# Understanding and reducing compassion fatigue using the compassion fatigue resilience model and self-compassion in peer mentors of Canadian spinal cord injury community service organizations

by

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*This dissertation is dedicated to my parents, Maria and Franco, who constantly inspire me to work hard, be humble, and most importantly be kind and enjoy life.*

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**Abstract**

To foster adaptation and thriving among individuals with a spinal cord injury (SCI), peer support programs were developed by Canadian SCI community service organizations. Individuals who serve as peer mentors in these programs have reported experiencing compassion fatigue, a state of exhaustion from prolonged exposure to suffering/stress and diminished mental health (i.e., a state of psychological, emotional, and social well-being). Consequently, these effects are leading peer mentors to resign from their roles, presenting a significant challenge for SCI organizations. According to the compassion fatigue resilience model (CFRM), there are factors that can make individuals more susceptible or resilient to compassion fatigue. Self-compassion, a healthy way of relating to the self, is an important factor for reducing compassion fatigue and improving mental health among individuals in caring roles and could be important to consider within the CFRM and for peer mentors. The overall purpose of this doctoral thesis was to understand and reduce compassion fatigue among peer mentors within Canadian SCI community service organizations via a self-compassion program. We collaborated with SCI British Columbia and SCI Ontario while adhering to the integrated knowledge translation guiding principles for SCI research. Chapter 3 (Article 1) adopted a generic qualitative design and used the CFRM and self-compassion theory to understand the experiences of compassion fatigue (resilience) among eight experienced peer mentors within SCI organizations. Based on personal diary and interview data, peer mentors whose experiences aligned with compassion fatigue reported feeling physically, psychologically, and emotionally exhausted, impacting their perceived effectiveness as a peer mentor. Having traumatic memories and lack of self-compassion contributed to compassion fatigue. Conversely, self-compassion promoted resilience. Chapter 4 (Article 2) discusses the protocol used to develop and examine the feasibility, acceptability, and effectiveness of a tailored self-compassion program in

improving compassion fatigue, compassion satisfaction, self-compassion, and mental health among peer mentors. With the two SCI organizations, we used an iterative approach to co-developing the program using results from Chapter 3. Prior to conducting a full evaluation, we implemented the program with two organizational staff and two peer mentors from SCI organizations with knowledge on self-compassion. This feedback helped to further tailor the program and make it more relevant for peer mentors. Chapter 5 (Article 3) used a mixed method approach (i.e., surveys and interviews) to empirically explore the feasibility, acceptability, and effectiveness of the self-compassion program in improving compassion fatigue, compassion satisfaction, self-compassion, and mental health among fifteen peer mentors. The program proved to be feasible and acceptable, providing opportunities for peer mentors to connect with others who have shared lived experience. Compassion fatigue, self-compassion, and mental health improved from pre to post with small-to-medium effects ($|r|$=.12-.47) and pre to 6-week follow-up with small-to-large effects ($|r|$=.13-.56). Four themes were identified at post including: from a self-critic to a self-ally, being a better peer mentor, building resilience, and benefits to the organization. Taken together, this thesis provides insight that (1) compassion fatigue is a complex and multifaceted process, with self-compassion being critical to building resilience and (2) interventions to reduce compassion fatigue should be tailored to the needs of the population and implement strategies that promote resilience, such as self-compassion. This thesis contributed to the literature by exploring self-compassion within the CFRM, informing the development of a tailored intervention that can promote resilience towards compassion fatigue and improve mental health among peer mentors within SCI peer support programs.

**Résumé**

Pour favoriser l'adaptation et l'épanouissement des personnes ayant une lésion médullaire (LM), des programmes de soutien par les pairs ont été développés par des organismes de services communautaires canadiennes spécialisées en LM. Les personnes qui agissent en tant que mentors pairs dans ces programmes ont rapporté souffrir de fatigue compassionnelle, un état d'épuisement dû à une exposition prolongée à la souffrance ou au stress, et une détérioration de la santé mentale (c'est-à-dire un état de bien-être psychologique, émotionnel et social). Ces effets conduisent les mentors pairs à démissionner de leurs rôles, ce qui représente un défi majeur pour les organismes de LM. Selon le modèle de résilience à la fatigue compassionnelle (CFRM), certains facteurs peuvent rendre les individus plus susceptibles ou plus résistants à la fatigue compassionnelle. L'autocompassion, une manière saine de se rapporter à soi-même, est un facteur important pour réduire la fatigue compassionnelle et améliorer la santé mentale chez les personnes dans des rôles de soins, et pourrait être important à considérer dans le CFRM et pour les mentors pairs. L'objectif général de cette thèse de doctorat était de comprendre et de réduire la fatigue compassionnelle chez les mentors pairs au sein des organisations de services communautaires canadiennes en LM via un programme d'autocompassion. Nous avons collaboré avec SCI British Columbia et SCI Ontario en adhérant aux principes directeurs de la traduction intégrée des connaissances pour la recherche en LM. Le chapitre 3 (article 1) a adopté une conception qualitative générique et utilisé le CFRM et la théorie de l'autocompassion pour comprendre les expériences de fatigue compassionnelle (résilience) chez huit mentors pairs expérimentés au sein des organisations de LM. Sur la base des données de journaux personnels et d'entretiens, les mentors pairs dont les expériences étaient alignées avec la fatigue compassionnelle ont rapporté se sentir physiquement, psychologiquement et émotionnellement épuisés, ce qui affectait leur efficacité perçue en tant que

mentor pair. Avoir des souvenirs traumatisants et un manque d'autocompassion ont contribué à la fatigue compassionnelle. À l'inverse, l'autocompassion a favorisé la résilience. Le chapitre 4 (article 2) discute du protocole utilisé pour développer et examiner la faisabilité, l'acceptabilité et l'efficacité d'un programme d'autocompassion adapté pour améliorer la fatigue compassionnelle, la satisfaction compassionnelle, l'autocompassion et la santé mentale chez les mentors pairs. Avec les deux organisations en LM, nous avons utilisé une approche itérative pour co-développer le programme en utilisant les résultats du chapitre 3. Avant de mener une évaluation complète, nous avons mis en œuvre le programme avec deux membres du personnel des organisations et deux mentors pairs connaissant l'autocompassion. Ce retour d'information a permis d'ajuster le programme et de le rendre plus pertinent pour les mentors pairs. Le chapitre 5 (article 3) a utilisé une approche mixte (c'est-à-dire des enquêtes et des entretiens) pour explorer empiriquement la faisabilité, l'acceptabilité et l'efficacité du programme d'autocompassion dans l'amélioration de la fatigue compassionnelle, de la satisfaction compassionnelle, de l'autocompassion et de la santé mentale chez quinze mentors pairs. Le programme s'est avéré faisable et acceptable, offrant aux mentors pairs des opportunités de se connecter avec d'autres ayant des expériences similaires. La fatigue compassionnelle, l'autocompassion et la santé mentale se sont améliorées du pré au post avec des effets de petite à moyenne taille ($|r|$ = .12-.47) et du pré au suivi de 6 semaines avec des effets de petite à grande taille ($|r|$ = .13-.56). Quatre thèmes ont été identifiés après l'intervention, notamment : passer d'un critique intérieur à un allié de soi, être un meilleur mentor pair, renforcer la résilience et apporter des bénéfices à l'organisation. Ensemble, cette thèse met en lumière que (1) la fatigue compassionnelle est un processus complexe et multiforme, et que l'autocompassion est essentielle à la construction de la résilience, et (2) les interventions visant à réduire la fatigue compassionnelle doivent être adaptées aux besoins de la population et mettre en œuvre des

stratégies qui favorisent la résilience, telles que l'autocompassion. Cette thèse contribue à la littérature en explorant l'autocompassion dans le cadre du CFRM, en informant le développement d'une intervention adaptée qui peut promouvoir la résilience face à la fatigue compassionnelle et améliorer la santé mentale des mentors pairs au sein des programmes de soutien par les pairs en LM.

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resourceful, always work hard, be kind to others, prioritize love, stay humble, and most importantly enjoy life. I hope that one day that I can be at least half the parents you were to me and my sisters. You are both an inspiration to me and I would not be where I am without your unconditional love, guidance, and undying support. **Catrina and Daniella**, my beautiful, strong, fun, and caring sisters. Thank you for being my rocks and for being there for me through all the highs and lows of life and graduate school. I am so fortunate to have such a strong and unbreakable bond with my siblings and I know that no matter what happens in life I will always have you. You both mean the world to me, and I am so excited to be living in the same city and to grow our families together with Olive, Lyla, and Aldo!

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## Contributions to Original Knowledge

This doctoral thesis contributed to the literature by providing a deeper understanding of compassion fatigue and resilience among peer mentors within Canadian spinal cord injury (SCI) community service organizations and how to reduce it through a self-compassion program. Previous studies among caring professionals have identified the signs and symptoms and the risk and protective factors associated with compassion fatigue. This thesis extends the knowledge by applying and adapting the compassion fatigue resilience model (CFRM) specifically to peer mentors within SCI organizations. This unique focus reveals the nuanced experiences of peer mentors, who, due to their shared lived experiences with those they support, may be particularly vulnerable to reliving traumatic memories. The thesis advances the CFRM by incorporating these specific factors, offering novel insights that underscore the complexities of compassion fatigue within this population. The extension of the CFRM presented in this research is particularly innovative, as it provides empirical support for previously understudied etiological frameworks of compassion fatigue. This contribution also has practical implications, offering a robust foundation for developing interventions aimed at reducing compassion fatigue among peer mentors. By grounding the intervention strategies in an empirically validated model, the thesis ensures that these strategies are both relevant and effective, enhancing their potential for real-world application

Additionally, this thesis makes a substantial contribution to the limited body of knowledge regarding the feasibility, acceptability, and effectiveness of a tailored self-compassion program designed specifically for peer mentors to mitigate compassion fatigue and improve compassion satisfaction, self-compassion, and mental health. The detailed protocol provided in the thesis serves as a blueprint for future interventions, offering a replicable model that can be adapted for use with similar populations.

## Contribution of Authors

**Chapter 3: "It was the whole enchilada": Peer mentors' experiences of compassion fatigue and compassion fatigue resilience within spinal cord injury community service organizations**

Status of Manuscript: Published in the *Journal of Applied Rehabilitation Counselling*

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- As first author, Olivia was involved in co-conceptualization of this study purpose and design, preparing and submitting the ethics document, participant recruitment, data collection, data analysis and interpretation, and manuscript writing and submission.

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**Chapter 4: Protocol for a tailored self-compassion program for peer mentors within Canadian spinal cord injury community service organizations**

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**Chapter 5: Feasibility, acceptability, and effectiveness of a tailored self-compassion program for peer mentors within Canadian spinal cord injury community service organizations**

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## List of Abbreviations

ASIA; American Spinal Injury Association Impairment Scale

CFRM; Compassion fatigue resilience model

IKT; Integrated knowledge translation

LM; Lésion médullaire

ProQOL; Professional quality of life

RCT; Randomized controlled trial

SCS; Self-compassion scale

SCI; Spinal cord injury

## Preface

This doctoral thesis is written and organized in the manuscript-based style according to the university requirement. A total of six chapters are included in this thesis. Chapter 1 offers a general introduction to the research topic and a summary of the research questions. Chapter 2 is a comprehensive review of the relevant literature. Chapter 3 is an original manuscript that was published in the *Journal of Applied Rehabilitation Counselling* (Pastore et al., 2023). Chapter 4 is an original manuscript published in *Discover Psychology* (Pastore et al., 2024). Chapter 5 is an original manuscript submitted for publication in a peer-reviewed journal, *Disabilities and Rehabilitation* (Pastore et al., Submitted for review). Chapter 6 provides an overall summary of the findings, discusses the theoretical and practical implications of the findings, and highlights the future research directions.

# Chapter 1: General Introduction

## Overview and Background

A spinal cord injury (SCI) is any impairment to sensory, motor, or autonomic function caused by damage to the nerves of the spinal cord that leads to temporary or permanent changes in function (Praxis Spinal Cord Institute, 2019). Having an SCI can necessitate various emotional, psychological, and physical adaptations (Haisma et al., 2006). To assist individuals with SCI manage their new realities, peer support programs have been developed through provincial Canadian SCI community service organizations. Peer support consists of any peer interaction that aims to help individuals who share similar lived experiences adapt and/or thrive (Sweet et al., Accepted) where peers are seen as highly credible, equitable, and accepting (Veith et al., 2006). Within SCI peer support programs, a peer mentor is someone who acts as a source of knowledge, guidance, and/or wisdom to a peer mentee with SCI (Sweet et al., Accepted).

Offering peer support offers numerous benefits for the peer mentor such as increased confidence and opportunities to share experiences (Sweet et al., 2021a). However, peer mentors also face significant psychological and emotional challenges (Alexander et al., 2021; Sweet et al., 2021a), leading to resignations and posing a challenge for SCI organizations reliant on peer support. Consequently, Canadian SCI organizations stress the need to understand peer mentors' perspectives, reduce their psychological and emotional toll, and improve their mental health[1]. For individuals in caring roles, such as peer mentors, this psychological and emotional toll is referred to as compassion fatigue, which is a state of exhaustion and dysfunction resulting from prolonged exposure to suffering and stress (Figley & Figley, 2017). Compassion fatigue can lead to

[1]Mental health encompasses psychological, emotional, and social well-being distinct from mental illness, which involves any mental, emotional, or behavioral disorder (Keyes, 2002).

considerable consequences such as increased isolation, a compromised immune system, and decreased empathy over time (Alharbi et al., 2019). These consequences have been found to compromise mental health of the caring professional as well as the quality of care they provide (Xie et al., 2020).

To better understand compassion fatigue, the compassion fatigue resilience model (CFRM; Figley & Ludick, 2017) outlines factors that influence susceptibility to or resilience against it. Risk factors can include traumatic memories and burnout (i.e., a state of exhaustion from chronic stress; Maslach & Leiter, 2016) while protective factors can include self-care and deriving satisfaction from one's role (i.e., compassion satisfaction). While the CFRM helps to theoretically explain the etiology of compassion fatigue (resilience), its empirical application remains underexplored. Further, it is not fully understood how the processes of compassion fatigue (resilience) occur for peer mentors within SCI peer support programs. Thus, this dissertation aimed to address these gaps by empirically investigating how the factors of the CFRM interrelate among peer mentors (Chapter 3).

Peer mentors within SCI peer support programs may be particularly vulnerable to compassion fatigue due to their unique roles. Recent studies have highlighted the "dark" side of SCI peer support, revealing that peer mentors often engage in challenging discussions with their mentees, such as those involving suicidal thoughts, or have mentees that are not receptive to support (Alexander et al., 2021). Moreover, peer mentors must navigate the delicate boundary between friendship and mentorship (Shi et al., 2024). In addition, research indicates that caring professionals with a history of personal trauma, such as peer mentors, are more prone to compassion fatigue (Linley & Joseph, 2007). As such, there is a need to further examine peer mentors' experiences with compassion fatigue. By understanding the factors that pose risks or offer

protection against compassion fatigue, we can better support peer mentors and help prevent or mitigate its effects.

