

# Annual Elder Abuse Conference



Thursday, June 4, 2026  
8:45 AM – 3:30 PM

Southwest Virginia Higher Education Center  
Abingdon, VA

Organized and Planned by the  
Southwest Virginia Elder Justice Task Force



Keynote:

The Trauma-Resilient Caregiver

by

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New Orleans, Louisiana

# Welcome and Introductions

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Hello, I am Charles Figley, welcome to all of you to this morning's program.

My wife, Kathy Regan Figley helped with elements.

We all can collectively thank Gary Cody here in person or at [gcody@svias.org](mailto:gcody@svias.org).

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What are your collective experiences in this room as a practitioner?  
2 YEARS?



5 YEARS?



10 YEARS?



15 YEARS?



20 YEARS



25 OR MORE?



# Prior Caregiver Experience

How many of you have cared for elderly adults?

- In your personal life?
- As part of your position description?
- Both at the same time?

Consider: How does that experience add to or take away from the joy of your work?

# Empathy in action

How many of you have empathy for other caregivers?

Examples?

Consider: How does your empathy shifts when you have your own personal experience with being cared for?

# Exposure to traumatic incidents

How many of you **currently care** for clients as a practitioner?

As practitioners, how many of you in the audience have worked as practitioners at least

How many of you have manageable caseloads? How many do not?

15.

Consider: How might exposure impact quality and quantity of productive work hours?

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# Me (and 50 years in academe)

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My home University is Tulane University in New Orleans. My wife and I moved there after Hurricane Katrina, becoming part of the network of researchers and practitioners who brought New Orleans back to life.

A third of my academic career was there (2008 – 2025). I am now semi-retired and retain my academic affiliation with the current faculty in psychology, aging studies, and social work.

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Florida State (1989 – 2008) in Tallahassee where our children grew up and were launched. It was during this time that I published my first book on Compassion Fatigue (1995). This is well before Tulane.

It also marks that start of my Green Cross collaboration with my now wife, Dr. Kathy Regan Figley.

We deployed together to New York City **five days** after the September 11 attack.

We were invited by a large local union working in the vicinity of the World Trade Center, and with the practitioners who would help them move through this horrible catastrophe.

Purdue University in West Lafayette, Indiana was my first academic home.

Purdue is where we made major strides in understanding psychological trauma, how it emerged, managed, and was ignored for years.

It was my work with Viet Nam veterans brought home the concept of compassion fatigue.

My students always knew when the work was bigger than the human spirit could endure.

This is why I focus on what we can impact practitioners and building and maintaining resilience



Purpose of My  
Presentation is

To promote trauma  
resilience in  
practitioners,  
professionals and  
volunteers who work  
with the abused and  
exploited elderly  
population.



