing compassion fatigue and compassion satisfaction looks like the practice of narrative care: deep listening, open dialogue, transparency, a fierce commitment to justice and tenderness, and whole person person-centeredness.

Decide what to be and go be it.

— The Avett Brothers, *Head Full of Doubt/Road Full of Promise*

### **References**

Ban Breathnach, S. (1995). *Simple abundance: A daybook of comfort and joy*. Warner Books.

Carstensen, L. L. (2006). The influence of a sense of time on human development. *Science*, 312(5782), 1913–1915. <https://www.science.org/doi/10.1126/science.1127488>

Cocker, F., & Joss, N. (2016). Compassion fatigue among healthcare, emergency and community service workers: A systematic review. *International Journal of Environmental Research and Public Health*, 13(6), 1–18. <https://www.mdpi.com/1660-4601/13/6/618>

Covey, S. (1988). *Seven habits of highly effective people*. Free Press.

Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner-Mazel.

Flarity, K., Nash, K., Jones, W., & Steinbruner, D. (2016). Intervening to improve compassion fatigue resiliency in forensic nurses. *Advanced Emergency Nursing Journal*, 38(2), 147–156. <https://www.doi.org/10.1097/TME.000000000000101>

Gentry, J. E., Baggerly, J., & Baronowsky, A. (2010). Training-as-treatment: Effectiveness of the Certified Compassion Fatigue Specialist Training. *International Journal of Emergency Mental Health*, 6(3), 147–155. <https://pubmed.ncbi.nlm.nih.gov/15481476/>

Mathieu, F. (2007). Running on empty: Compassion fatigue in health professionals. *Rehab & Community Care Medicine*, Spring 2007, 1–6. <https://compassionfatigue.org/pages/RunningOnEmpty.pdf>

Nolte, A. G., Downing, C., Temane, A., & Hastings-Tolsma, M. (2017). Compassion fatigue in nurses: A metasynthesis. *Journal of Clinical Nursing*, 26(23–24), 4364–4378. <https://doi.org/10.1111/jocn.13766>

Piaget, J. (1972). Intellectual evolution from adolescence to adulthood. *Human Development*, 15(1), 1–12. <https://doi.org/10.1159/000271225>

Schaie, K. W. (1994). The course of adult intellectual development. *American Psychologist*, 49(4), 304–313. <https://doi.org/10.1037/0003-066x.49.4.304>

Stamm, B. H. (2016, January). *The secondary effects of helping others: A comprehensive bibliography of 2,017 scholarly publications using the terms compassion fatigue, compassion satisfaction, secondary traumatic stress, vicarious traumatization, vicarious transformation and ProQOL*. ProQOL. <https://proqol.org/bibliography>

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14–4884. Substance Abuse and Mental Health Services Administration. [https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA\\_Trauma.pdf](https://ncsacw.acf.hhs.gov/userfiles/files/SAMHSA_Trauma.pdf)

van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books.

***About the Author:*** E. Ayn Welleford, PhD is Associate Professor, College of Health Professions, Virginia Commonwealth University, Richmond, VA ([ewellefo@vcu.edu](mailto:ewellefo@vcu.edu)).