Fortunately, compassion fatigue is preventable and highly responsive to interventions across various populations (Halamová et al., 2022). Self-compassion, a healthy relationship with oneself (Neff, 2003a) is a resilience factor that can be trained to help reduce compassion fatigue (Beaumont et al., 2016; Bluth et al., 2021). Self-compassion comprises three distinct but interacting subcomponents including (1) self-kindness (vs. self-judgement), which entails having a gentle and supportive stance towards the self rather than being harsh and critical, (2) mindfulness (vs. over-identification), which is holding one's thoughts and emotions in a balanced manner as opposed to ruminating on them, and (3) common humanity (vs. isolation), which is understanding that one's difficult experiences are part of the larger human experiences rather than feeling that they are unique and isolated. While there is promising research showing support for self-compassion in building resilience against compassion fatigue, more research is needed to understand its role within the CFRM and within the context of SCI peer support.

Self-compassion interventions are effective in improving self-compassion and mental health across various populations (Ferrari et al., 2019). However, only a few studies have examined their impact on compassion fatigue in caring professionals and within a disability context (e.g., Li et al., 2023). Further, there is limited understanding of the feasibility, acceptability of such interventions for individuals with disabilities, specifically peer mentors within SCI peer support programs. It is important to contextualize self-compassion to acknowledge differences or nuances that may be present in specific populations (Neff, 2023; Pastore et al., 2023). For instance, interventions for individuals with SCI may require more attention to the use of accessible language

and self-compassion practices (Finlay et al., 2022). This dissertation and specifically Chapter 4 and 5 addressed these gaps.

**Dissertation Objectives**

To fill the abovementioned gaps, the overall purpose of this doctoral program was to understand and reduce compassion fatigue among peer mentors within Canadian SCI community service organizations via a self-compassion program. The specific objectives were to: (1) understand how peer mentors experience compassion fatigue and resilience (Article 1: Chapter 3); (2) use an iterative approach to co-develop a tailored self-compassion program for peer mentors (Article 2: Chapter 4), and (3) evaluate the feasibility, acceptability, and effectiveness of the tailored self-compassion program on compassion fatigue, compassion satisfaction, self-compassion, and mental health among peer mentors (Article 3: Chapter 5).

# Chapter 2: Literature Review

## Spinal Cord Injury

A spinal cord injury (SCI) can be classified depending on its severity (i.e., complete/incomplete) and level of lesion (i.e., tetraplegia/paraplegia; Spinal Cord Injury Canada, 2022). A complete SCI occurs when there is absence of sensation and movement below the level of injury. The presence of intact axons or nerves may still exist, but they do not function properly due to the trauma. An incomplete SCI occurs when there is presence of sensation and movement below the level of injury. Tetraplegia, which results from injuries at or above T1, can lead to the complete/incomplete loss of sensation and movement in all four limbs/trunk. Paraplegia refers to paralysis resulted from thoracic, lumbar, or sacral lesions, which leads to a complete/incomplete loss of sensation in the lower extremities.

The American Spinal Injury Association Impairment Scale (ASIA) is commonly used to assess if an SCI is complete or incomplete. The scale comprises five degrees including A, which is complete, and B to E, which are incomplete (Roberts et al., 2017). Using the ASIA to define the severity and the prognosis of an SCI also requires consideration of the level of the injury. For instance, someone with a Grade A complete injury in the lower lumbar spine (e.g., L4/L5) can experience bowel and bladder dysfunctions with footdrop, while remaining ambulatory. By contrast, someone with a Grade C/D incomplete injury in the cervical spine (e.g., C3/4) may have tetraplegia and lose their ability to walk (Roberts et al., 2017).

Globally, the prevalence of people living with an SCI is 15.4 million (World Health Organization, 2024), with 86,000 residing in Canada (Noonan et al., 2012). In addition, the number of newly injured adults in Canada is increasing by an estimated 2,014 each year (Bryce et al., 2021b). Provincial incidence rates based on hospital admission from 2005 to 2016 revealed that

Ontario has the lowest admission incidence rate (22.71 per million), with Saskatchewan being the highest (41.3 per million) and British Columbia as the second highest (36.43 per million; Thorogood et al., 2023). The incidence of SCI in Canada is highest among young adults and adults aged 65 or older (Praxis Spinal Cord Institute, 2024).

SCIs can be classified as either traumatic or non-traumatic based on the cause of injury. Traumatic SCIs involve acute damage or lesions to the spinal cord and account for 30,000 cases in Canada, with 1,199 new incidences annually, and 73% of these cases involve males (Thorogood et al., 2023). Over the age of 12 years old, falls have been the leading cause of traumatic SCIs, comprising 42% of cases, followed by motor vehicle accidents at 27%. In individuals aged 0-14 years, sports are the most common cause, accounting for 38% of cases. Among traumatic SCIs, 52% result in paraplegia, while 48% result in tetraplegia (Thorogood et al., 2023). Non-traumatic SCIs result from causes other than major trauma, such as spinal tumors, Pott's spine, and transverse myelitis, with degenerative disease being the most common cause, making up 50% of cases for individuals both over and under 65 years of age (Praxis Spinal Cord Institute, 2024). Incomplete injuries are more prevalent in both traumatic (70%) and non-traumatic (95%) SCI cases (Praxis Spinal Cord Institute, 2024).

**SCI Implications and Rehabilitation**

The impact of SCIs can vary significantly due to their complexity and the individual and societal circumstances involved. Having an SCI requires adaptation to various biopsychosocial aspects of life (Budd et al., 2022). As such, the costs of living with an SCI are paramount and extend beyond the use of health care services (Praxis Spinal Cord Institute, 2024; Zürcher et al., 2019). From a biological standpoint, individuals with SCI experience increased chronic pain, cardiovascular changes, and alterations to the respiratory and nervous systems (Budd et al., 2022;

(Hunt et al., 2021). Depending on the level of mobility impairment, individuals with SCI may also require a new mobility or seating devices such as manual or power wheelchair (Florio et al., 2016). SCIs can also lead to secondary health conditions, such as urinary tract infections or pneumonia (Nas, 2015), which often lead to re-hospitalization (Noonan et al., 2014). From a societal standpoint, individuals with SCI may experience substantial impacts on their relationships, employment status, and household income (Budd et al., 2022; Engblom-Deglmann & Hamilton, 2020). Further, societal challenges such as stigmatization or negative attitudes towards disability can have a negative influence on psychosocial outcomes among people with SCI (Monden et al., 2021).

Due to the increased life changes and challenges faced by individuals with SCI, they are at greater risk of reporting mental illness and mood disorders compared to the general population (Jørgensen et al., 2021; Sweet et al., 2014). People with SCI are more susceptible to alcohol dependency (2.4% vs. 1.0%), anxiety (19.3% vs. 14.1%), depression (29.3% vs. 9.3%), dementia (6.5% vs. 0.8%), and psychological multi-morbidity (37.4% vs. 23.9%) compared to the general population (Peterson et al., 2020). The prevalence of mood disorders among people with SCI is influenced by a variety of factors, such as the severity of secondary conditions, emotional stability, quality of social relationships, financial status, fear, cognitive decline, as well as self-control, self-esteem, ability to manage psychological stress, and use of coping strategies (Budd et al., 2022; Jørgensen et al., 2021). Mood disorders cause additional suffering and increase the risk of prolonged hospitalizations, further medical complications, decreased independence, extended periods in bed, and transportation challenges (Budd et al., 2022).

The rehabilitation process for people with SCI in Canada varies depending on the provincial healthcare system (Cheng et al., 2017; Lenehan et al., 2012). The rehabilitation process

can be divided into three stages: acute, subacute, and chronic (Burns et al., 2017). In the acute stage, treatments such as surgeries focus on stabilizing the patient and preventing secondary complications. Once stabilized, patients move to an inpatient rehabilitation center in the subacute stage, where the emphasis is on promoting independence (Nas, 2015). The chronic stage involves outpatient rehabilitation aimed at transitioning the patient back home, reintegrating into society, and adjusting to life with the disability (Nas, 2015). Activities during this stage include family education, home modifications for independent living, and mental health restoration (Burns et al., 2017). In the chronic phase, individuals learn to live with their disability within their daily activities without intensive medical guidance, a process that can take between two to five years or even be lifelong (Bryce et al., 2021). Due to the extended nature of this transition, community support following inpatient rehabilitation is crucial.

After the occurrence of a traumatic SCI, most people (87%) tend to first undergo acute care at hospitals, and then transition into rehabilitation units or rehabilitation-specialized (Praxis Spinal Cord Institute, 2024). On average, individuals with traumatic SCI spend 23-34 days undergoing acute care and 65-112 days in rehabilitation (Cheng et al., 2017; Praxis Spinal Cord Institute, 2024). For individuals with non-traumatic SCI, the average stay in rehabilitation hospital is 55-95 days. Among individuals with non-traumatic SCI who undergo rehabilitation at a rehabilitation hospital, 85% are discharged into the community (e.g., home, assisted living, long-term care), whereas the others are transferred to another hospital (Praxis Spinal Cord Institute, 2024).

In addition to physical support provided to individuals with SCI during their rehabilitation, there has been an increased awareness to provide social and psychological support for people with SCI (Fekete et al., 2021). As such, SCI rehabilitation often requires a multidisciplinary approach with input from a range of health care professionals (e.g., medical doctors, psychologists; Bryce

et al., 2021). There is convincing evidence that comprehensive rehabilitation support results in higher life satisfaction and lower rehospitalization rates among individuals with SCI (Cheng et al., 2012). Included within comprehensive support systems, social support has also been recognized as an important cost-effective resource for helping people with SCI cope with ways of living and improving quality of life (Clark & Krause, 2022). Social support can be generally provided by family, friends, and work colleagues. In addition, peers have been reported as a valuable source of social support (Barclay & Hilton, 2019).

**SCI Peer Support Programs**

Peer support differs from other social relationships in that peers have shared lived experiences and are seen as highly credible, equitable, and accepting (Veith et al., 2006). Overall, there is review-level evidence that SCI peer support programs are effective for improving life satisfaction and reduced re-hospitalization for individuals with SCI (Barclay & Hilton, 2019). In addition to being an educator (i.e., teaching others about SCI-related topics), there are other roles that peers can have (Barclay & Hilton, 2019). One role involves peer mentorship, which is a purposeful and unidirectional peer support relationship where a peer mentor shares their lived experience with a mentee (Sweet et al., Accepted). A peer mentor is someone who acts as a source of knowledge, guidance, and/or wisdom to a peer mentee with SCI (Sweet et al., Accepted). They provide emotional and physical support, knowledge, and assistance to others living with SCI to foster well-being and community integration (Chemtob et al., 2019; Sweet et al., 2018).

There are various formats and modalities of SCI peer support (Rocchi et al., 2021; Shaw et al., 2019). Peer support can be discussion-based and prioritize conversations between the peer mentor and mentee, or activity-based, such as focusing on wheelchair skills training or promoting physical activity (e.g., Best et al., 2017). They can focus on rehabilitation and/or community

reintegration address various issues such as teaching behaviour change techniques (i.e., active components of behaviour change; Michie et al., 2011), and use different approaches and formats including group or one-on-one mentoring and online or in-person sessions (McKay et al., 2022; Shaw et al., 2022). Due to the variability in SCI peer support services, their effectiveness has been tested through research-based interventions, evaluations of programs within hospitals, and services provided by community organizations.

In Canada, peer support is delivered through provincial non-profit community-service organizations and encompass programs, services, or initiatives that facilitate peer support among individuals with SCI (Sweet et al., Accepted). Peer support programs in Canada predominantly apply a discussion-based approach whereby individuals with SCI meet one-on-one in a formal or informal manner (Sweet et al., 2021a). Most peer mentors provide support in the form of counselling, role modelling, and listening (Gainforth et al., 2019). In the 2016/2017 fiscal year, sixty-four percent of peer mentors within Canadian SCI peer support programs were men, with 54.7% having tetraplegia. In addition, most mentees were men (59.9%) and individuals with paraplegia (52.3%; Shaw et al., 2019).

Depending on the province, peer mentors can work as part- or full-time employees, or as volunteers and are identified through their previous involvement within the organizations (Sweet at al., 2021a). Individuals have various reasons for becoming peer mentors such as wanting to help others and share one's lived experiences/expertise (Sweet et al., 2021a). After being pre-screened by the SCI organization to become a peer mentor, the individuals must complete and pass an online self-paced training course. This contains three modules related to their roles and responsibilities as a peer mentor, procedures to follow, and strategies on how they can develop positive, productive

relationships with their mentees. The intentional work put into ensuring peer support programs run smoothly and effectively results in a significant positive impact on the mentees receiving support.

**The Impact and Mechanisms of SCI Peer Support Programs on Mentees**

Across various formats, and modalities, systematic reviews and meta-analyses show that peer support programs around the world have been found to be effective in improving psychosocial outcomes for the mentee receiving support (Clark et al., 2020; Divanoglou & Georgiou, 2017). Peer support is effective in improving participation (Sweet et al., 2016), enhancing quality of life (Sweet et al., 2018), and mastering new skills (e.g., Best et al., 2016).

To combine qualitative data regarding the outcomes of related to SCI peer support on the mentees, Rocchi et al. (2021) conducted a meta-synthesis of 21 studies and community-based documents (e.g., annual reports). The authors found 87 positive outcomes of peer support, grouped into six higher-order themes. These themes included: (1) adaptation (i.e., better adapting to life with disability and developing new skills), (2) connection: (i.e., developing and maintaining social relationships), (3) personal growth (i.e., positive psychological changes such as hope), (4) independence (i.e., enhanced self-sufficiency), (5) knowledge (i.e., obtaining new information/resources/opportunities), and (6) participation (i.e., greater participation in activities/events).

To elicit such outcomes, there have been three broad themes identified in the literature regarding the mechanisms behind effective peer support: (1) qualities and characteristics of the peer mentor, (2) qualities and characteristics the mentee, and (3) the mentor-mentee relationship/dynamic. Regarding qualities and characteristics of the peer mentor, Beauchamp et al. (2016) interviewed 15 mentees from Canadian SCI organizations to examine the behaviours used by effective peer mentors. The authors used transformational leadership (i.e., when leaders go

beyond their own self-interest with the purpose of empowering and inspiring others to achieve higher levels of functioning; Bass & Riggio, 2006) to guide their results. Peer mentors who were more effective were described by mentees as encouraging, enthusiastic, optimistic, empathetic, fostered trust and respect, and understood to the needs of each mentee. Though this study provided insight into the qualities necessary to promote positive mentee outcomes, the perspective of peer mentors themselves were not considered regarding what ensures effective peer support. Given that peer mentors are often paired with multiple mentees (Balcazar et al., 2011; Ljungberg et al., 2011), exploring peer mentor perspective are critical in ensuring that information regarding mentorship is not constrained to the views of a single mentee.

