



American  
Occupational Therapy  
Association

# Caring Without Collapse.

*Strengthening OT wellbeing across the  
compassion fatigue continuum.*

Presented by: DeOnna Clark, DrPH, MOT, OTR/L  
June 17, 2026



● MEET THE SPEAKER

# Dr. DeOnna Clark

DrPH • MOT • OTR/L



- ▶ **Occupational Therapist** · 11+ years
- ▶ **Doctor of Public Health**, Loma Linda University
- ▶ **Program Manager**, AOTA Fellowship Program
- ▶ **Board Member**, Emotional PPE Project
- ▶ **Doctoral research** on OT compassion fatigue & satisfaction

*Right now, on a scale of 1–5 –  
how full is your tank?*

1

*Empty*

2

3

4

5

*Full*

- The country is naming what we've felt.



MAY 2022

### Surgeon General's Advisory

Federal advisory naming clinician burnout a national crisis.



LAUNCHED 2023

### CDC NIOSH Impact Wellbeing

First national campaign aimed at hospital leaders, not workers.



IN POPULAR CULTURE

### TV Show: The Pitt (2025)

Real-time ER drama focusing on the experience of healthcare workers.

# By the end, you will be able to...

**01**

## Define the stress continuum

Distinguish acute, chronic, and secondary traumatic stress (compassion fatigue) in OT practice.

**02**

## Identify signs & impact

Recognize symptoms and their effect on patient care.

**03**

## Examine the system

Analyze systemic, cultural, and role-based factors.

**04**

## Apply strategies

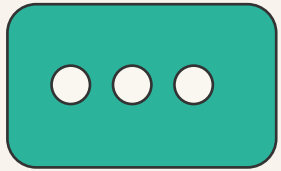
Use proactive strategies to sustain quality of care.

# 01

## The stress continuum & shared vocabulary.

*If we can't agree on language, we can't address the problem.*

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## ENGAGEMENT PAUSE

*"When you hear 'burnout', 'stress', or 'compassion fatigue' at work, what term do you actually use for how you're feeling?"*

**Drop your answer in the chat**

## Drop in the chat – Name That Term

"Work stress that leads to exhaustion, depersonalization, and reduced sense of accomplishment. Primarily requires systematic change."

Burnout

Compassion Fatigue

Moral Injury

Depression

Drop in the chat – which condition matches this definition?

"Work stress that leads to exhaustion, depersonalization, and reduced sense of accomplishment. Primarily requires systematic change."

✓ Burnout

Compassion Fatigue

Moral Injury

Depression

*In OT, burnout is workplace-caused, not character-caused. Name it as a system problem first.*

## Drop in the chat – “Name That Term”

"Decreased capacity to care due to repeated exposure to others' suffering. Affects care quality and relationships."

Secondary Trauma

Compassion Fatigue

Burnout

Vicarious Trauma

## Drop in the chat – “Name That Term”

"Decreased capacity to care due to repeated exposure to others' suffering. Affects care quality and relationships."

Secondary Trauma

✓ Compassion Fatigue

Burnout

Vicarious Trauma

*Empathic attunement is our clinical instrument. protect it like any therapy modality.*

## Drop in the chat – “Name That Term”

"Distress from ethical conflicts, particularly when systemic limitations prevent high-quality care, leading to guilt, self-doubt, shame, and betrayal."

Burnout

Depression

Moral Injury

PTSD

## Drop in the chat – “Name That Term”

"Distress from ethical conflicts, particularly when systemic limitations prevent high-quality care, leading to guilt, self-doubt, shame, and betrayal."

Burnout

Depression

✓ Moral Injury

PTSD

*OTs feel this when reimbursement forces us to shortchange interventions we know would help.*

## Drop in the chat – “Name That Term”

"Persistent low mood, +/- sleep changes, concentration issues, and suicidal thoughts."

Anxiety

Depression

Burnout

PTSD

## Drop in the chat – “Name That Term”

"Persistent low mood, +/- sleep changes, concentration issues, and suicidal thoughts."

Anxiety

✓ Depression

Burnout

PTSD

*Depression is a treatable medical condition, not a productivity problem – refer early.*

## Drop in the chat – “Name That Term”

"Ongoing restlessness, fatigue, and difficulty focusing lasting more than 6 months. Often occurs with depression."

Anxiety

Depression

PTSD

Compassion Fatigue

## Drop in the chat – “Name That Term”

"Ongoing restlessness, fatigue, and difficulty focusing lasting more than 6 months. Often occurs with depression."