## Who can identify?

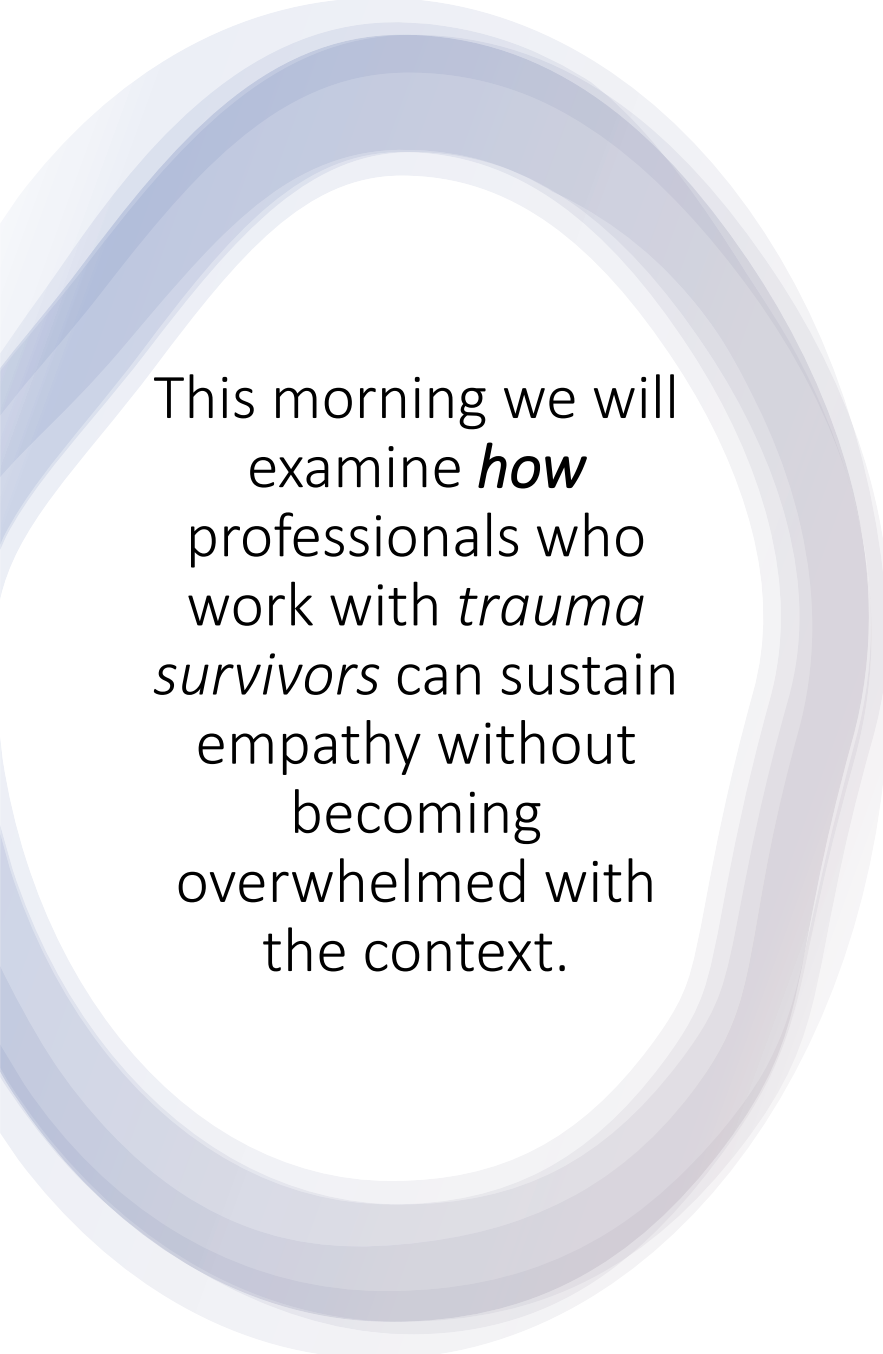
Being an elderly person myself, I KNOW I have trauma resilience.

I practice stress management strategies to maintain my base-level of resilience.

For every time life knocked me down, I was back up again within a reasonable amount of time.

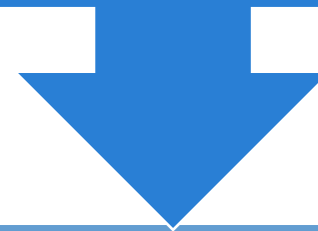
Who can identify?

I KNOW caregiving can look very different from one person to the next depending on their level of resilience.



This morning we will examine *how* professionals who work with *trauma survivors* can sustain empathy without becoming overwhelmed with the context.

I will define and discuss the dynamics of compassion fatigue (CF), replacing it with *CF resilience*



I will review a model that identifies factors that enable and retain compassion resilience