To address this gap, there have been a few studies to explore the peer mentors' perspectives on characteristics and qualities that elicit positive mentee outcomes. Shaw and colleagues (2018) explored the perspectives of peer mentors in Canadian SCI peer support programs and found that peer mentors described effective mentorship as actively promoting the achievement of their mentees by providing verbal encouragement and motivating them to reintegrate back into the community. Another study by Gainforth et al. (2019) explored SCI peer mentor perspectives in addition to organizational staff of Canadian SCI organizations. Specifically, they provided insight into characteristics of high- and low-quality peer mentors and found that high quality peer mentors had strong communication skills (i.e., ability to listen), an optimistic attitude, and were emotionally intelligent (i.e., compassionate). Conversely, low quality peer mentors were characterized as those with poor psychological health, had negative emotions or attitudes (e.g., they were angry or cynical), or demonstrated a lack of passion or motivation to work and help the mentee.

Finally, Sweet et al. (2021b) and Shi et al. (2024) explored the qualities and characteristics of effective peer mentors within Canadian SCI peer support programs and identified qualities of

effective peer mentors that facilitated positive mentee outcomes such as being open-minded, authentic, willing to share, patient, positive, and trustworthy. Moreover, high-quality peer mentors used active listening, provided emotional support to their mentees through empathetic understanding, maintained agency of their mentees to achieve their goals, and had professionalism. Evidently, peer mentors wear multiple hats and are central to the functioning of SCI peer support programs. Their diverse roles and unique qualities not only support mentees in their rehabilitation journey but also enhance the overall effectiveness and success of peer support programs. Given the complexity of their role, it is crucial that peer mentors prioritize their own mental health to sustain these high standards of care.

Regarding the qualities and characteristics of mentees, research shows that those who are strongly motivated to participate in peer support programs (e.g., seeking to learn more life skills), possess control and agency over their lives, demonstrate a high readiness for peer support, and actively engage with peer mentors are more likely to experience beneficial outcomes (Sweet et al., 2018; Sweet et al., 2021a). Moreover, the dynamic and relationship between peer mentors and mentees play a crucial role in influencing mentee outcomes. Sharing common ground and having clear objectives between the peer mentor and mentee have been shown to strengthen their rapport, thereby fostering positive outcomes (Gainforth et al., 2019; Sweet et al., 2021b). Collectively, these studies underscore the significance of peer mentor mental health in delivering high-quality support. This makes it particularly concerning that peer mentors are reporting experiences of emotional and psychological toll (Alexander et al., 2021).

**The Impact of SCI Peer Support Programs on Peer Mentors**

There is limited, yet informative research pertaining to the impact of SCI peer support on peer mentors. A few studies have highlighted the positive impacts of peer support. Shaw et al.

(2019) found that peer mentors had an increased sense of purpose and pride, whereas Sweet et al. (2021a) found that peer mentors gained gratitude, purpose, confidence, pride, personal growth, and were able to "give back" and help others. Extending these findings, Alexander et al. (2021) used creative non-fiction to better understand the experiences of peer mentors. The authors described the positive aspects for peer mentors including listening and being receptive to the needs of their mentee and having a passionate and positive outlook on life.

The abovementioned studies also shed light on the harmful effects of being a peer mentor. First, there is a considerable time and energy demand required for peer mentors to deliver effective peer support and assert boundaries with their mentees that exceed their tolerance (Shaw et al., 2019; Shi et al., 2024; Sweet et al., 2021a). Related to this and due to the complexity of peer support, peer mentors often have a lack of understanding of their responsibilities and have trouble managing boundary-crossing situations (Chemtob et al., 2019; Shi et al., 2024). Moreover, peer mentors have a strong commitment to their mentees, thus inciting them to always be available to their mentees while "off work", which can cause fatigue (Shi et al., 2024). In addition, peer mentors can also be exposed to difficult conversations in their role. Studies reveal that peer mentors may discuss topics such as assisted suicide, pain, grief, loss, and despair with their mentee, which lead them to feelings of helplessness and apprehension in bringing that sadness home (Alexander et al., 2021). Finally, peer mentors may have a lack of engagement from their mentees or not attain desired goals, thus leading to disappointment (Sweet et al., 2021a). As a result of this "dark" side of providing peer support, peer mentors frequently experienced feelings of physical, psychological, and emotional exhaustion, which led to a sense of apathy towards their mentees and an undermined motivation to assist them (Alexander et al., 2021).

In recent conversations with leadership from two Canadian SCI community service organizations, it was revealed that peer mentors are resigning from their roles as a result of this psychological and emotional toll (personal communications with SCI British Columbia and SCI Ontario, October 23, 2020). Having peer mentors resign from their roles or experience psychological and emotional toll is a significant concern for their mental health. In this dissertation, we define mental health as a state of psychological, emotional, and social well-being (Keyes, 2002). We consider that mental health is different than mental illness. As such, we define mental illness as any mental, emotional, or behavioral disorder such as depression or anxiety (National Institute of Health, 2023). According to Keyes' (2002) dual-continua model of mental health, mental health and mental illness are related but distinct phenomena that reside on separate continua (rather than opposite ends of a single measurement continuum) and contribute to overall human functioning.

There are also organizational impacts from having reduced mental health among peer mentors. As previously mentioned, peer mentors are instrumental to the functioning of peer support services and promoting positive mentee outcomes. As such, there is a critical need to shed light onto the factors that contribute to this toll and intervene to mitigate their risk. This psychological and emotional toll is common among individuals in caring professions or roles such as healthcare providers (Sinclair et al., 2017; Xie et al., 2021) or teachers (Ormiston et al., 2022) and is specifically referred to as compassion fatigue.

**Compassion Fatigue**

Compassion fatigue is defined as a state of exhaustion and dysfunction as a consequence of prolonged exposure to trauma, suffering, and stress (Figley & Figley, 2017). Compassion fatigue is different than burnout, which is defined as a state of physical, emotional, and mental

exhaustion from chronic stress; Maslach & Leiter, 2016) and does not include a component of trauma exposure (Figley & Figley, 2017). In fact, there are conceptualizations of compassion fatigue that propose that burnout is a key element of compassion fatigue (Stamm, 2020). Compassion fatigue has also been referred to as caregiver/helper stress, the cost of caring, empathy fatigue, empathy-based stress, or vicarious traumatization (Ledoux, 2015; Rauvola et al., 2019).

Despite the conceptualization, research has revealed serious consequences of compassion fatigue, including those that are physical, behavioural, psychological, and spiritual. Physical symptoms of compassion fatigue can include exhaustion, insomnia, compromised immunity, headaches, stomach aches, and sleep disturbance (Huggard et al., 2017). Some examples of behavioural symptoms include substance use, anger/irritability, strained personal relationships, absenteeism, attrition, and avoidance (Harr et al., 2014; Hegney et al., 2014). Psychological/emotional symptoms range from exhaustion, depersonalization, negative self-image, depression, anxiety, and reduced ability to feel sympathy or empathy avoidance (Harr et al., 2014; Hegney et al., 2014). Finally, spiritual symptoms can include disinterest in introspection, decrease in discernment, and poor judgement (Coetzee & Klopper, 2010).

Compassion fatigue can also be detrimental to the quality of care, as caring professionals are more likely to be disengaged, lack motivation to help, and feel less capable of clear judgment (Garnett et al., 2023). Additionally, compassion fatigue has significant institutional implications. Organizations may experience higher rates of sick leave, increased staff turnover, and friction between employees, leading to elevated costs associated with losing employees and decreased productivity (Wells-English et al., 2019). Thus, addressing compassion fatigue is essential for maintaining the mental health of caring professionals and ensuring the delivery of high-quality care.

Research shows that nearly half of nurses experience moderate-to-high levels of compassion fatigue (Cavanagh et al., 2020; Wijdenes et al., 2019). It is likely that compassion fatigue levels are similar among peer mentors as they are exposed to the suffering and stress of their mentees. Moreover, they have multiple – and often competing – roles that they must fulfill effectively to provide high *quality* mentorship. However, despite the desire among SCI organizations to address this concern, there is little empirical understanding of compassion fatigue among peer mentors, a gap this dissertation aims to fill.

There are mixed findings regarding the influence of sociodemographic factors on compassion fatigue. In caring professionals, being younger and having less education and work experience can lead to higher levels of compassion fatigue (Al-Majid et al., 2018). Some evidence also suggests that care workers with exposure to loss or death, exposure to violence, and history of personal trauma are more susceptible to experiencing compassion fatigue (Allie et al., 2018; Copeland, 2021), which is the case for peer mentors. To better understand other predictors of compassion fatigue, numerous models or conceptual frameworks exist in the literature and have been developed by researchers, nurses, and psychologists (see Coetzee & Laschinger, 2018 for a review). For example, the professional quality of life (ProQOL) model developed by Stamm (2010) describes how the patient/client, work, and personal environments of the caring professional contribute to either a positive (compassion satisfaction) or a negative (compassion fatigue) outcome of helping others. In this model, compassion fatigue consists of two different aspects: burnout and primary or secondary exposure to trauma. Associated with this model, the ProQOL Scale was developed and is commonly used to assess compassion fatigue and compassion satisfaction (Stamm, 2010). Though this model is helpful in providing conceptual clarity of compassion fatigue, it is limited in its description of the etiology in the development of compassion

fatigue and does not explain the role of the environments in protection against or the development of compassion fatigue. To account for some of the limitations listed above, Figley and Ludick (2017) developed the compassion fatigue resilience model or CFRM (Appendix A).

The CFRM is a comprehensive model that aims to describe individual or professional factors that lead to the progression of compassion fatigue – or one's resilience to it (Figley & Ludick, 2017). According to the CFRM, there are a set of factors that can make individuals more susceptible (i.e., risk factors) or resilient (i.e., protective factors) to compassion fatigue. Risk factors include exposure to suffering, prolonged exposure to suffering, secondary traumatic stress, and traumatic memories. Protective factors include self-care, detachment, and sense of satisfaction. The CFRM has been identified as the most critical to understanding compassion fatigue as it focuses on the mechanisms by which compassion fatigue arises and can be worsened or prevented. As such, this dissertation was guided by the CFRM.

As seen in the CFRM and other compassion fatigue models, empathy of a caring professional plays a large role in influencing compassion fatigue and is split into three separate constructs. Empathic ability is defined as the degree to which the care worker can accurately predict the emotion displayed by the client (Figley & Ludick, 2017). Empathetic concern is the self-reported interest in the welfare of the client. Lastly, empathetic response is the care worker's plan to execute a treatment for their patient. The role of empathy in the etiology of compassion fatigue has caused much debate in the field (Coetzee & Klopper, 2010). Indeed, Figley (2002) argued that even though empathy is critical for the therapeutic relationship, it also the main antecedent of compassion fatigue. Contrary to this perspective, other researchers believe that empathy assists in protecting against compassion fatigue (Ledoux, 2015; Sabo, 2011). Overall,

empirical studies have also been equivocal, associating empathy to both the development and protection of compassion fatigue (Turgoose & Maddox, 2017).

The CFRM helps to provide some insight into this debate. For example, Figley and Ludick (2017) posit that there are four adaptive ways in which empathy can facilitate resilience to compassion fatigue, thus highlighting that it is not empathy per se that leads to compassion fatigue, but how one responds to it. These four responses include detachment from client suffering and stress, sense of satisfaction, social support, and self-care. As such, the more likely someone is to detach or let go of client suffering and stress, feel a sense of fulfillment from being able to do their work well, and receive support from others, the more likely they are to prevent and reduce compassion fatigue.

Self-care in the context of the CFRM refers to "a proactive, holistic, and personalized approach to the promotion of health and well-being through a variety of strategies, in both personal and professional settings, to enhance capacity for care of patients and their families" (Mills et al., 2018, p.1). Effective self-care strategies for caring professionals include maintaining clear boundaries and seeking social support networks from colleagues (Mills et al., 2018). In a recent study on peer mentors within SCI peer support programs, peer mentors were employing some self-care practices (Alexander et al., 2021). For example, peer mentors took time to reconnect with themselves (e.g., taking longer vacation, finding a quiet space alone) and seek mentorship from colleagues. However, peer mentors rarely sought psychological help from a professional as they believed "they were the help themselves". Furthermore, peer mentors felt that they always needed to be available for their mentees and thus had trouble setting boundaries (Shi et al., 2024). This desire to always be available outside of work hours may make it difficult to make time for self-

care. Thus, more research is needed to help understand self-care within the context of SCI peer support.

Aside from empathy, the CFRM describes other factors that can contribute to compassion fatigue. Being exposed to client suffering and having that exposure be prolonged overtime is an evident predictor of compassion fatigue (Figley & Ludick, 2017). Prolonged exposure to suffering is operationalized as "the ratio of the dosage of exposure (e.g., self-reported number of hours a week on average) to the trauma material that requires the professional to understand and act properly toward helping the client rehabilitate and find relief and perhaps identify lessons from their experiences" (Figley & Ludick, 2017, p.8). Traumatic memories, especially those that closely resemble the caring professional's own are particularly problematic for experiencing compassion fatigue, facilitating emotional distress, depression, and anxiety (Ludick, 2013). Moreover, those with unresolved trauma or trauma that closely resembles the client are at a particularly higher risk for experiencing compassion fatigue (Ludick, 2013). Lastly, other life demands, which include situations that demand attention in other areas of life such as financial difficulties, changes in social status, or illness negatively influence compassion fatigue (Pakenham, 2015).

The final component of the CFRM addresses secondary and vicarious traumatization/stress, which refers to the process by which a caring professional internalizes the trauma, suffering, and stress of their clients after prolonged exposure. According to Figley and Ludick (2017), the likelihood of a caring professional experiencing secondary traumatic stress, which contributes to compassion fatigue, is ultimately shaped by the interaction of various factors within the CFRM. The authors argue that professionals who actively engage in protective factors, such as self-care and seeking social support, are less likely to internalize their clients' distress. On

the other hand, when risk factors like financial strain or unresolved traumatic memories are more prominent, the chances of internalization—and therefore compassion fatigue—are heightened.

The CFRM is practically relevant as it helps to understand the progression of compassion fatigue and strategies for building resilience (Rauvola et al., 2019). Despite its widespread use, the CFRM has limitations that need to be addressed. First, there is a need for further empirical exploration of the CFRM across diverse populations beyond healthcare (Rauvola et al., 2019). The interrelationships among the factors of the CFRM and their influence on compassion fatigue are not well understood empirically. Clarifying these dynamic processes can provide researchers with valuable insights for potential intervention points.