✓ Anxiety

Depression

PTSD

Compassion Fatigue

*In OTs this often shows up as hypervigilance about caseload, documentation, and patient safety.*

## Drop in the chat – “Name That Term”

"More than 1 month of intrusive memories, avoidance, hyperreactivity, and mood changes after trauma exposure."

Secondary Trauma

Vicarious Trauma

PTSD

Anxiety

## Drop in the chat – “Name That Term”

"More than 1 month of intrusive memories, avoidance, hyperreactivity, and mood changes after trauma exposure."

Secondary Trauma

Vicarious Trauma

✓ PTSD

Anxiety

*OTs in trauma-dense settings carry real PTSD risk – screen yourself the way you screen patients.*

## Drop in the chat – “Name That Term”

"Mirrors PTSD, but results from exposure to the trauma of others (e.g., witnessing gunshot or child-abuse victims)."

PTSD

Secondary Trauma

Vicarious Trauma

Compassion Fatigue

## Drop in the chat — “Name That Term”

"Mirrors PTSD, but results from exposure to the trauma of others (e.g., witnessing gunshot or child-abuse victims)."

PTSD

✓ Secondary Trauma

Vicarious Trauma

Compassion Fatigue

*Treating a traumatized patient transfers part of that load — schedule recovery into your work.*

## Drop in the chat – “Name That Term”

"Psychological impact from exposure to others' trauma, affecting worldview and safety beliefs (e.g., expecting injury everywhere after treating pediatric trauma)."

Secondary Trauma

PTSD

Moral Injury

Vicarious Trauma

## Drop in the chat – “Name That Term”

"Psychological impact from exposure to others' trauma, affecting worldview and safety beliefs (e.g., expecting injury everywhere after treating pediatric trauma)."