# Universities and organizations train, supervise, and sanction trauma practitioners to:

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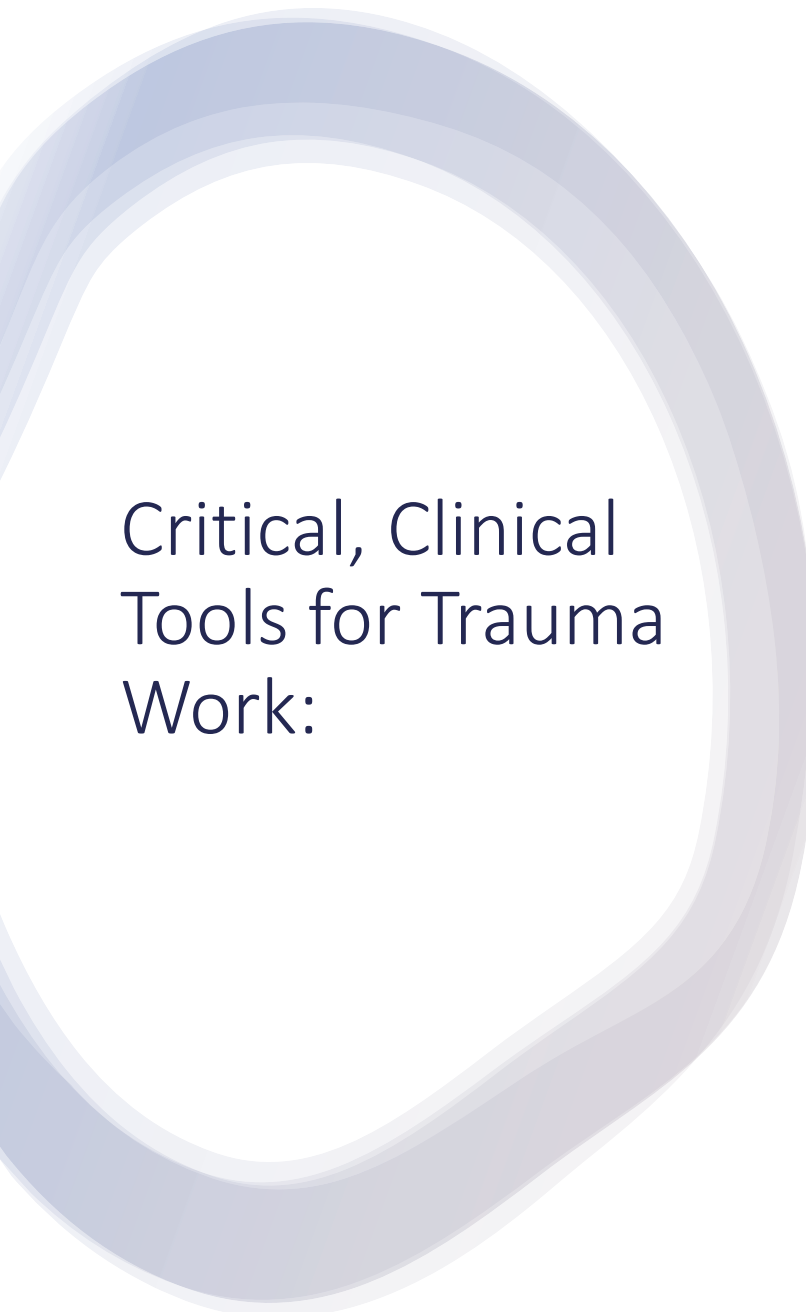
Support fellow trauma practitioners  
(e.g., colleague care)

Support individual and colleague self-care,

Support efforts to build a culture that *supports practitioners and addresses vulnerabilities and needs.*

Monitor the difficulty detecting and managing unwanted resilience

Actively and continuously cultivate trauma-informed, resilience-supporting environments for long-term sustainability




## Critical, Clinical Tools for Trauma Work:

Critical clinical tools for trauma work:

1. Emotional regulation (e.g., professional bearing)
2. Social and peer support (both giving and receiving)
3. Respectful of our client struggles
4. Practitioner-centered supervision by senior colleagues
5. Boundaries awareness both professional and personal
6. Spiritual or meaning-making practices for self and clients
7. Structured and planned recovery time

# Basic Assumptions about Resilient Caregivers and Practitioners



1. If effective human services requires compassion, then
2. Practitioner compassion requires empathy, kindness, respect, and resilience.

# Basic Assumptions about Resilient Caregivers and Practitioners (cont.)

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3. Practitioners and caregivers will remain resilient if the focus is on

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(a) **their mission** is focusing on the client's welfare and treatment steps;