Ultimately, the CFRM helps to identify where individual-level support can be provided to mitigate compassion fatigue and build resilience. Fortunately, compassion fatigue is modifiable and responsive to interventions (Chen et al., 2022), which is promising for researchers and organizations as individual-level approaches may be more feasible and cost-effective compared to large-scale organizational changes, such as creating flexible work schedules or providing daycare services (Lee et al., 2019). One individual-level factor that has been associated with reduced compassion fatigue and has gained significant attention in the psychology field is self-compassion (Finlay-Jones et al., 2018).

**Self-compassion**

Self-compassion is broadly defined as a healthy way of relating to oneself (Neff, 2003a) and is derived from Buddhist philosophy regarding compassion for others (e.g., Brach, 2003). Kristin Neff (2003a, 2016) conceptualizes self-compassion as comprising overlapping but conceptually distinct elements: how people emotionally respond to suffering (with kindness or judgment), how they cognitively understand their predicament (as part of the human experience or

as isolating), and how they pay attention to suffering (in a mindful or overly identified manner). Self-compassion represents a dynamic system in which the various elements work together to alleviate suffering (Neff, 2023).

Self-kindness refers to extending and offering oneself kindness and understanding (Neff, 2003a). It allows us to address our personal shortcomings and failures with a gentle, accepting, and supportive stance. Being kind and forgiving to ourselves can free up mental capacity that would otherwise be used for self-judgment and rumination (Dreisoerner et al., 2021). In contrast to self-kindness, self-judgment involves berating oneself and having a harsh, condemning, and cold attitude. From evolutionary and physiological perspectives, self-kindness and self-criticism have implications for the nervous system. When we engage in self-kindness, our parasympathetic nervous system is activated and our body produces oxytocin (the "love hormone") and opiates (the "happy hormones"; Gilbert, 2009). Two ways to activate the parasympathetic nervous system through self-kindness are supportive touch (e.g., placing your hand on your cheek) and by using gentle or kind vocalizations (Germer & Neff, 2019). Conversely, when we feel threatened through external or internal stimuli such as self-judgement, our threat-defense system is usually the quickest to respond, releasing cortisol (i.e., the “stress hormone”) in the body and having detrimental long-term effects on our health (Gilbert, 2009).

Common humanity involves seeing one’s experiences as part of the larger human experience rather than as isolating and separating (Neff, 2003a). Instead of comparing our situation to others, it helps us understand that everyone goes through struggles, fostering a sense of connection and community (Neff, 2023). Recognition of common humanity also helps reframe what it means to be a self (Neff, 2023). When we experience failure or have personal shortcomings, common humanity helps us understand that there is no “me” to judge. Instead, we are the result of

millions of prior circumstances that have shaped us in the present moment (Neff, 2023). Conversely, isolation refers to the emotional reaction and cognition that we believe our struggles are unique and everyone else is fine. This tunnel vision prevents us from seeing the larger picture and leads to feeling cut off from others who are presumably living "normal" lives (Neff, 2023).

Mindfulness is a type of balanced awareness that neither avoids nor exaggerates the discomfort of our present-moment experience (Neff, 2023). Neff (2003a) postulates that mindfulness is central to self-compassion as it gives us the "mental space" to extend kindness to ourselves and recognize our experiences in the broader human context. The importance of mindfulness as a central component of self-compassion is supported by other studies (Dreisoerner et al., 2021; Keng et al., 2012). Mindfulness provides us with an equilibrated mental perspective and a sense of equanimity – being able to remain calm in the moment (Anālayo, 2021). Most importantly, mindfulness helps us to be receptive towards *all* emotions, thoughts, and experiences without trying to suppress or ruminate on them (Perestelo-Perez et al., 2017). Over-identification, the opposite of mindfulness, involves becoming carried away or overwhelmed by one's present-moment experience (Neff, 2003a). When people over-identify, they become immersed in and consumed by their emotional reactions and are less able to see the situation clearly, leading to rumination or suppression of that experience. Over-identification can lead individuals to focus on their shortcomings and failures, thus exaggerating implications for self-worth and making them feel more alone (Neff, 2023).

Considering that Buddhist derivations of self-compassion, alternative ways of conceptualizing self-compassion exist that are different than Neff's (2003a) framework and that should be acknowledged (see Mascaro et al., 2017 for a review). To highlight and organize these varying perspectives, Pastore and colleagues (2023) categorized the different ways that self-

compassion has been conceptualized in the literature. They identified two broad approaches such that self-compassion has been considered by its experience in the mind/body (i.e., as a cognitive process, emotion/affect, or motivation) or according to dimensions of generality (i.e., as state-like, trait-like/global, or context-specific). This paper was pivotal in understanding the complexities of self-compassion and providing considerations for researchers examining this construct. For instance, when assessing self-compassion, researchers should acknowledge self-compassion in the way participants are thinking, feeling, or behaving. As such, we attempted to use various mixed method approaches to assessing self-compassion in this dissertation.

A meta-analysis and systematic review revealed that self-compassion is significantly and positively associated with mental health and well-being across clinical and non-clinical samples ($N$=16,416, $r$=.47; Zessin et al., 2015). The authors found that self-compassion was linked to greater happiness, positive affect, and satisfaction with life with moderate-to-large effect sizes. Other meta-analyses and systematic reviews show that self-compassionate individuals have higher trait levels of hope, gratitude, curiosity, and vitality (Gunnell et al., 2017; Neff et al., 2018). Self-compassion is also linked to reduced psychopathology (Hughes et al., 2021; Suh & Jeong, 2021). A meta-analysis of 27 studies ($N$ = 1,480) indicated an inverse association between self-compassion and negative mental states such as depression (Hedge's $g$=0.66), anxiety ($g$=0.57), stress (g=0.67), and rumination ($g$=1.37) for diverse populations (Ferrari et al., 2019). Longitudinal research also provides support that self-compassion levels at baseline predicted depression, anxiety, and negative affect after 6 months (Stutts et al., 2018) and that increases in self-compassion is linked to reductions in psychopathology and loneliness over a 5-year time span (Lee et al., 2021). Overall, the benefits of self-compassion on various health outcomes are very promising for the field of psychology (see Neff, 2023 for a review).

Importantly and relating directly to this dissertation, self-compassion has been associated with reduced compassion fatigue and improved compassion for others among caring professionals (Dev et al., 2018; Finlay-Jones et al., 2018). Researchers have shown that self-compassion is negatively correlated with secondary traumatic stress, compassion fatigue, and burnout in healthcare workers such as nurses or social workers (Beaumont et al., 2016; Yip et al., 2017). Moreover, Babineau et al. (2019) found that self-compassionate physicians experienced higher work engagement, felt less exhausted due to work demands, and were more satisfied with their professional life. Overall, studies provide support for these relationships among caring professionals in the healthcare field (e.g., Robinson et al., 2018), however the role of self-compassion for disability populations is not well understood and requires further investigation.

Self-compassion enhances mental health and reduces compassion fatigue through several mechanisms (e.g., Sinclair et al., 2017). Psychologically, it aids in emotional regulation by promoting the acceptance of negative emotions (Himmerich & Orcutt, 2021) and reducing negative thinking (Yip & Tong, 2021). This in turn helps to decrease feelings of shame (Siwik et al., 2022) and improves autonomy, competence, and relatedness (Gunnell et al., 2017), which are essential psychological needs according to self-determination theory (Deci & Ryan, 2013). Self-compassion also reduces depersonalization and stress while also enhancing mindfulness (Gauthier et al., 2015; Neff et al., 2020). Additionally, a study on physicians in a mindfulness-based well-being coaching program reported improvements in boundary setting, prioritization, self-care, and self-awareness (Schneider et al., 2014). Physiologically, self-compassion can alter neural responses to pain in the prefrontal cortex (Berry et al., 2020) and lower cortisol levels associated with stress (Dreisoerner et al., 2021). Taken together, self-compassion bolsters resilience, enabling caring professionals to better manage the challenges of their role.

Some studies have applied self-compassion (or mindfulness, a key component of self-compassion) within the context of disability, primarily related to adjudgment and coping with disability. In SCI-specific research, mindfulness has been associated with adaptive coping and mental health through acceptance and non-judgement (e.g., Bhattarai et al., 2024). A conceptual paper also discussed how rehabilitation counsellors can use self-compassion to help individuals with physical disability adjust and cope (Stuntzner, 2017). Specifically, the authors suggest that self-compassion strategies can be used by counsellors alongside person-centered therapy and cognitive behavioural therapy. For example, counsellors can teach their clients how to apply meditation, mindful awareness (i.e., being aware of the present moment), or nature walks (i.e., applying mindful awareness when on a walk) into their lives to adjust to their disability. While the paper highlights the potential benefits of these practices, it does not address individuals with disabilities in caring professions or empirically explore self-compassion in this context. Thus, this dissertation aimed to address this gap and explore the application and intervention of self-compassion for peer mentors in SCI support programs.

Considering the critical role of self-compassion for reducing compassion fatigue, there is little understanding on how it is theoretically situated within the CFRM. It is plausible that self-compassion is associated with factors within the CFRM and plays a role in compassion fatigue prevention. For instance, researchers have begun to make the link between self-compassion and self-care, specifically in caring professions (e.g., Andrews et al., 2020). In addition, self-compassion has been shown to help with boundary setting (Schneider et al., 2014), and likely contributes to better detachment, a protective factor within the CFRM. Research also shows that self-compassionate individuals are more likely to seek social support (Dschaak et al., 2021) and be satisfied with their work (Babineau et al., 2019). As such, beyond testing the link between self-

compassion and compassion fatigue among SCI peer mentors, this dissertation will further our understanding of the connection between self-compassion and the CFRM.

**Self-compassion Interventions and Assessments**

Self-compassion can be cultivated in various ways (Germer & Neff, 2019) and therefore self-compassion programs have been developed. In alignment with Neff's (2003a) conceptualization, Germer and Neff (2013) developed the Mindful Self-Compassion program and Self-Compassion Scale (SCS; Neff, 2003b). The Mindful Self-Compassion program is designed as an 8-week program, containing a 2.5-hour group session each week. It uses a combination of educational activities, group discussion, self-reflection, and individual or group self-compassion practice. The first study of the Mindful Self-Compassion program (Germer & Neff, 2013) found that participation led to significant increases in self-compassion, mindfulness, compassion for others, and life satisfaction, and decreases in depression, anxiety, stress, and emotional avoidance compared to a waitlist control group. All gains were maintained at 6-month and 1-year follow-ups, suggesting that the skills learned in Mindful Self-Compassion program are sustained over time.

Despite the intervention or assessment used, Ferrari and colleagues (2019) concluded that mindfulness-based interventions such as the mindful self-compassion program significantly increase self-compassion and improve mental health. Other RCTs concluded that self-compassion interventions are effective in improving health outcomes. For instance, Torrijos-Zarcero and colleagues (2021) demonstrated that the mindful self-compassion program may be more effective than cognitive behavioural therapy for improving self-compassion, pain acceptance, catastrophizing, and anxiety among individuals with chronic pain. Friis et al. (2016) also showed that the mindful self-compassion program reduced depression and diabetes-related distress compared to a waitlist control group and had clinically meaningful reductions in blood sugar levels

among diabetes patients. Taken together, these findings reinforce the idea that self-compassion has benefits for both mental and physical health.

**Self-compassion Interventions and Caring Professionals**

In healthcare workers, a systematic review confirmed that generalized self-compassion programs were effective in increasing self-compassion and mental health (Eriksson et al., 2018; Sinclair et al., 2017). Delaney (2018) found that after taking the Mindful Self-Compassion program, nurses' secondary trauma and burnout declined significantly and were negatively associated with self-compassion. Resilience to compassion fatigue and sense of satisfaction also increased with a large effect size. There have also been recent suggestions to adapt self-compassion to the targeted population to further optimize their impact (Neff, 2023; Pastore et al., 2023). As such, Neff and colleagues (2020) adapted the Mindful Self-Compassion program within the context of healthcare professionals, named as the mindful self-compassion program for healthcare communities. Compared to a control group, this program was effective in increasing self-compassion, well-being, and compassion for others, as well as reducing secondary traumatic stress and burnout (Neff et al., 2020)

The Mindful Self-Compassion program for Healthcare Communities program appeared to be more relevant for caring professionals compared to the original Mindful Self-Compassion program (Neff et al., 2020). For example, it is of shorter duration (i.e., 1 hour a week for 6-weeks instead of 2-3 hours a week for 8-weeks), is conducted at work (as opposed to separately after work hours), and is geared towards caring professionals (e.g., having a session on compassion fatigue). Though this program is promising for caring professionals, it is critical to further tailor interventions to specific populations, especially those with a disability as they face unique challenges to practicing self-compassion (Finlay et al., 2022).

Mindfulness-based interventions that have been applied within the context of SCI and have similar components to self-compassion interventions in that they cover topics such as acceptance, non-judgmental awareness, reduced over-identification with thoughts, and attending to internal experiences (Bhattarai et al., 2024). Reviews and RCTs provide support that mindfulness-based interventions are feasibility and acceptable within the SCI population and that they can significantly reduce depression and pain and improve mental and physical health among individuals with SCI (Hearn & Cross, 2020; Li et al., 2024). Despite this promising research, these studies do not consider other key components of self-compassion (i.e., self-kindness and common humanity) and it is unsure whether these results translate to caring professionals who have a disability. As such, this dissertation (and specifically Chapters 4 and 5) will aim to fill these gaps by providing details regarding the development and testing of a tailored self-compassion program for peer mentors within SCI peer support programs.

**Summary of Gaps Identified in the Literature**

This dissertation addresses key gaps in the literature by focusing on an understudied population, peer mentors within Canadian SCI community organizations. Peer mentors may face distinct challenges in their roles that differ from those experienced by caring professionals without disabilities. By examining self-compassion and compassion fatigue in this group, the research will provide a deeper understanding of the factors contributing to compassion fatigue among peer mentors. Additionally, the dissertation will theoretically integrate self-compassion with the CFRM, offering insight into how self-compassion, as a psychological resource, may influence compassion fatigue in the context of SCI peer support. This work is novel in its empirical exploration of the CFRM, an understudied framework, to better understand the etiology of compassion fatigue. The dissertation will also contribute to the literature by co-developing and

implementing a tailored self-compassion program with SCI organizations, aimed at supporting mental health and reducing compassion fatigue among peer mentors. Lastly, it will address the feasibility, acceptability, and effectiveness of this tailored self-compassion program, filling an important gap in the literature to understand self-compassion interventions within the context of disability and peer mentors.

**Context and Researcher Positionality**

This dissertation was conducted as part of a longstanding community-university partnership between McGill University and Canadian SCI community service organizations. The purpose of this partnership is to "unite students, researchers, and community-based organizations that are inspired to better understand, promote, and optimize SCI peer support programs and services" (McGill Spinal Cord Injury Peer Mentorship, 2024). This research partnership has three streams including 1) understanding mentees' experience in peer support relationships, 2) promoting the well-being of peer mentors, and 3) examining and supporting the implementation of peer support programs. As such, this dissertation falls within the second stream and is among the first few studies conducted to explore peer mentors in this partnership. As this stream is relatively new to the partnership, we decided to conduct this dissertation with two of the larger SCI organizations, namely SCI British Columbia and SCI Ontario.