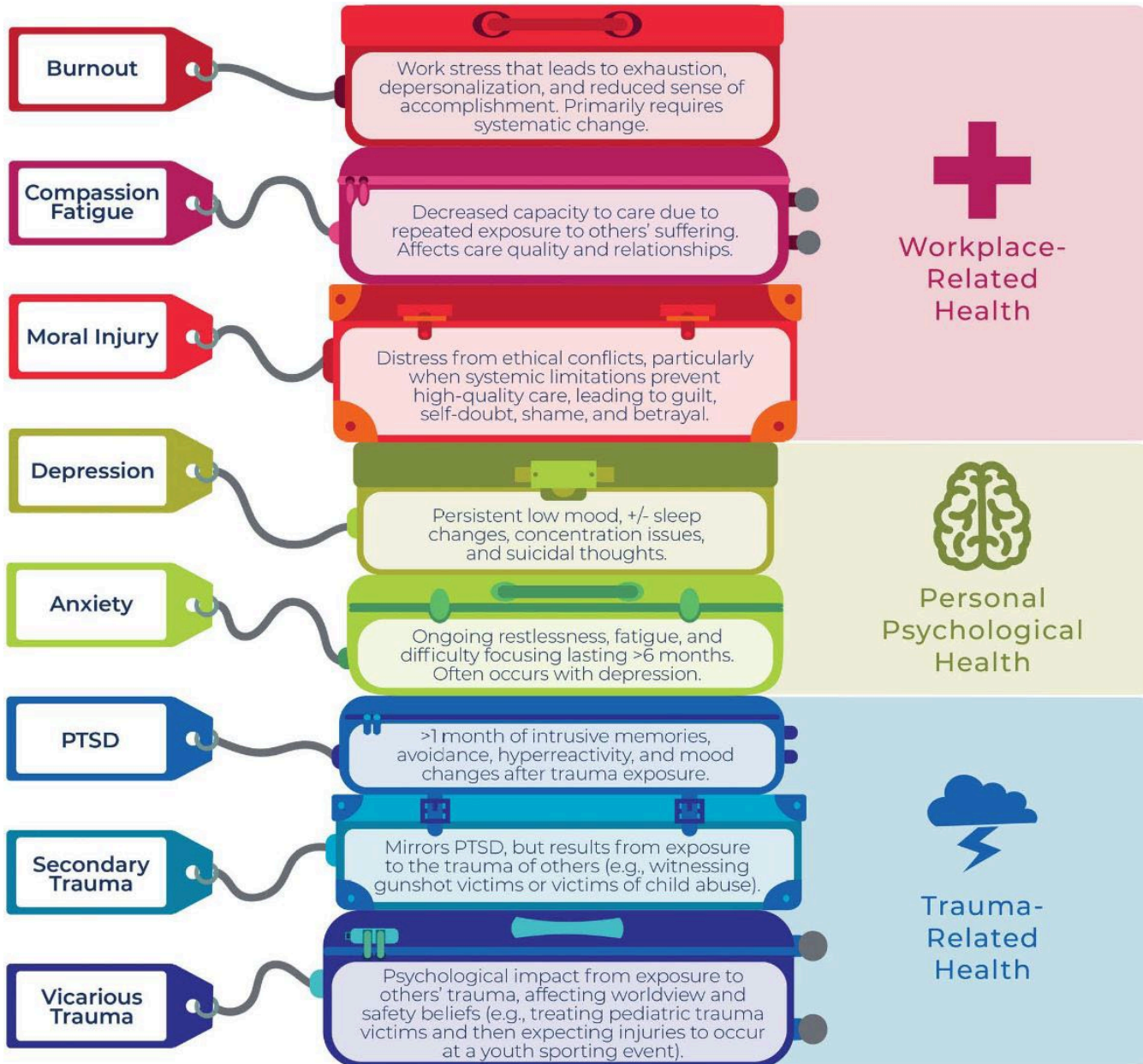
Secondary Trauma

PTSD

Moral Injury

✓ Vicarious Trauma

*If you've started seeing danger everywhere outside work, that's a clinical sign, not a flaw.*

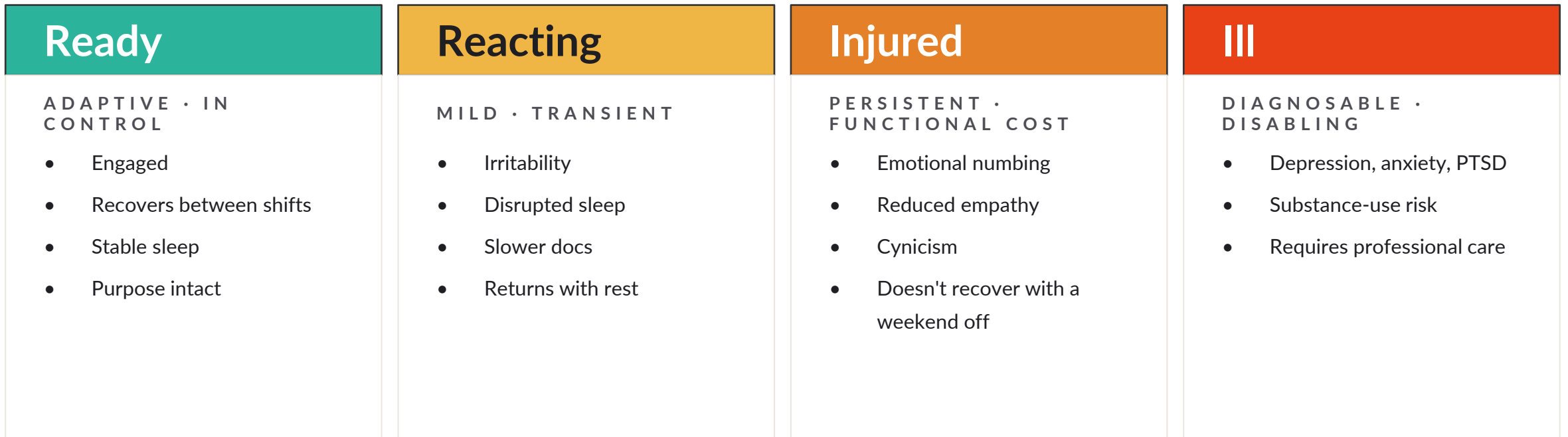


## Not all distress is the same.

Conflating terms causes harm. Mindfulness will not treat depression. Resilience training will not fix understaffing.

Burns et al. (2026). *Academic Medicine*. DOI: 10.1093/acamed/wvaf043

# • Stress is a spectrum, not a switch.



← Recovery is possible

Cumulative load →

# Compassion Fatigue Isn't a Separate Condition. It's a different type of stress.

DEFINED

## Compassion Fatigue (CF)

The profound physical, emotional, and spiritual exhaustion that occurs when you care for others who are suffering. Often cited as secondary traumatic stress.

## Secondary Traumatic Stress (STS)

A measurable, clinically recognized stress response caused by sustained empathic exposure to the suffering of others. Symptoms mirror PTSD — but the exposure is indirect, through the people we treat.