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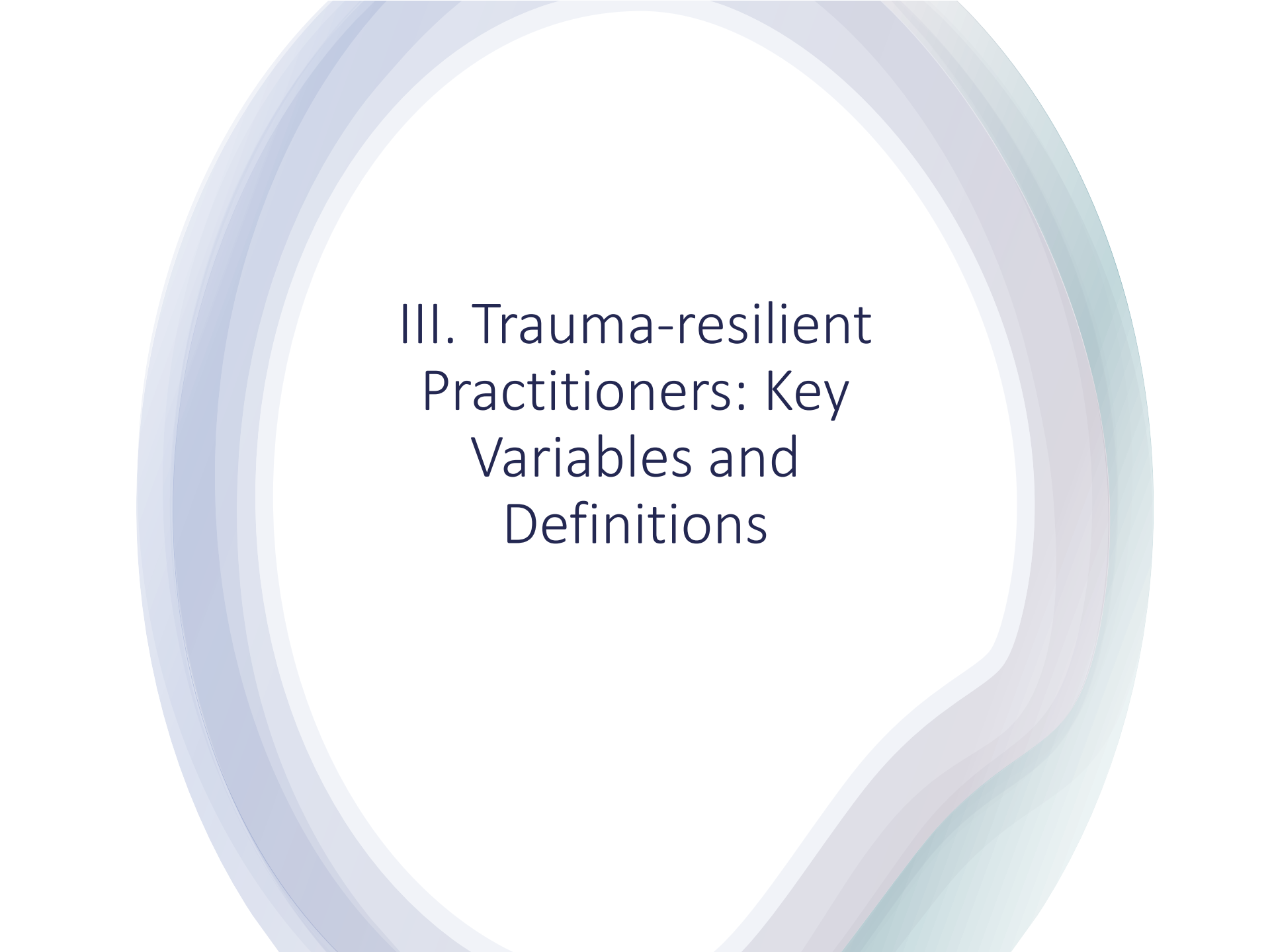
(b) **their empathic discernment** is to *discern*, as well as to feel. To stay rooted in your truth as a sensitive soul.

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So, empathy isn't about absorbing — but discerning?

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(c) **their clinical skill is in setting clinical goals** within a supportive work environment.



### III. Trauma-resilient Practitioners: Key Variables and Definitions

## **Compassion Stress:**

*The perceived demands derived from experiencing the suffering of others and wanting to help relieve their suffering in some way (Figley, 1995; 2002) and is identical to secondary traumatic stress.*

## **Compassion Satisfaction(CS):**

*The perceived joys derived from experiencing helping to relieve others' suffering in some way (Figley, 2002).*

## **Work-related Stress**

Reactions to the *demands of one's job including the need to be competent and compassionate.*

## **Compassion Stress Reactions (CSR):**

*The markers or symptoms experienced by a caregiver that are directly related to providing care to the suffering clients.*

## **Compassion Fatigue**

- *the experience of short-term exhaustion and traumatic stress reactions associated with exposure to the suffering one's clients (Boscarino, Figley & Adams, 2004).*