I was drawn to the theories and interventions in exercise and health psychology lab at McGill University given my strong interest in studying mental health and physical activity. As my master's thesis was focused on integrating self-compassion within the physical activity context, I began to realize the critical importance of self-compassion for mental health. Due to this interest, I pursued the Mindful Self-Compassion program from a clinical psychologist in Ottawa to learn more about it personally. When I started my doctoral degree, I knew that I wanted to somehow

integrate self-compassion into my research. As one of my co-supervisors, Dr. Sweet, had pre-existing relationships with SCI organizations, they began to have conversations about how peer mentors were experiencing compassion fatigue in their roles. We then decided that we were apply self-compassion within this context and the community partners were strongly on board with this idea.

Starting my doctoral studies as an individual without a disability, I had little experience working alongside individuals with disabilities. I quickly realized that I had to learn more about this context and population. As such, I worked alongside my lab to read seminal papers about disability frameworks and have discussions about how we position ourselves as researchers. More importantly, I wanted to have conversations with peer mentors to understand their perspectives and lived experience with disability. By being involved with multiple other projects conducted with people with disabilities and specifically spinal cord injury, I was able to better understand who I was working alongside. Further, learning about the integrated knowledge translation (IKT) guiding principles for conducting and disseminating SCI research in partnership (Gainforth et al., 2020) was instrumental to working alongside the SCI community.

**Partnership Framework: The IKT Guiding Principles**

This dissertation followed the IKT guiding principles for conducting and disseminating SCI research in partnership (Gainforth et al., 2020). This approach encourages engaging in meaningful activities that facilitate the application of research in the real-world by enhancing community-academic research partnerships between SCI researchers, people with lived experience of SCI, SCI organizations, and SCI research funders. The IKT principles include: (1) partners develop and maintain relationship based on trust, respect, dignity, and transparency; (2) partners share in decision-making; (3) partners foster open, honest, and responsive communication; (4)

partners recognize, value, and share their diverse expertise and knowledge; (5) partners are flexible and receptive in tailoring the research approach to match the aims and context of the project; (6) partners can meaningfully benefit by participating in the partnership; (7) partners address ethical considerations; (8) partners respect the practical considerations and financial constraints of all partners. Dissemination of the IKT principles is expanding, thus helping to create more meaningful, usable, and relevant SCI research and ensuring for successful knowledge mobilization with real-world impact (Gainforth et al., 2020; Shwed et al., 2023).

The principles have been used by a group of university researchers who partnered with Canadian SCI community service organizations to investigate the outcomes of SCI peer support (Table 1; Sweet et al., 2021a). As part of this larger research team, I have met with executive directors and peer mentors from SCI British Columbia and SCI Ontario sixteen times over the past four years to discuss the co-design the studies within this dissertation (Table 2). There were various strategies that I used to adhere to the guiding principles (Hoekstra et al., 2022). First, I engaged in careful planning and reflection throughout the research process. During meetings, I ensured that everyone was on the same page in terms of roles and responsibilities. For example, when it came to recruitment, we established a plan whereby I was to create the recruitment material such as an email script or promotion poster for the organizations who then administered it to their peer mentors. Second, I used my experience in motivational interviewing, a collaborative counselling style, to employ interpersonal skills that fostered respect and collaboration. I asked open-ended questions in the meetings to allow for more rich dialogue while also using reflections (i.e., stating back what the person has said) to ensure the partners knew I was actively listening and that I was correctly understanding what they had to say. Third, I drew on expertise from each partner on the research team. For instance, I contributed important knowledge on self-compassion, while my co-

supervisors had extensive research experience in spinal cord injury and mental health. Further, the staff and peer mentors at SCI British Columbia and SCI Ontario had critical practical knowledge and lived experience. This collaborative effort ensured that we were conducting research that was meaningful and relevant, and that would optimize the potential impact on peer mentor mental health.

**Table 1.**

*Integrated Knowledge Translation Process for Dissertation*

| Research Stage | Type of Activity | Activity Description | IKT Guiding Principles[a] |
|---|---|---|---|
| Conceptual Design (Grant and Ethical Approval) | Discussion (Video calls, Emails) | The research questions and methodologies were co-developed by community partners from SCI British Columbia (C.B.M., & J.M.) and SCI Ontario (S.C., & L.A.) along with researchers from McGill University (O.L.P., J.D.H., S.N.S.)<br><br>Following co-conceptualization, O.L.P. completed a grant proposal draft to submit for federal and provincial doctoral funding. Once the grant proposal was reviewed by community partners from SCI British Columbia and SCI Ontario, the grant was submitted.<br><br>After provincial and federal funding was received, O.L.P and J.D.H. drafted and submitted the proposal for Article 1 to be approved by the ethical review board from McGill University. This proposal was also | • Partners develop and maintain relationship based on trust, respect, dignity, and transparency<br>• Partners share in decision-making<br>• Partners foster open, honest, and responsive communication<br>• Partners recognize, value, and share their diverse expertise and knowledge<br>• Partners are flexible and receptive in tailoring the research approach to match the aims and context of the project<br>• Partners can meaningfully benefit by participating in the partnership |

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|---|---|---|---|
| | | reviewed by community partners prior to submission. The same process was completed for Article 3/4 with O.L.P completing the original draft. | |
| Recruitment | Developing and Distributing Recruitment Materials (Emails) | O.L.P and J.D.H. created templates for recruitment emails, consent forms, and interview guides for Article 1. O.L.P. completed them for Article 3.<br><br>C.B.M., J.M., S.C., and L.A. reviewed, approved, and distributed recruitment materials within their organizations for Article 1 and 3. | • Partners share in decision-making<br>• Partners foster open, honest, and responsive communication<br>• Partners recognize, value, and share their diverse expertise and knowledge |
| Data Collection | Administering Surveys and Conducting Interviews | For Article 1, O.L.P. and J.D.H. administered all questionnaires, and scheduled, conducted, and recorded all interviews. They coordinated the recruitment efforts with all community partners, including reminders and updates on recruitment numbers. O.L.P administered all questionnaires and scheduled, conducted, and recorded all interviews for Article 3. L.W. also assisted with conducting some of the interviews for Article 3. | • Partners foster open, honest, and responsive communication<br>• Partners respect the practical considerations and financial constraints of all partners |
| Data Analysis and Interpretation | Discussion (Video calls, Emails) | O.L.P overviewed all results for Articles 1 and 3 and created summaries of results. E.D. assisted with summarizing the results for Article 3.<br><br>Once a summary of results was created for each article, | • Partners foster open, honest, and responsive communication |

| | | | |
|---|---|---|---|
| | | the larger team including community partners met to discuss. | |
| Manuscript Preparation | Discussion (Emails) | O.L.P. led the writing of the manuscripts. S.N.S and M.S.F. provided initial rounds of feedback. All co-authors reviewed the manuscripts, provided feedback and approved final content prior to submission for publication. | • Partners share in decision-making<br>• Partners foster open, honest, and responsive communication<br>• Partners recognize, value, and share their diverse expertise and knowledge |
| Knowledge Dissemination | Discussion (Video calls, Emails) | O.L.P. will be creating graphics and infographics for the study results. In addition, O.L.P. will be creating a guidebook and webinars on the self-compassion program to assist SCI organizations in facilitating it. These resources will be reviewed by researchers from McGill University and community partners who will form a knowledge dissemination working group. | • Partners share in decision-making<br>• Partners foster open, honest, and responsive communication<br>• Partners recognize, value, and share their diverse expertise and knowledge<br>• Partners are flexible and receptive in tailoring the research approach to match the aims and context of the project |

[a]Identified from Gainforth et al. (2020)

*Note.* Underlined sections in the table are strategies identified in Hoekstra et al. (2021)

*Note.* C.B.M., J.M., S.C., H.F., and L.A. are current or previous director and manager positions of Canadian spinal cord injury community service organizations providing years of experience in developing and managing SCI peer support programs.

M.S.F. and S.N.S are researchers within the spinal cord injury and self-compassion context who provide expertise in peer support and integrated knowledge translations/partnership.

O.L.P., J.D.H., L.W., and E.D. are graduate students working at different phases of the research phases.

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**Table 2.**

*Partner Meetings and Topics*

| Meeting | People Present | Meeting Topic |
|---|---|---|
| 1 | Community Partners: C.B.M., H.F., & S.C.<br>Research Partners: O.L.P., J.D.H. & S.N.S. | Introductory meeting and aligning on research goals |
| 2 | Community Partners: 5 peer mentors from SCIBC and SCIO | Meeting with peer mentors to discuss their roles and experiences |

| | | |
|---|---|---|
| | Research Partners: O.L.P., J.D.H. & S.N.S. | with peer support and compassion fatigue |
| 3 | Community Partners: J.M.<br>Research Partners: O.L.P. | Introductory meeting and aligning on research goals |
| 4 | Community Partners: C.B.M., S.C., & L.A.<br>Research Partners: O.L.P., J.D.H. & S.N.S. | Planning and conceptualization of Ph.D. research program |
| 5 | Community Partners: C.B.M., S.C., & L.A.<br>Research Partners: O.L.P., J.D.H. & S.N.S. | Planning and conceptualization of Ph.D. research program |
| 6 | Community Partners: C.B.M., S.C., & L.A.<br>Research Partners: O.L.P., J.D.H. & S.N.S. | Study 1 Conceptualization |
| 7 | Community Partners: J.M.<br>Research Partners: O.L.P. | Study 1 Planning: Recruitment |
| 8 | Community Partners: C.B.M., S.C., & L.A.<br>Research Partners: O.L.P., J.D.H. & S.N.S. | Study 1 Debrief<br>Study 2 Conceptualization |
| 9 | Community Partners: C.B.M., S.C., & L.A.<br>Research Partners: O.L.P., J.D.H. & S.N.S. | Study 2 Planning: Discussions about existing self-compassion interventions |
| 10 | Community Partners: C.B.M., S.C., & L.A.<br>Research Partners: O.L.P., J.D.H. & S.N.S. | Study 2 Planning: Iteration 1 of self-compassion program (i.e., length, modality, content, outcomes) |
| 11 | Community Partners: L.A. & J.M.<br>Research Partners: O.L.P. & S.N.S. | Study 2 Planning: Recruitment |
| 12 | Community Partners: J.M.<br>Research Partners: O.L.P. | Study 2 Planning: Iterations |
| 13 | Community Partners: C.B.M. & J.M.<br>Research Partners: O.L.P. & S.N.S. | Study 2 Debrief<br>Study 3 Conceptualization |
| 14 | Community Partners: C.B.M. & J.M.<br>Research Partners: O.L.P. & S.N.S. | Study 3 Planning |
| 15 | Community Partners: J.M.<br>Research Partners: O.L.P. | Study 3 Planning |
| 16 | Community Partners: J.M.<br>Research Partners: O.L.P. | Study 2 & 3 Debrief |

*Note.* C.B.M., J.M., S.C., H.F., and L.A. are current or previous director and manager positions of Canadian spinal cord injury community service organizations providing years of experience in developing and managing SCI peer support programs.
S.N.S. is a researcher within the spinal cord injury and disability context who provide expertise in peer support and integrated knowledge translations/partnership.
O.L.P., and J.D.H. are graduate students working at different phases of the research phases.

**Guiding Paradigm**

This thesis adopted a pragmatic approach, offering flexibility in selecting paradigms, designs, and methodologies that best aligned with the objectives of each article (Kaushik & Walsh,

2019). Pragmatism was chosen as the guiding epistemology because it allows for the exploration of phenomena without adhering to the notion of a singular "true truth." Given the diverse purposes of this thesis, which necessitated varying methodological approaches, pragmatism proved to be a fitting choice. For instance, Chapter 3 utilized a post-positivist paradigm with a critical realist ontology and a modified dualist epistemology (Guba & Lincoln, 1994). In contrast, Chapter 5 adopted a pragmatic paradigm, employing a mixed-method convergent parallel design. Pragmatism also facilitates the integration of qualitative and quantitative methods, as demonstrated in previous research (Kaushik & Walsh, 2019). Moreover, pragmatism aligned with our IKT approach by emphasizing the active involvement of community partners in the research. This pragmatic stance enabled a comprehensive understanding of compassion fatigue among peer mentors in SCI peer support programs, leading to more practical applications of the findings.

**Chapter 3**

# "It was the whole enchilada": Peer mentors' experiences of compassion fatigue and compassion fatigue resilience within spinal cord injury community service organizations

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**Abstract**

This study aimed to understand the experiences of compassion fatigue and compassion fatigue resilience among peer mentors within Canadian spinal cord injury (SCI) community service organizations. Eight experienced peer mentors completed two online daily diary reflections and participated in one semi structured interview. Using abductive thematic analysis, constructs within the compassion fatigue resilience model and self-compassion theory guided our interpretation of the peer mentors' experiences. We found consequences associated with compassion fatigue and compassion fatigue resilience and describe the internal and external factors contributing to each. Peer mentors whose experiences aligned with compassion fatigue felt physically, psychologically, and emotionally exhausted. These feelings appeared to have a negative influence on the peer mentors' perception of their effectiveness, affecting their ability to help their mentees or even leading them to avoid their mentees altogether. Factors such as shared lived experience, exposure to mentee suffering/stress, traumatic memories, lack of self-compassion, and other mentorship/life demands contributed to peer mentors' compassion fatigue. Conversely, factors such as self-care, self-compassion, detachment from mentee suffering/stress, satisfaction from mentoring, and social support promoted resilience to compassion fatigue. Compassion fatigue (resilience) was experienced by peer mentors as being a complex and multifaceted process including both internal and external factors. These findings highlight warning signs of compassion fatigue among peer mentors and identify the factors—and their interrelationships—that could build resilience to combat this fatigue. Organizations can use the information to tailor self-compassion programs for SCI peer mentorship.

**Keywords**: compassion fatigue; mentors; self-compassion; spinal cord injuries

## Introduction

To foster adaptation and thriving among individuals with a spinal cord injury (SCI), Canadian peer support programs were developed by provincial non-profit SCI community service organizations (SCI Canada, 2023; Shaw et al., 2019). A SCI is nerve damage in the spinal cord causing temporary or permanent changes in sensory, motor, and/or autonomic function (Praxis Spinal Cord Institute, 2019). In Canada, approximately 86,000 people live with a SCI, and around 4,500 new adult injuries occur annually (Noonan et al., 2014). There is a necessity for people with SCI to adapt to various life aspects, like using new mobility devices, incorporating health routines, and learning stress-coping methods (Haisma et al., 2006). As such, peer support programs serve the purpose of connecting individuals with similar lived experiences by matching a peer mentor with a mentee to provide emotional support and practical advice.