*Figley (1995); Stamm (2010); Cocker & Joss (2016).*

Acute Stress

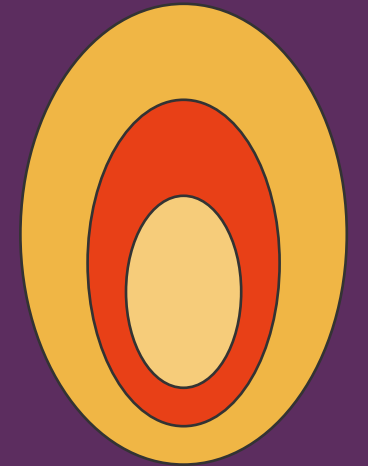
Chronic Stress

Compassion Fatigue

# But There's Another Side.

**Compassion Satisfaction** is the pleasure and meaning derived from doing your work well. The sense of purpose, connection, and fulfillment that comes from helping others effectively.

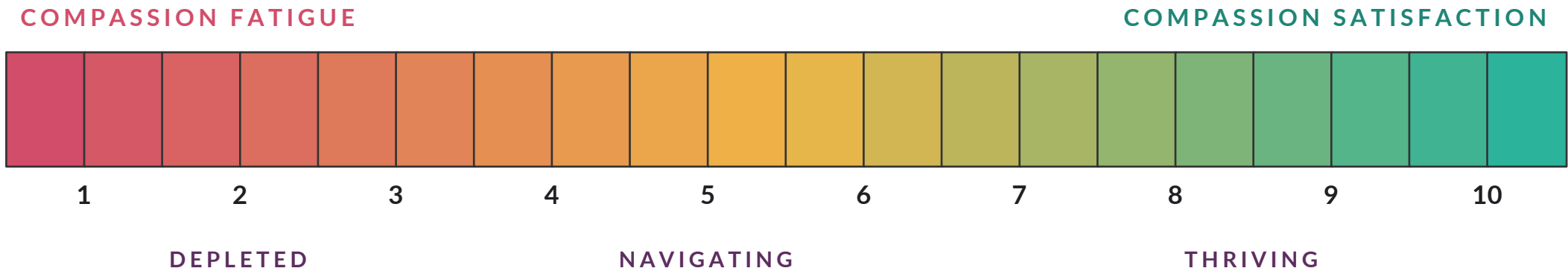
(Stamm, 2010)



*It doesn't cancel out compassion fatigue. It coexists with it, and it can be cultivated.*

# ● This Isn't Either/Or. It's a Spectrum.

*You are always somewhere on this scale. Movement in both directions is possible.*



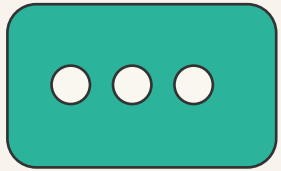
*Adapted from the Professional Quality of Life Scale (ProQOL-5), Stamm, 2010*

# 02

## Signs, symptoms & cost to patient care.

*Distress doesn't announce itself. It leaks through four channels.*

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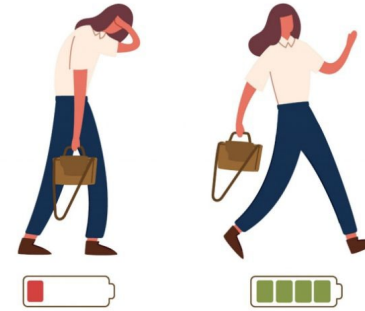


ENGAGEMENT PAUSE

*“In what area do you first notice that you’re depleted?  
Physical, cognitive, emotional, or behavioral*