## **Psychological Burnout**

- *The experience of long-term exhaustion and diminished interest in one's work that is most often corrected by changing work settings or clients (Altman & Jackson, 2005).*

# Practitioner Resilience Model

(Figley & Figley, 2008, 2015)

- *The tendency to cope with the work-related stress naturally, able to avoid the negative consequences, and savor the satisfactions that come with the work.*

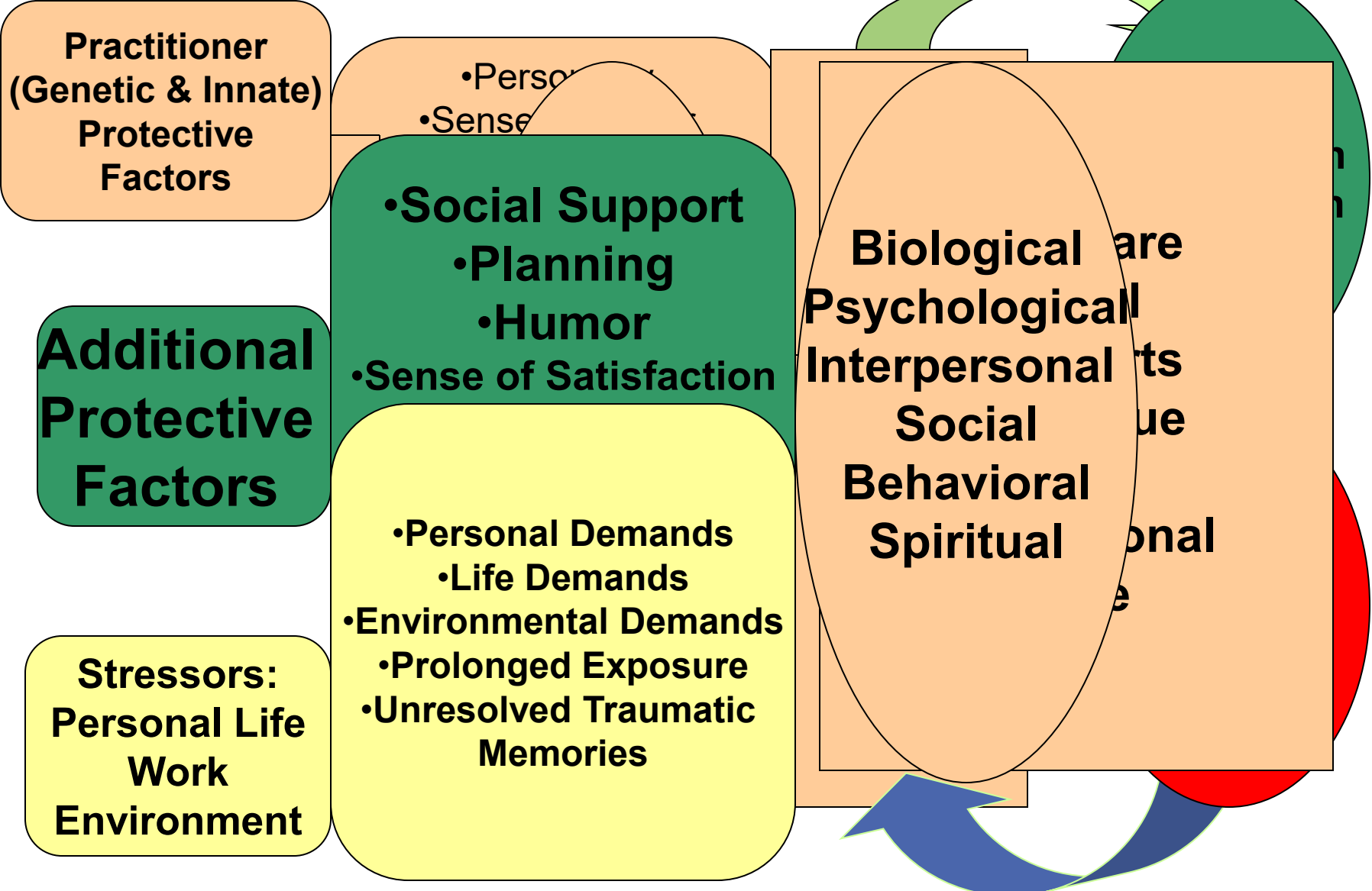
## APA Definition

- "the process of adapting well to adversity, trauma, tragedy, threats or significant sources of stress – such as family and relationship problems, serious health problems or workplace and financial stressor"

# Practitioner Resilience Model (Figley & Figley, 2008; 2015)

- The following is a model developed specifically for healthcare providers and not limited to mental health assessments
- Moreover, this is our gift to those caring professionals and their clients
- The most important part of the model is that each area is specific and measurable.