Peer support encompasses various forms of peer interactions that aim to foster well-being and community integration among mentees (Chemtob et al., 2019; Sweet et al., 2018). While the body of research examining how to optimize peer support for mentees continues to provide valuable insights (e.g., Rocchi et al., 2021), emerging evidence helps organizations glean an understanding of the effects on peer mentors (e.g., Gainforth et al., 2019; Shaw et al., 2019). Sweet et al. (2021) identified positive outcomes, or a "bright side" of peer mentors' involvement in peer support including personal growth and gratitude. However, these authors also revealed some negative aspects or a "dark side", such as an emotional toll from reliving traumatic experiences and a lack of engagement with unmotivated mentees. In explicitly investigating this dark side, Alexander et al. (2021) showed that mentors faced challenges of physical, mental, and emotional exhaustion due to conversations about sensitive topics like assisted suicide and exposure to pain, grief, and loss. Consequently, some mentors felt a sense of apathy towards their mentees.

Considering the pivotal role that peer mentors play in the functioning of peer support programs, more research is needed to specifically examine both the bright and darks side of peer mentors' experiences. Indeed, the largely unexplored dark side has been recognized as a critical need by Canadian community service SCI organizations because peer mentors have been resigning from their roles due to exhaustion (personal communication, October 23rd, 2020). A potential root of this dark side for peer mentors is *compassion fatigue,* which is often experienced in caring professions and is characterized by exhaustion and dysfunction resulting from prolonged exposure to trauma, suffering, and stress[2] (Figley & Figley, 2017). Signs and symptoms of compassion fatigue include depression and anxiety, irritability, dread of working with clients, absenteeism, and consequently a reduced ability to feel empathy and compassion (Harr et al., 2014; Hegney et al., 2014). Caring professionals such as physicians, nurses, and psychologists face a high risk of compassion fatigue (Meadors & Lamson, 2008).

Peer mentors have unique characteristics compared to other caring professionals that could increase their susceptibility to compassion fatigue. For example, in addition to juggling multiple and sometimes conflicting roles to provide effective mentorship (Sweet et al., 2021), Peer mentors have shared lived experience with their mentees (e.g., trauma, rehabilitation following acquisition of SCI). Previous evidence suggests that caring professionals with a history of personal trauma are more susceptible to compassion fatigue (Linley & Joseph, 2007), therefore highlighting the need to examine peer mentor' experiences of compassion fatigue and their resilience[3] to it. Such an

[2]Compassion fatigue is different than *burnout,* which does not have an element of trauma exposure and is defined as a state of physical, emotional, and mental exhaustion from chronic stress (Maslach & Leiter, 2016).
[3]Compassion fatigue resilience is defined as one's ability to withstand or recover quickly from compassion fatigue (Figley & Ludick, 2017).

approach can provide a more appropriate perspective to understanding the elements that pose risks or provide safeguards for compassion fatigue among mentors to help avert or alleviate it.

Beyond peer mentors' experiences with compassion fatigue, it is critical to identify the interrelating factors that lead to and mitigate compassion fatigue, which can guide the development of future interventions. The compassion fatigue resilience model (CFRM) identifies internal factors (e.g., empathy, self-care) and external factors (e.g., social support, life demands) that can increase susceptibility or enhance resilience to compassion fatigue (Figley & Ludick, 2017). However, previous research has predominantly focused on the primary outcomes of the CFRM or individual factors within the model, such as self-care or social support (e.g., Zhang et al., 2018). Therefore, examining how the factors interact within the CFRM can provide us with a more comprehensive perspective, especially among peer mentors.

Although not mentioned in the CFRM, self-compassion is a psychological construct that has gained attention within the compassion fatigue literature (Babineau et al., 2019; Finlay-Jones et al., 2018; Robinson et al., 2018). *Self-compassion* is defined as a healthy way of relating to oneself (see Neff, 2023 for a review). Self-compassion comprises three subcomponents and their counterparts: (a) *self-kindness* (vs. self-judgement), which refers to having a gentle stance towards the self rather than being harsh and critical; (b) *mindfulness* (vs. over-identification), which is having a balanced awareness of one's thoughts and emotions rather than becoming swept away by them, and; (c) *common humanity* (vs. isolation), which refers to understanding the universality of one's own suffering as opposed to feeling alone (Neff, 2003).

Meta-analyses and systematic reviews show that self-compassion improves psychological and physical well-being and reduces psychopathology with medium-to-large effects in clinical and non-clinical samples (Athanasakou et al., 2020; Neff et al., 2018; Zessin et al., 2015). Importantly

for this study, self-compassion has been significantly associated with reduced compassion fatigue among a sample of 607 caring professionals (Ondrejková & Halamová, 2022). As such, the role of self-compassion within the CFRM and in the context of SCI mentors may expand our understanding of compassion fatigue. In fact, self-compassion – containing both positive and negative subcomponents – could provide a valuable framework for highlighting internal factors for compassion fatigue, as it is an internal process.

Previous research among caring professionals has highlighted links between self-compassion and factors within the CFRM. For example, higher levels of self-compassion have been associated with increased self-care and some researchers have even considered self-compassion practices as a form of self-care (Nelson et al., 2018). Additionally, mindfulness has been associated with optimal detachment from clients[4] (Hülsheger et al., 2014). As such, self-compassion may help to understand the internal processes of compassion fatigue (resilience) for SCI peer mentors. Overall, this study will address an important need for researchers to explore self-compassion within specific contexts, providing a more nuanced perspective on the construct (Neff, 2023; Pastore et al., 2023).

The purpose of this study is to understand the peer mentors' experience of compassion fatigue and compassion fatigue resilience, the factors leading to these outcomes (and their interrelationships), and the potential role of self-compassion within the CFRM. Our specific research questions were as follows: (1) What are the peer mentors' experiences of compassion fatigue and compassion fatigue resilience? (2) What are the factors – as per the CFRM and self-

[4]Defined as creating a psychological distance to protect oneself from becoming too emotionally involved or overwhelmed by certain situations (Craig & Cooper, 1992).

compassion theory - and processes that lead to compassion fatigue and compassion fatigue resilience?

## Methods

### Partnership Framework

This study adhered to the integrated knowledge translation (IKT) guiding principles for conducting and disseminating SCI research in partnership (Gainforth et al., 2020). This approach refers to engaging in activities that facilitate the application of research in the real-world by enhancing community-academic research partnerships between researchers, research mobilizers, and SCI research funders. Over the past three years, we have held fifteen meetings with leadership and peer mentors from SCI British Columbia and SCI Ontario to discuss reducing peer mentor compassion fatigue and promoting peer mentor resilience to guide the co-design of this study. See Appendix A for a table that outlines the roles and tasks for members for each phase of the research process.

### Philosophical Paradigm and Study Design

This study was guided by post-positivism with a critical realist ontology and a modified dualist epistemology (Guba & Lincoln, 1994). The critical realist ontology acknowledges that there is a knowable reality that exists deeper than what we can observe, measure, or comprehend. A modified dualist position assumes the researcher attempts to understand this knowable reality by observing, measuring, and assessing it as objectively as possible, accounting for and attempting to minimize their influence on the research process (Guba & Lincoln, 2005; Lincoln et al., 2018). As such, we used a generic qualitative design to understand the complex experiences of peer mentors using daily diary reflections and semi-structured interviews (Guba & Lincoln, 1994;

Sparkes & Smith, 2014). Conducting rigorous qualitative research with multiple data sources to better understand compassion fatigue has been recommended (e.g., Rauvola et al., 2019).

**Participants**

We purposefully recruited eight current peer mentors for this study with assistance from SCI British Columbia and SCI Ontario. Initially, it was agreed upon as feasible to recruit ten peer mentors from both organizations, considering time demands and limited availability of peer mentors. Of the ten peer mentors contacted, two potential peer mentors did not respond after the initial contact, leaving a sample of eight. Peer mentors were included if they were: at least 18 years old, living with a SCI, able to communicate in English, not diagnosed with a cognitive/memory impairment, and currently a peer mentor with more than one year of experience. With our partnered organizations, we operationalized "current peer mentor" as having had completed the formal peer support training at their respective organization and met with at least 1 mentee/month at the time of the study.

The peer mentors in this study had various roles, including one-on-one and group mentoring in formats like book club, coffee and writing groups, conducted either online or in-person. Some peer mentors also served as peer coordinators, having organizational responsibilities such as overseeing the matching of new mentees and checking in with peer mentors. The peer mentors delivered peer mentorship in hospital, rehabilitation centers, and community settings.

**INSERT TABLE 1**

**Procedures**

Peer mentors were recruited through organizational communication channels (e.g., emails, newsletters) from our partnered SCI organizations (SCI British Columbia and SCI Ontario). Our partners sent out an initial recruitment poster for the study and interested participants were

encouraged to contact the research team. After providing informed consent, interested participants completed an online demographic questionnaire (e.g., age, gender, years since acquiring SCI). We used multiple sources of data, including daily diary reflections and semi-structured interviews. Daily diaries allowed participants to share their thoughts and feelings about mentoring experiences in near real time. Two online daily diary reflections were administered with prompts related to the CFRM and self-compassion. For instance, we asked peer mentors to reflect on their most positive and difficult mentoring experiences and what they did to manage their thoughts, emotions, and behaviours in these situations. Approximately two-weeks after the last daily diary entry, each peer mentor participated in one 30-60-minute semi-structured interview to obtain their experiences and provide an opportunity to explore content within the daily diary reflections.

**Data Analysis**

In analyzing the diary and interview data, we employed an abductive coding approach following the guidelines of Fletcher (2017) in alignment with critical the realist perspective. This approach aims to identify patterns in the data that may indicate mechanisms. The first step involved identifying preliminary trends and patterns in the data, known as demi-regularities. We familiarized ourselves with the data and coded 67 pages of diary data and 409 pages of interview transcripts. Initially, we identified 27 preliminary themes and 169 quotes that aligned with the mechanisms of compassion fatigue and compassion fatigue resilience, drawing from the CFRM (Figley & Ludick, 2017) and self-compassion theory (Neff, 2003). In the second step, theoretical redescription or abduction, we used a flexible inductive coding approach to identify themes that may not align with our theoretical approach. This approach ensured that important findings were not overlooked (Fletcher, 2017). The final step involved contextual considerations or retroduction, where we examined the most relevant causal structures and mechanisms within the data. This step

involved integrating the data and theory to explain why compassion fatigue and compassion fatigue resilience occur and to identify the underlying mechanisms involved in their manifestation.

To ensure methodological rigor and trustworthiness, we followed Ronkainen and Wiltshire's (2021) guidelines. For ontological plausibility, our research team had a collective understanding of the CFRM, self-compassion, SCI research, and the study methods. Additionally, we included six critical friends, including two representatives from partnered SCI organizations, two academic supervisors, one graduate student (the first author) conducting SCI peer mentorship research, and one research assistant who was a former SCI mentor. Critical friends provided comments and feedback to the first author on multiple occasions through meetings or email exchange. After each discussion, the first author reworked the description of codes or their interpretation and representation in the final manuscript.

## Results

We used the constructs within the CFRM to explain the mentors' experiences of compassion fatigue and compassion fatigue resilience. First, we discuss the consequence of each outcome. Second, we highlight the potential mechanisms contributing to each outcome using internal and external factors which are italicized in the text. (Figure 1; see Appendix B for the definitions of each factor). Direct quotes from the data are included with additional supporting quotes for subthemes in Table 2. All names provided in the data are pseudonyms to ensure anonymity.

**INSERT FIGURE 1**

### Compassion Fatigue

Peer mentors reported reduced physical, psychological, and emotional challenges as a consequences of compassion fatigue (e.g., nausea, loss of attention, anger). In some cases, peer

mentors described stepping down from their role as a response to compassion fatigue. For peer mentors who continued in their role, they often felt these challenges on a recurring basis:

> Sometimes I'm not having a good day. Sometimes I will turn on my camera and I am not in a good mood and things are very bad and I look at myself in my camera box and I'm just like, that is some mask…afterwards, I'm exhausted…I masked really hard and afterward I just don't do anything. I have to take a break from my life. (Amari, interview)

Compassion fatigue also affected peer mentors' ability to mentor effectively. Three responses to these consequences were present among peer mentors: 1) avoiding mentees due to low motivation, 2) being less effective as a mentor while pushing through fatigue to meet with mentees, and 3) considering quitting mentorship. Peer mentors reported feeling less motivated to mentor, leading them to feel they "couldn't offer anything to their mentees", so they avoided mentoring altogether by " [sitting] in their office instead" (Adrian, diary). For peer mentors that pushed through compassion fatigue and continued to meet with their mentees, they felt less empathetic and compassionate, experiencing fear of doing or saying the wrong thing. As a result, mentors felt guilty and trapped both personally and professionally.

> I've been feeling fairly trapped in my position. I know that I have been going through a lot emotionally with my role… it was just a horrible feeling to really hate talking to people… I just didn't even want to talk to anybody. Anytime someone was like, "Can I talk to you about something? I'm like, "Oh, here we go. Oh, God." And it's a horrible feeling. I didn't ever feel like that. And then I felt really guilty because that's what I'm getting paid to do. That's my job? (Ash, interview)

**Internal Factors Leading to Compassion Fatigue**

As depicted in Figure 1, internal factors included *shared lived experience, empathetic ability, empathetic concern, empathetic response, traumatic memories,* and lack of *self-compassion.* Peer mentors described that having *shared lived experience* was a vital component of peer support programs as it made them "more relatable" to their mentees and promoted rapport and trust. Additionally, shared lived experience increased mentors' ability to understand what the mentee was experiencing (i.e., *empathetic ability*) and thus they felt an increased concern or motivation to help their mentees (i.e., *empathetic concern*) and create and execute a plan to assist them (i.e., *empathetic response*). However, being empathetic also made mentors susceptible to internalizing their mentees' stress, potentially causing *secondary traumatic stress* and compassion fatigue.

> What's great about being a good peer mentor, is I can bring up those emotions for myself… I'm a very empathetic person, but it is a very emotionally draining to be empathic all the time. I have a very high emotional intelligence. I'm very empathic with everybody…I can communicate and be open with anybody. And that's what makes me a good peer mentor, but also a really exhausted peer mentor… I think that's why peer mentorship is so meaningful, but why it's also so harmful (Ash, interview).

Having shared lived experience with mentees reminded peer mentors of their own *traumatic memories* before their SCI. Peer mentors described that "bringing up my injury story is the most difficult part of mentoring. It's almost routine and of course expected and needed for rapport. But there are just certain times, certain people, certain reasons for bringing it up that just hurt more" (Darra, diary). When talking to mentees with new SCI, peer mentors discussed being brought "back to that place you can never escape" (Ash, diary). Being reminded of their own

traumatic memories elicited emotions such as anger and guilt for "not being able to get over it quicker" (Darra, diary).