**Drop your answer in the chat**

# • How distress shows up.



## PHYSICAL

### The body keeps the receipt

- Disturbed sleep
- Tension headaches
- GI changes
- Cardiovascular strain

## COGNITIVE

### The mind narrows

- Difficulty concentrating
- Forgetfulness
- Decision fatigue
- Hypervigilance

## EMOTIONAL

### The heart goes quiet

- Emotional numbing
- Reduced empathy
- Dread before shifts
- Guilt

## BEHAVIORAL

### The patterns shift

- Team withdrawal
- Documentation shortcuts
- Counting hours

*Stamm (2010); Cocker & Joss (2016). CF presents across all four channels.*

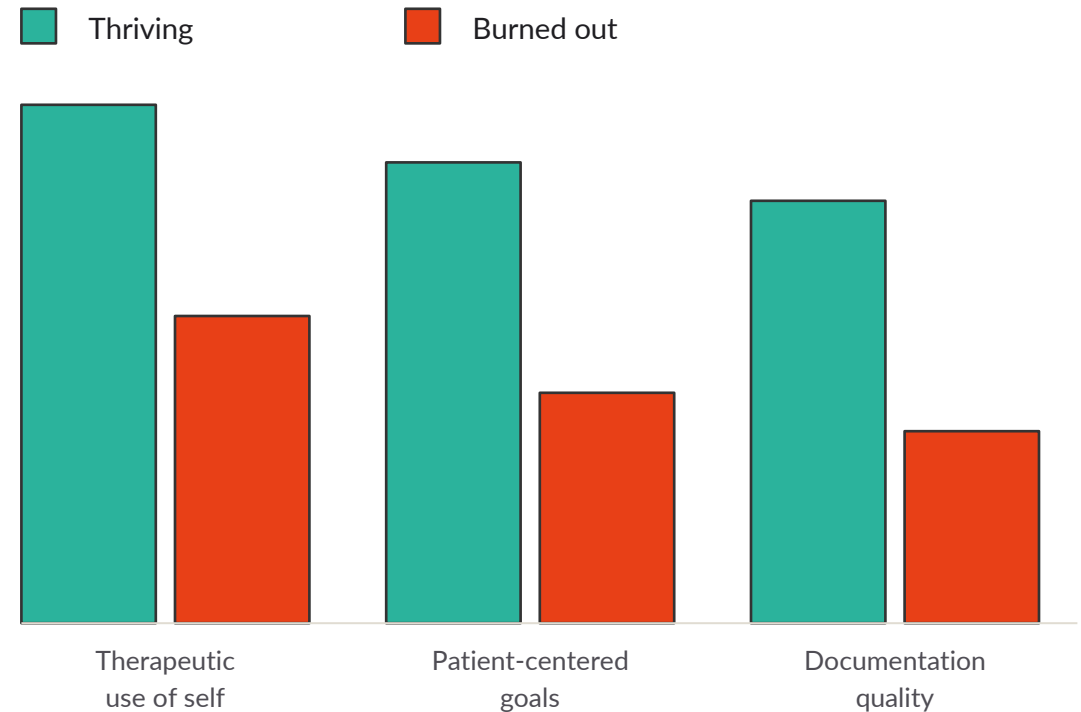
# Burnout and care quality move together.

↓ Care quality  
↑ Errors

Meta-analysis: burnout → lower-quality care and reduced patient safety.

*Salyers et al. (2017). DOI: 10.1007/s11606-016-3886-9*

Where the OT session quietly suffers



# 03

## Why this is happening.

*Individual factors matter – the system is doing most of the work.*

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## ● LAYER 01 • INDIVIDUAL

Who's most vulnerable — and why that's not a moral judgment.

### HIGHER SUSCEPTIBILITY

#### Traits that shape risk

- High empathy & perfectionism
- Strong caregiver identity
- Personal or vicarious trauma history
- Early-career stages
- Limited recovery between caseloads

*"These traits are not flaws."*

They're part of why we're good at this work. Naming them identifies who needs earlier support, not who deserves the load.

## ● LAYER 02 • WORKPLACE

This is where most of the variance lives.

### LOAD

#### Caseload & productivity

- Standards that ignore complexity
- Back-to-back acute caseloads
- Documentation > therapy time

### AUTONOMY

#### Decision authority

- Inadequate supervision
- Reimbursement-dictated care
- Little scheduling control

### SUPPORT

#### The team around you

- Manager backing
- Structured debriefs
- Psychological safety

*Salyers (2017); Cocker & Joss (2016); West (2018).*

● LAYER 03 • SYSTEMIC, CULTURAL & ROLE-BASED

*"Clinician suffering treated as an HR problem when it is, mostly, a policy problem."*

*Paraphrasing the U.S. Surgeon General (2022).*

**SYSTEMIC**

**Volume reimbursement; understaffing.**

**CULTURAL**

**Help-seeking stigma; licensing questions.**

**ROLE-BASED • OT**

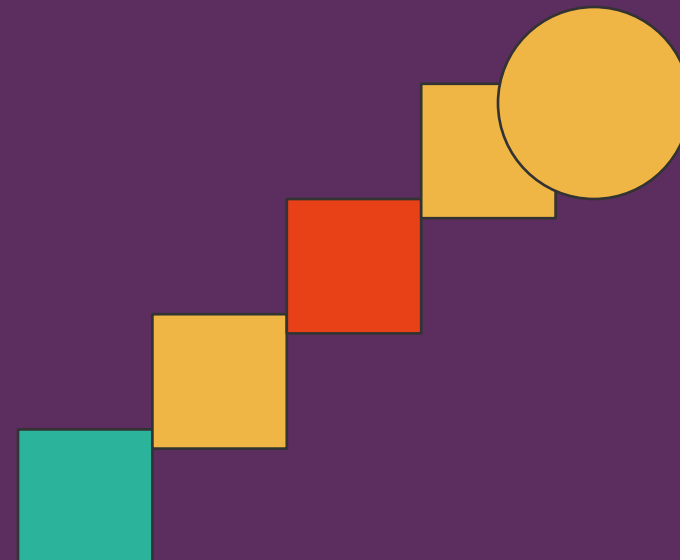
**Justifying the profession; misunderstood scope.**