# Practitioner Resilience Model



**Practitioner  
(Genetic & Innate)  
Protective  
Factors**

•Personal  
•Sense

•**Social Support**  
•**Planning**  
•**Humor**  
•**Sense of Satisfaction**

**Additional  
Protective  
Factors**

•**Personal Demands**  
•**Life Demands**  
•**Environmental Demands**  
•**Prolonged Exposure**  
•**Unresolved Traumatic  
Memories**

**Stressors:  
Personal Life  
Work  
Environment**

**Biological**  
**Psychological**  
**Interpersonal**  
**Social**  
**Behavioral**  
**Spiritual**

# Empathic Discernment

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- Among the most important advantages is helping to both balance and increase three independent factors in human services for those suffering, and be discerning about the empathic response
- Resources available for those suffering,
- Affect indicators of those suffering,
- Self-care *Empathic Discernment* as a gateway to determining *how much fatigue and satisfaction can be derived from the work of caregiving*

Thus, empathic discernment ultimately is a measure of your own *caregiver resilience*.

# Self-care: Promoting Caregivers Resilience



The Role of Self-care begins before you provide services and should continue throughout your career.



First step:  
Perfecting your  
Self-Care Plan

Develop a Self-Care Plan and share with and recruit other practitioners.

Detecting work-related stress including either or both the classic primary stress reactions and the secondary stress reactions

This can be done during staffing or at conferences that draw many practitioners.



Second step:

A genuine commitment to self-care, and colleague care awareness.

We have a responsibility to our colleagues who are providing care to the elderly

The Society for Traumatic Stress Studies and the American Psychological Association morning runs for self and colleague care



Third step:

Revisit your self-care goals and objectives whenever a critical incident or traumatic event occurs

Readjust goals and objectives based on the new circumstances

Share with your colleague or other trusted person



Fourth step:

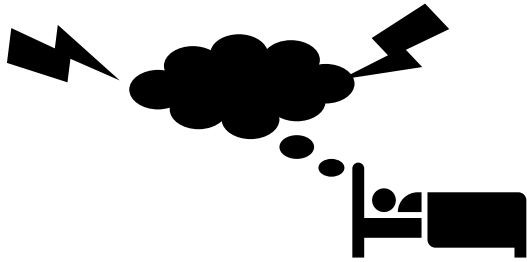
- Organizational/cultural Change to *Promote Resilience, Self-care, and Colleague-care.*
  - Staff meetings focused on resilience development, developing a comprehensive self-care plan, and one to support colleague-care.

# Concluding Thoughts

- My focus is on dulling or eliminating the impact of trauma in the workforce and throughout my profession and specializations.
- Being a survivor of a traumatic event is like a kind of a spiritual reality, though being blessed is not our first thought
- We are transformed through empathy with others who experienced similar things and were similarly indebted and thankful to others.
- This common ground of what are needed for ALL TRAUMA SURVIVORS of a collective trauma and the needs are varied.
- Clinical practice requires our full attention at all levels of awareness and functioning.



The joy of your work  
is tarnished by their stories  
their pain is your pain



Flashes, images  
still with you when you're sleeping  
do not serve you well



You know what you need  
to rejuvenate at depth  
take care of your self

~Kathleen Regan Figley

# Conclusion

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Practitioners must be *prepared* for working with the suffering by focusing on our own resilience first.

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We must view as “normal and predictable” being overwhelmed by our own emotional reactions;

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Our compassion stress reactions must be closely monitored and given proper, needed positive attention.

# Questions and Answers

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What would you like to know more about?




How to reach me?

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Phone: 850-566-0922



Let's take  
a break

Breakout sessions start at 10:15

Hoarding – The Basics  
Grand Hall

Elderly Exploitation  
Room 103/104