Peer mentors' internal responses to these emotions, whether through self-compassion or not, influenced their experience of compassion fatigue. Lack of self-compassion appeared to exacerbate secondary traumatic stress and worsened compassion fatigue symptoms. Peer mentors who engaged in rumination (i.e., *over-identification*) and *self-judgement* questioned their mentoring abilities, fueling feelings of self-doubt, as stated by this mentor:

> I wish that I could do more for the person. That's kind of where I'm really tough on myself. I'm always feeling that I should be doing more and giving more and helping more and it bugs me a lot when I when I can't. I know that it's not feasible for me to do that, but it still bothers me inside (Jordan, diary).

As a result, peer mentors reported feeling fatigued and emotionally exhausted:

> When I have an experience of something that may be negative, I can very easily say, "Well, these are the reasons why and this is how I'm feeling about it." But it's not done for me. Intellectually I can say it's done, but then I go to sleep, and I can't sleep at night and I'm like thinking about it all the time. Like what could I have done better? Should I have said something different? … So, these are like the constant things that are going on in my head all the time…emotionally, it causes a lot of turmoil because it's constantly going on (Ash, interview).

Peer mentors reported carrying their mentoring experiences "home with them", making it challenging to *detach from mentee suffering and stress*. The constant rumination left little energy for *self-care* activities and to seek *social support* (see Figure 1). Some peer mentors coped with

these challenges through maladaptive strategies like alcohol consumption or excessive social media scrolling:

> [The client] was talking about the drama of life and [some] really disturbing stuff. I don't know if it would have disturbed the average person, but I've had enough trauma in my life. I remember hanging up and feeling a bit sick inside and so tired. I was like, I don't know if I can do this anymore. So, I'll just zone out. Look at [social media] or something for a while just to like, almost distract my mind from going over the events again (Amari, diary).

Ultimately, we interpreted that peer mentors who experienced psychological/emotional exhaustion had a diminished *sense of satisfaction from mentoring.* For example, peer mentors described that "every now and then something [negative] happens where it just significantly outweighs any positive stuff that happened the month before" (Adrian, diary).

**External Factors Leading to Compassion Fatigue**

Two external factors contributed to compassion fatigue among peer mentors: *(prolonged) exposure to (and intensity of) client suffering/stress* and *other mentoring/life demands* (Table 2). Peer mentors described various mentee stressors, including SCI- or societal-related barriers (e.g., difficulty finding transportation or housing), substance abuse, violence, severe mental illness (e.g., depression), and discussions around suicide. The intensity and duration of exposure to mentee suffering and stress[5] influenced peer mentors' ability to manage secondary traumatic stress and compassion fatigue. Additionally, the intensity and duration of exposure affected the time it took for peer mentors to recover psychologically and emotionally.

**INSERT TABLE 3**

[5]Defined as a peer mentor's interpretation of the degree, duration, and frequency of their mentee's suffering and stress (e.g., temporary ruminations about suffering and stress).

In scenario A, when intensity was low and short-term, peer mentors reported being able to avoid compassion fatigue by using self-compassion. However, in scenario B, with prolonged low-intensity exposure (e.g., mentees needing constant support/attention), mentors experience exhaustion and susceptibility to compassion fatigue. Higher intensity of suffering led to psychological and emotional impacts, including feelings of hopelessness, and questioning of their capabilities.

> I had never dealt with such a traumatic situation, both with [the mentee's] physical injury and emotional tragedy. To some degree it shocked me and although I knew how to mentor the SCI related aspects of their life, I felt completely lost with the violence of their life… At the time I recall thinking that there was nothing I could do for [them] and questioned whether I was capable [of mentoring them] (Kai, diary).

When intensity was higher but shorter-term (scenario C), peer mentors reported having the energy to manage their emotional reactions, engaged in self-reflection, sought support from other peer mentors, and made action plans:

> I didn't let my emotions get the best of me… To manage my emotions, I did much reflection on [their] life difficulties. I had several debrief sessions with co-workers and spent time planning different ways to engage the mentee that were different from what I had learned" (Kai, diary).

However, when both intensity and perceived duration were high (scenario D), peer mentors experienced compassion fatigue symptoms and lacked energy for self-compassion, self-care, and seeking help from others.

Besides exposure to mentee suffering and stress, peer mentors also faced *other mentoring/life demands* that exacerbated their emotional reactions, leading to secondary traumatic

stress and compassion fatigue. These demands included taking on excessive workloads (e.g., planning events), having long to-do lists, feeling misaligned with mentee goals, and dealing with unresponsive or negative mentees. As a result, peer mentors felt exhausted and overwhelmed, affecting their ability to be fully present in their role:

> I had a couple of days where I just I had a lot of mentoring sessions. Some events I tended to, meetings with some other peers and I was overwhelmed those two days and I really I had to talk to someone… It was too much. I felt off on that particular day. I can't handle this. It honestly wasn't so much one particular incident or task that I felt. It was the whole enchilada. It was everything, it was just "Oh my God, this is just too much. I'm doing too much work. Just how am I going to straighten this out? How am I going to work this out?" I felt overwhelmed. I felt uncertain (Parker, interview).

Outside of mentoring, peer mentors faced personal life stressors such as physical pain and mobility challenges, which had a spill-over effect on their mentoring roles, leaving them feeling exhausted and less effective:

> I think one of the things that I realized [with] the peer mentor experience is a lot of what's happening in your daily life outside of being a peer mentor affects how peer mentoring is going to play out for you…There's some days you go to work, and you're pissed off. It's not at somebody at work. It just having a bad day with yourself. My chair might have been broken today, and I'm frustrated (Jordan, interview).

**Compassion Fatigue Resilience**

Peer mentors who experienced resilience to compassion fatigue discussed increased physical energy and improved psychological and emotional well-being, including feelings of pride, satisfaction, empowerment, happiness, and excitement. Moreover, peer mentors displayed

emotional stability and the ability to handle challenging situations with ease. For instance, peer mentors felt they could brush off intense conversations or comments: "I am fortunately at the point where nothing is too difficult for me. Even if someone comes to me with a very intense conversation or comment, I feel like I may carry that for a bit but will eventually brush it off (Adrian, diary)". In response to compassion fatigue resilience, peer mentors were able to maintain their motivation, enthusiasm, and energy towards mentoring.

> I will ride my [satisfying emotions] out the rest of the day. When I have a very good session or conversation it only helps the other conversation that I have. Having a client smile, laugh, and take something away from the conversation gives me even more confidence going forward (Adrian, diary).

Additionally, compassion fatigue resilience increased energy to effectively handle challenging situations over the long-term. One peer mentor expressed: "I feel that over the years this one [positive mentoring experience] is probably the one I am most satisfied with both on the result and my personal growth as a mentor. I often have looked back at this mentee whenever I have had challenges" (Kai, diary).

**Internal Factors Leading to Compassion Fatigue Resilience**

Peer mentors describing the positive subcomponents of self-compassion showed greater resilience to compassion fatigue. They demonstrated a balanced awareness of their thoughts and emotions (*mindfulness*), understood their experiences as part of being human and a peer mentor (*common humanity*), and treated themselves with kindness and support (*self-kindness*). Mindfulness played a role throughout mentors' interactions with mentees, as they prepared by learning about their backgrounds and seeking advice from other peer mentors. Peer mentors described this preparation as essential for minimizing their own anxiety before sessions while

optimizing their presence and attention with mentees during sessions. Peer mentors emphasized the importance of not overthinking, trying to anticipate every situation, or pressuring themselves to provide constant advice, thus allowing for more natural conversations and "taking things hour by hour" (Jordan, diary).

After sessions with mentees, some peer mentors also practiced mindfulness in the form of self-reflection to manage their thoughts and emotions. They recognized that certain challenges with their mentees were not a reflection of their abilities and utilized self-reflection to prevent emotional overwhelm: "I didn't let my emotions get the best of me. There were many frustrating times with this mentee especially with the no shows. To manage my emotions, I did much reflection on [their] life difficulties and realized it wasn't a reflection on me or my abilities" (Kai, diary). Peer mentors scheduled dedicated time for self-reflection after sessions, such as "one hour of worry time" (Darra, diary) to write down their thoughts and avoid compounding stress. This increased self-awareness allowed peer mentors to realize their capacity for stress, resulting in setting healthy boundaries within their mentoring role, including time limits on sessions, limited work hours on weekends, and a set number of mentees per week, all of which contributed to promoting compassion fatigue resilience.

Ultimately, peer mentors who reported practicing mindfulness could effectively *detach from their mentees suffering/stress*, crucial in preventing compassion fatigue. They found detachment helpful when meeting with multiple mentees in a day or week, ensuring that emotions from one session did not negatively impact the next. Moreover, peer mentors applied detachment outside of mentoring hours to avoid dwelling on issues after sessions and to maintain their daily routines.

> I think it's good to have a routine that I follow so that I don't dwell on things. For example, when I get up, I do certain things that make me focus on positive things…and I try not to bring those emotions to the table yet knowing how I'm going to deal with them later… so that they're not affecting the way my mentoring goes with someone else (Jordan, interview).

When peer mentors practiced mindfulness, it broadened their perspective and allowed them to recognise their common humanity in that the challenges they faced were a normal part of being a peer mentor and a human: “Mentoring is messy. Sometimes things go easily and other times they don't. You have to be willing to go with whatever is going on” (Riley, interview). This normalization and shared experience facilitated acceptance and helped peer mentors move on from difficult experiences more quickly, contributing to their compassion fatigue resilience:

> I call it taking a Loss. I am not going to win every client, and I need to accept that sometimes there will be an L [loss] on the record…I used to dwell on when things didn't go well with a client, but then it's not just me [to dwell on things]. So, accepting a loss, like you're not going to get through to everybody. That kind of improved my mental health, not focusing on the people I didn't do well for (Adrian, interview).

Mentors also practiced self-kindness, another aspect of self-compassion, which supported them through challenging situations. Instead of being self-judgemental, they used validating, soothing, and comforting self-talk: “I am not lazy, I am not manipulative, I am limited, that is not my fault… It's okay to not be able to function today” or “I am making an impact" are examples of self-affirmations that mentors repeated to themselves. Peer mentors also appreciated their strengths and successes and expressed gratitude: “Emotionally and mentally I really appreciate the recovery that I made from my injury, and I feel very lucky to have the function that I do have. Talking to

some [mentees] makes me feel very appreciative of the life that I do have" (Adrian, diary). This sense of validation fostered a *sense of satisfaction from mentoring* and contributed to their compassion fatigue resilience and led to lasting positive effects.

> I was very satisfied with the last interaction that I had. It is a somewhat younger female who seems to be having a hard time both adjusting and relating to anyone here in my environment. It feels good to both make her laugh and be willing to open up with personal questions. Feels good and that feeling lasts the whole week (Adrian, diary).

Self-compassion, particularly mindfulness and self-kindness, encouraged peer mentors to prioritize *self-care*. Peer mentors engaged in various self-care strategies, such as getting enough rest, pursuing enjoyable hobbies, taking vacations, maintaining a healthy diet, exercising, and spending time outdoors. These examples show that peer mentors practiced different forms of self-care, including physical, psychological/emotional, and spiritual self-care. Notably, some mentors considered self-compassion itself as a form of self-care:

> I'm a self-advocate…Through that, I think that I have developed more and more compassion for myself, and I've become more empowered. The compassion part is really important. I have a tendency to be quite judgmental about myself and my performance in whatever I do. Now I try and have the attitude "I can do it, but do I need to? Should I? Is that the best thing for me?" And I think that it kind of goes hand in hand with acceptance. So, I've started setting limitations for myself that I would never have set before and I validate those by thinking a lot about how the able bodied or the type A personality is not sustainable for anybody, let alone someone who's disabled. …And so that's a huge part of my self-care (Amari, interview).

**External Factors Leading to Compassion Fatigue Resilience**

One external factor that enhanced compassion fatigue resilience was *social support*, which manifested in three forms: emotional support (i.e., having others within/outside mentorship to talk to about one's experiences and feeling comforted/soothed by them), informational support (i.e., gaining knowledge/advice from others within/outside mentorship on what to do in certain situations), and validation from others (i.e., having someone within/outside mentorship acknowledge their experiences). Mentors sought emotional support from friends, family, and colleagues (e.g., other mentors, peer coordinators), reducing feelings of guilt: "I now have a colleague that I feel comfortable sharing things with and so chatting it out with somebody usually helps with the guilt" (Darra, diary). Informational support from other mentors equipped them for sessions, managing their empathetic response: "I did seek out the counsel of other staff who provided me with some tools but also encouragement to stick with this individual" (Kai, diary). Validation from others, whether within or outside mentorship, proved most helpful for enhancing peer mentors' resilience, with all eight mentors in the study highlighting its significance: "I lost touch with them over a few years, and I didn't expect to hear from them, however, they did reach out a couple of times five years later. So, the mentor/mentee experience had positive aspects that make it a worthwhile effort" (Kai, diary). Positive mentoring experiences and receiving external validation led to increased self-kindness and satisfaction with mentoring: "If I keep getting told by mentees, their family, and my fellow colleagues that I am doing an excellent job, then there must be something to that" (Adrian, diary).

## Discussion

The purpose of this study was to understand the experiences of compassion fatigue and compassion fatigue resilience among peer mentors within Canadian spinal cord injury (SCI) community service organizations using the compassion fatigue resilience model (Figley & Ludick,

2017) and self-compassion theory (Neff, 2003). Foremost, our research serves to aid SCI organizations in recognizing physical, psychological, and emotional warning signs of compassion fatigue in peer mentors. We also highlight the complex and multifaceted nature of the compassion fatigue (resilience) processes and identify factors spanning both external and internal influences, most notably the transformative power of self-compassion.

The peer mentors' reported consequences of compassion fatigue that are comparable to those reported in other caring professionals or roles, such as nurses or parents of children diagnosed with a disability (Allday et al., 2020; Davenport & Zolnikov, 2022). Our study extends the literature by further discussing these consequences in the context of peer support and disability, providing nuance to compassion fatigue for individuals supporting others with shared lived experience. While past research has demonstrated positive outcomes of shared lived experience, like high levels of empathy and support for individuals in caring professions, such as nurses and psychologists (Boyd et al., 2016; Gelso & Hayes, 2007), we highlight its unexplored potential harmful effects. Indeed, the shared lived experienced of peer mentors served as a catalyst for internalization of stress and compassion fatigue by triggering memories of life prior to SCI or their personal journey transitioning to life with SCI. Our inclusion of shared lived experience within the CFRM offers a comprehensive understanding that can help researchers and practitioners optimize peer support programs for individuals with disabilities. For instance, offering educational initiatives to peer mentors regarding the connection between shared lived experiences and compassion fatigue. Additionally, equipping them with resources to establish clear boundaries in their role (e.g., taking breaks during the day), which is essential for the well-being of caring professionals (Nolte et al., 2017). Overall, we recommend that future researchers include shared

lived experience during their applications of the CFRM within peer contexts as illustrated in Figure 1.