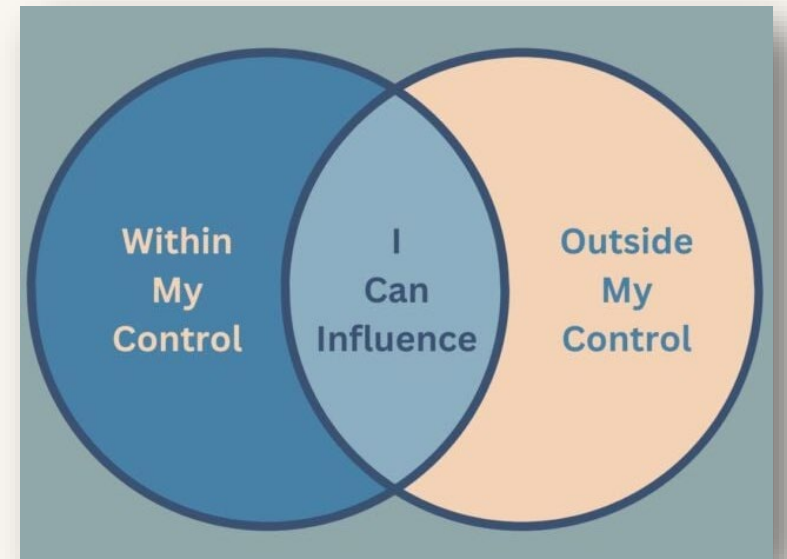
# 04

## A strategy for stress.

*Agency without absorbing the whole weight of a broken system.*

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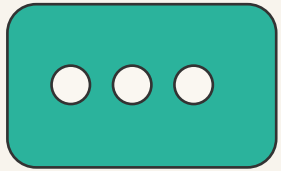
***Locus of control: Take agency where you have it. Name what you don't.***

YOURS TO OWN

- Habits.
- Boundaries.
- The colleague you check on.
- The help you ask for.

NOT YOURS TO FIX, ALONE

- Caseloads.
- Staffing.
- Reimbursement.
- Licensing-board stigma.



ENGAGEMENT PAUSE

*"What's one thing you already do – however small – that keeps you in the work?"*

**Drop your answer in the chat**



# | Strategic Planning.

## ● You already know how to write this plan.

*You write care plans for patients every day. Same principles when the client is you.*

### FOR THE PATIENT

#### A clinical care plan

- **Evaluation:** functional baseline.
- **Goal-setting:** specific, measurable.
- **Intervention:** graded, client-centered.
- **Reassessment:** adjust or discharge.

### FOR YOURSELF

#### A strategic wellness plan

- Where am I now on the compassion continuum?
- Where do I want to be?
- How do I close to the gap to get there?
- When will I check if it's working?

# A plan you can write in fifteen minutes.

01

ASSESS

**Where am I today?**

Use ProQOL or the four channels. "I feel fine" is not data.

02

GOAL

**Where do I want to be?**

One observable marker per channel. "Asleep by 10:30 four nights a week."

03

INTERVENE

**How do I get there?**

One individual move. One peer move. One workplace ask.  
Three, not ten.

04

REASSESS

**When will I check?**

Calendar it — 30, 90, 180 days. If a goal isn't moving, grade up.  
Don't grade yourself.

● STRATEGIC WELLNESS PLAN · FOUR STEPS

01

ASSESS

**Where am I today?**

Use ProQOL or the four channels. "I feel fine" is not data.

02

GOAL

**Where do I want to be?**

03

INTERVENE

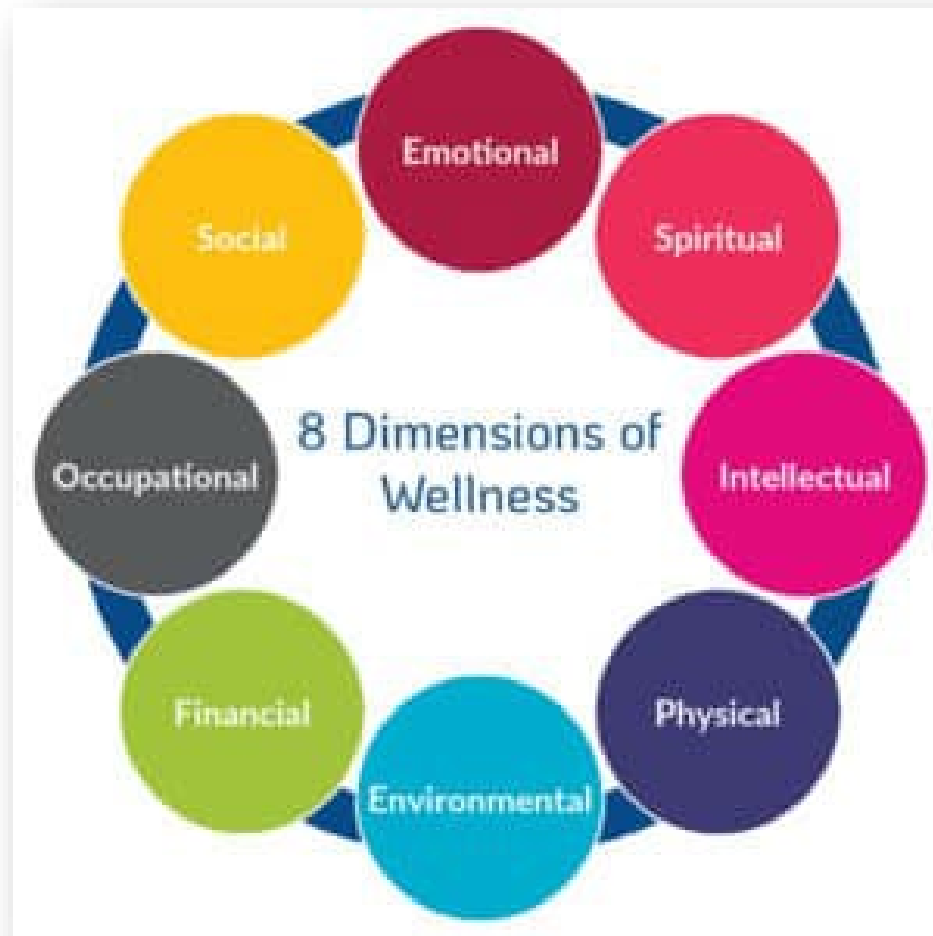
**How do I get there?**

04

REASSESS

**When will I check?**

# What is your vision of wellness?



- Check your continuum twice a year.

The **Professional Quality of Life Scale (ProQOL-5)** — the standard validated tool for compassion satisfaction, burnout, and STS.

- ▶ 30 items · 10 minutes
- ▶ [proqol.org](https://proqol.org)

SUBSCALE 01

Compassion satisfaction

SUBSCALE 02

Burnout

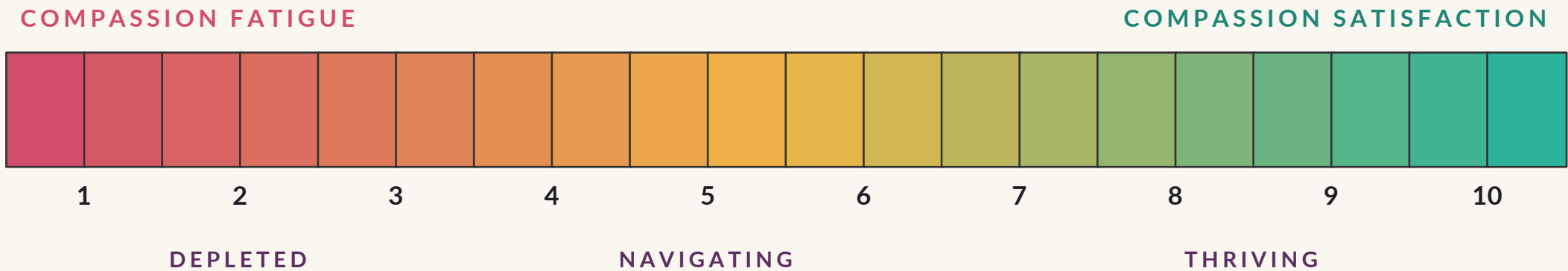
SUBSCALE 03

Secondary traumatic stress

Stamm, B.H. (2010). *The ProQOL Manual*. [proqol.org](https://proqol.org)

# Compassion Fatigue Scale

*Use This as a Lens, Not a Label.*



*Adapted from the Professional Quality of Life Scale (ProQOL-5), Stamm, 2010*

● STRATEGIC WELLNESS PLAN • FOUR STEPS

01

ASSESS

Where am I today?

02

GOAL

Where do I want to be?

One observable marker per channel. "Asleep by 10:30 four nights a week."

03

INTERVENE

How do I get there?

04

REASSESS

When will I check?

*Each strategy slide that follows is keyed to one or more of these four steps.*

# ● Write one sentence before you leave today.

*Specific enough that a colleague could check on you. Small enough that you'll do it.*

MY ONE COMMITMENT

By [date], I will [specific behavior] because [the channel it serves].

*Tell one person in this room.*

*Put a calendar invite on it.*

01  
ASSESS

02  
GOAL

03  
INTERVE  
NE

04  
REASSESS

## ● Example:

MY ONE COMMITMENT

*By June 30th, I will set up a coffee date with my OT colleague to debrief in order to support my emotional wellbeing.*

● STRATEGIC WELLNESS PLAN • FOUR STEPS

01

ASSESS

Where am I today?

02

GOAL

Where do I want to be?

03

INTERVENE

How do I get there?

One individual move. One peer move. One workplace ask.  
Three, not ten.

04

REASSESS

When will I check?

- **Pick one. Do it consistently.**

## 01 Brief scheduled mindfulness

5–10 minutes daily. Reduces emotional exhaustion in trials.

## 02 Structured reflection

"What landed, what stayed, what I'm putting down." Two minutes.

## 03 Boundary architecture

One protected window per week. Defended like an appointment.

## 04 Professional support — early

Therapist or EAP before crisis. Like dental cleanings.

# ● Build Toward Compassion Satisfaction.

## REFLECTIVE PRACTICE

*Journaling, supervision,  
debriefs.*

Strengthens meaning-making;  
linked to higher ProQOL  
compassion satisfaction (Stamm,  
2010).

## CONNECTION RITUALS

*Intentional peer check-  
ins.*

Counteracts isolation and  
depersonalization.

## SAVORING

*Briefly noticing positive  
clinical moments.*

Reinforces purpose and the  
reward of effective helping.

## VALUES CLARIFICATION

*Reconnecting to why  
you chose this work.*

Anchors professional identity  
under stress.

*Stamm (2010) ProQOL Manual; compassion-satisfaction literature.*

- Peer Support.



#### VALIDATED MODELS

### Schwartz Center Rounds

Monthly cross-disciplinary reflection on the emotional dimension of care.

### RISE — Johns Hopkins

24/7 trained peer responders for adverse events.

### Second Victim programs

Structured peer outreach after unexpected outcomes.

- **Advocacy is a clinical skill...you already have it.**

MARCH 2022 · PUBLIC LAW 117-105

## Dr. Lorna Breen Health Care Provider Protection Act

Funds programs to reduce burnout, expand mental-health support, and address licensing & credentialing questions that deter help-seeking.

*Her family refused to let her death stay private.*

### YOUR FIVE-MINUTE MOVES

#### 01 Audit your state's licensing app

Does it ask about mental-health history?

#### 02 Email a state legislator

One paragraph. Identify as OT. Reference Lorna Breen.

#### 03 Engage AOTA & state association

One policy call this year.

# What managers own – and what to ask if you're not one.

## STRUCTURE

### Conditions of work

- Documentation time built in
- Caseload caps by acuity
- Coverage for breaks & PTO

## PRACTICE

### Rituals of recovery

- Debriefs after critical events
- Manager training on psych safety
- Schwartz Rounds or equivalent

## ACCOUNTABILITY

### Wellbeing as a quality metric

- CDC NIOSH Impact Wellbeing
- Leader scorecards include workforce
- Anonymous reporting

CDC NIOSH (2023); West et al. (2016).

● STRATEGIC WELLNESS PLAN • FOUR STEPS

01

ASSESS

Where am I today?

02

GOAL

Where do I want to be?

03

INTERVENE

How do I get there?

04

REASSESS

When will I check?

# ● Reassess your strategic plan.

You wouldn't end a plan of care without a reassessment. Run the same review on yourself – three lenses, on a schedule you set now.

**LENS 01**

## Revisit your VISION

*Is this still the life I'm protecting?*

- Does my definition of wellness still fit?
- Has what depletes me changed?
- Am I protecting what actually matters?

**LENS 02**

## Revisit your GOALS

*Are they still measurable and real?*

- Did I hit my behavioral marker?
- Still specific and observable?
- Grade up, hold steady, or retire it?

**LENS 03**

## Revisit your INTERVENTIONS

*Are my tools still working?*

- Is the one move still happening?
- Any change across my four channels?
- Swap what isn't moving the needle.

**CALENDAR IT NOW:** 30 days · 90 days · 6 months

*Reassessment isn't failure – it's the progress-or-discharge call you make for every patient.*

**“It is not whether stress will appear and take its toll, it is to what extent professionals take the essential steps to appreciate, limit, and learn from this very stress to continue—and even deepen—their personal lives and roles as helpers and healers.”**

***-Robert J. Wicks, *The Resilient Clinician****



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