In addition to shared lived experiences, our study provided a comprehensive understanding of how other factors within the model interact leading to compassion fatigue (resilience). We interpreted that internal factors played a large role in peer mentors' experiences of compassion fatigue (resilience). For example, self-compassion was described as instrumental to the compassion fatigue (resilience) experience. The peer mentors discussed that their exposure to mentee suffering and stress was a risk factor for secondary traumatic stress and compassion fatigue, but this effect was mitigated with self-compassion. Notably, the influence of self-compassion resonated across all factors of the CFRM, including self-care, detachment, sense of satisfaction, and social support. This finding aligns with existing research on caring professionals, which highlights the significance of self-compassion in fostering these various outcomes. For example, individuals with higher levels of self-compassion are more inclined to seek social support (Dschaak et al., 2021) and experience greater work satisfaction (Babineau et al., 2019). By shedding light on these associations, our findings empirically strengthen our understanding of self-compassion within the CFRM. Overall, the emphasis on internal factors such as self-compassion is promising, given they are more modifiable and adaptable compared to extensive and costly organizational changes.

In addition to self-compassion, detachment was another important internal factor specifically involved in building resilience to compassion fatigue among peer mentors. Our finding is consistent with other research on the benefits of detachment for caring professionals. For example, Ludick (2013) found that caring professionals who were able to detach after work (e.g., engaged in a mindful or self-care routine after work like rest or meditation) are likely to set healthy

boundaries and thus feel more engaged when with their clients/patients. Due to its beneficial role, detachment is an essential skill that should be developed in caring professionals as it promotes acceptance. Further, it should be differentiated from *depersonalization* or d*esensitization,* which imply psychological or emotional disconnect from another (Maslach et al., 2001). Thus, we provide actionable insights for mentorship programs to: (1) educate peer mentors on the differences between detachment and depersonalization/desensitization, (2) equip peer mentors with strategies to be better able to detach from work and let go of mentee suffering and stress (e.g., formal mediation), and (3) normalize a culture within organizations to set boundaries between mentoring and one's personal life (e.g., not contacting peer mentors outside of work hours).

Another notable contribution of our study is exploring both the dark and bright sides of peer support. In addition to discussing the unfavorable attributes that lead to companion fatigue, peer mentors also discussed favorable attributes that facilitate compassion fatigue resilience like self-care and satisfaction. Investigating the bright facet of peer support aligns with the principles of positive psychology, which shift the focus towards understanding what is *right* rather than what is wrong with individuals (Sin & Lyubomirsky, 2009). These findings hold practical significance and encourage organizations to proactively assist mentors in recognizing and promoting positive aspects of peer support. For example, organizations could use evidence-based practices like gratitude (i.e., focusing on and appreciating the positive aspects of life; Wood et al., 2010) and savouring (i.e., being mindful during positive experiences; Bryant, 2003), which have been associated with resilience (Smith & Hanni, 2019; Garg & Sarkar, 2020). By doing so, organizations can develop a holistic and supportive approach for building peer mentor resilience, ultimately helping them navigate the complexities of peer support and sustainably contribute to the well-being of those they assist.

**Significance**

Theoretically, we address an important gap in the literature by empirically examining the factors and their interrelationships within the CFRM, responding to recommendations by Choi (2017) and Rauvola et al. (2019). As such, we provide a more comprehensive and updated investigation of the CFRM, which further validates the use of the model. Furthermore, we explore the CFRM within disability and peer support, bringing to light unique factors like shared lived experience, that would otherwise be overlooked when applying the conventional CFRM. Examining conceptual models within specific populations is crucial to account for context-specific factors, which could ultimately facilitate the practicability and relevance of targeted interventions (Movsisyan et al., 2019).

Ultimately, our findings raise significant concerns for the overall mental health of the peer mentors, the welfare of the mentees they support, and the organization. Peer mentors are most effective when they are encouraging, optimistic, empathetic, compassionate, and understanding (Beauchamp et al., 2016; Gainforth et al., 2019). Thus, peer mentors experiencing compassion fatigue may be less effective, lowering the quality of the peer program. In fact, those same studies show that "low" quality peer mentors (as reported by their mentees) are less empathetic, a key consequence of compassion fatigue (Ondrejková & Halamová, 2022). Peer mentors in our study highlighted that when they are resilient to compassion fatigue they feel like better peer mentors, supporting past research. There may be institutional benefits of building compassion fatigue resilience within community service SCI organizations given that compassion fatigue may result in mentor/employee attrition (Li et al., 2014). Thus, understanding prevention measures and detection of compassion fatigue is imperative, especially within SCI organizations (Hoffmann et al., 2019).

Practically, our results provide implications that can inform future interventions to reduce compassion fatigue and enhance resilience and mental health among peer mentors. In fact, self-compassion programs could be a viable approach for reducing compassion fatigue within SCI organizations and incorporate the numerous practical recommendations provided throughout this discussion. Importantly for this context, self-compassion initiatives have also been adapted – and effective in reducing compassion fatigue - for caring professionals, namely the Mindful Self-Compassion Program for Healthcare Communities (Neff et al., 2020). Such programs could provide a more feasible alternative to large scale organizational changes as positive effects have been found from as little as 1 hour to 8 weeks (Kirby et al., 2017). As such, future studies within the SCI peer support context could leverage and tailor such programs to cater specifically to the needs of SCI mentors.

**Limitations and Future Directions**

While our study provides valuable insights into the experiences of compassion fatigue and compassion fatigue resilience among peer mentors, it is not without limitations. One limitation of our study is the use of retrospective recall for peer mentors' past experiences and while the retrospective approach allowed us to capture significant aspect of their mentoring journeys, it may not provide a comprehensive understanding of their moment-to-moment encounters. To account for this, future research could delve into a more real-time view of how peer mentors manage their experiences in the days leading up to, of, and following mentoring. This perspective might offer insights into the evolving emotions and coping strategies peer mentors employ across these different timepoints. Our study also only examined peer mentor experiences within two Canadian provinces, and this may not provide a generalized representation of peer mentors in different regions or countries. Future studies could use a similar methodology and results from our study to

inform the exploration of compassion fatigue (resilience) across different geographical regions. Finally, future studies should examine the impact of a self-compassion program that has been adapted to the context of SCI support.

## Conclusion

SCI community service organizations can use the insights generated from this study to better mitigate –and respond to - compassion fatigue. Ultimately, our research contributes to the comprehensive understanding of compassion fatigue and compassion fatigue resilience, offering practical implications for SCI community service organizations aiming to support the mental health and effectiveness of their peer mentors and the individuals they support. Our study also paves the way for the co-development of actionable interventions to mitigate the effects of compassion fatigue among SCI peer mentors, specifically those centered on enhancing self-compassion.

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## List of Tables

**Table 1.**

*Demographic and SCI-Related Information of Participants*

| | |
|---|---|
| **Age (years)** | |
| *Mean (Standard Deviation)* | 50.14 (13.34) |
| *Range* | 34 – 67 |
| **Ethnicity (n, %)[a]** | |
| *European/White* | 6 (75%) |
| *South Asian* | 2 (25%) |
| **Self-Identified Gender (n, %)[a]** | |
| *Woman* | 4 (50%) |
| *Man* | 4 (50%) |
| **Self-Identified Sexuality (n, %)[a]** | |
| *Straight/Heterosexual* | 6 (75%) |
| *Bisexual* | 1 (12.5%) |
| *Prefer not to say* | 1 (12.5%) |
| **Gross Yearly Household Income (n, %)[a]** | |
| *Over $100,000* | 2 (25%) |
| *$50,000 - $74,999* | 1 (12.5%) |
| *$35,000 - $49,999* | 1 (12.5%) |
| *Less than $20,000* | 1 (12.5%) |
| *Prefer not to say* | 3 (37.5%) |
| **Highest Level of Education (n, %)** | |
| *Some College/University (no degree)* | 3 (37.5%) |
| *2-year college diploma or certificate* | 1 (12.5%) |
| *Graduated high school* | 1 (12.5%) |
| *4-year college or university degree* | 1 (12.5%) |
| *Professional degree (Ph.D., M.D., etc.)* | 1 (12.5%) |
| *Prefer not to say* | 1 (12.5%) |
| **SCI Organization (n, %)** | |
| *British Columbia* | 4 (50%) |
| *Ontario* | 4 (50%) |
| **Years of Experience as a Peer Mentor** | |
| *Mean (Standard Deviation)* | 10.43 (8.44) |
| *Range* | 1 – 23 |
| **Years Since Spinal Cord Injury** | |
| *Mean (Standard Deviation)* | 22.43 (9.69) |
| *Range* | 7- 35 |
| **Recipient of Peer Services (n, %)** | |
| *Yes* | 3 (37.5%) |
| *No* | 4 (50%) |
| *No Answer* | 1 (12.5%) |
| **Number of Mentees** | |

| | |
|---|---|
| *Mean (Standard Deviation)* | 7.75 (6.58) |
| *Range* | 1-20 |

[a]Other options were provided for these questions but not included in the table for space.

**Table 2**

*Additional Direct Quotes Relating to Subthemes*

| **Subtheme** | **Supporting Quotes** |
|---|---|
| Consequences of Compassion Fatigue | There are days that are a little bit more challenging. I get fatigued. I think compassion fatigue way more than I used to... and I think that's just because of the sheer volume of calls that we get mostly on the info line. For example, one thing that I hate to get a call for somebody looking for housing. I hate to get a call from anybody looking for funding for equipment and I hate to get a call from people that can't find caregivers…and it's our job to be there for those calls…and I'm getting cold with my answers. The healthcare professionals that I despise that give you cold answers and now I know what they're going through to some degree (Kai, Interview). |
| Shared Lived Experience | I know we're matched because you're a person with a spinal cord injury, and I usually know what their levels are, I know what devices that they use or what their life is like. We try to provide everyone with just a brief idea of who they're being matched with. So, I share what I know I can relate to them about. (Darra, diary). |
| Empathetic Ability & Response | We [peer mentors] have to sort of see beyond their [mentee's] story and see: "Are you grieving? Are you just needing someone to listen to you? Is this your real story? You're in here and you're talking about your really sore leg and your broken chair. But it sounds to me like you need a ramp. Do you want me to fix it, or do you just want me to listen? (Riley, interview). |
| Empathetic Concern | The most difficult mentoring situation was mentoring someone that had zero support after they left rehab (no friends or family). I felt very sorry for the person and wished I could do more to help them. (Jordan, diary). |
| Traumatic Memories | The problem with any of them [mentees] that I never expected is that I think it's a very unique situation to be offering peer support, especially when someone experienced a traumatic injury, and you both experienced traumatic injuries, which also holds a lot of stuff in there (Ash, diary). |
| Over-identification | When I have an experience of something that may be negative, I can very easily say, "Well, these are the reasons why and this is how I'm feeling about it." But it's not done for me. Intellectually I can say it's done, but then I can't sleep at night and I'm thinking about it all the time. Like what could I have done better? Should I have said something different? These are like the constant things that are |

| | |
|---|---|
| | going on in my head all the time…emotionally, it causes a lot of turmoil because it's constantly going on (Ash, diary). |
| Self-judgement | I wish a lot that I could do more for the person. That's kind of where I'm really tough on myself. I'm always feeling that I should be doing more and giving more and helping more and it bugs me a lot when I when I can't. I know that it's not feasible for me to do that, but it still bothers me inside. (Jordan, interview). |
| Prolonged) exposure to (and intensity of) client suffering and stress | [The mentee] was talking about the drama of life in general and really disturbing stuff, which I don't know if it would have disturbed the average person, but I've had enough trauma in my life. I remember hanging up from that call and feeling a bit sick inside and so tired. And I was like, I don't know if I can do this anymore. (Amari, diary). |
| Other mentoring/life demands | I think really what burned me out was during COVID. That's when I really noticed it. Because of COVID, all our services became online…and I became kind of the 'sole source' of information. So, then I stopped answering my phone. I didn't want to respond to emails. I didn't really realize that it was burnout at that time. But when I look back now, I'm like, oh yeah, I see. And I'm still in that. When I see my phone ringing and it's a certain person or you know my Facebook Messenger or whatever I'm like, oh okay, I need to be in the right frame of mind to be able to answer. (Ash, interview). |
| Consequences of Compassion Fatigue Resilience | I was very satisfied, energetic, and enthusiastic with the last interaction that I had. It is a somewhat younger female who seems to be having a hard time both adjusting and relating to anyone here in my environment. It feels good to both make her laugh and be willing to open up with personal questions. Feels good and that feeling lasts the whole week (Adrian, diary). |
| Mindfulness | There have been times when you're overwhelmed, when things do run in your head and what I've learned over time is to not argue with it. So, if you've got all kinds of fluff going on in there, rather than arguing with it and all, note those thoughts for a couple of days. The reality is there is nothing I can do about that. So, get over it, work around it, try to figure a way out… probably half that list are things you could control. Somethings you can fix and somethings you can't. (Riley, interview). |
| Common Humanity | I do feel better when I remind myself that, like, hey, everyone's struggling. When I have weeks where I'm like, this is ******. I don't want to do this. I just want to go home or am not feeling it…well 90% of people go through this. It is what it is, which [makes me] feel better. You're not the only one. So, that kind of puts things in perspective and everyone struggles with this. (Adrian, interview). |
| Self-kindness | I am trying to be kind to myself. I was going to be late for [an event], I told myself it was okay and no stress until the situation |

| | |
|---|---|
| | happened. I couldn't worry about it being late since I could do nothing until I found out. All is good. (Darra, diary). |
| Detachment from their mentees suffering and stress | Knowing that [mentoring] is not personal has really changed how I mentor. When I go into my groups or when I go into a mentoring session, I just try to remind myself that it's not about me. I'm not there to talk about my things or what I think they should be thinking about or talking about. I'm there to talk about what they need to talk about and be as adaptable as I can. (Amari, diary), |
| Sense of satisfaction from mentoring | I was very satisfied with the last interaction that I had. It is a somewhat younger female who seems to be having a hard time adjusting and relating to anyone here. It feels good to both make her laugh and be willing to open up with personal questions. Feels good and that feeling lasts the whole week (Adrian, diary). |
| Social support | Being able to share with other mentors your experiences and hearing their experiences with these situations is very beneficial and is a tool to prepare you for future mentorships (Kai, diary). |
| Self-care | I took a week's vacation not long after [my most difficult mentoring experience] and went camping. Just felt like I needed to get out of the city and reboot …Taking a week off work really helped me out to sort of gather my thoughts and calm my self-doubt. Getting out of the city and being in nature does that for me. (Adrian, diary). |

**Table 3.**

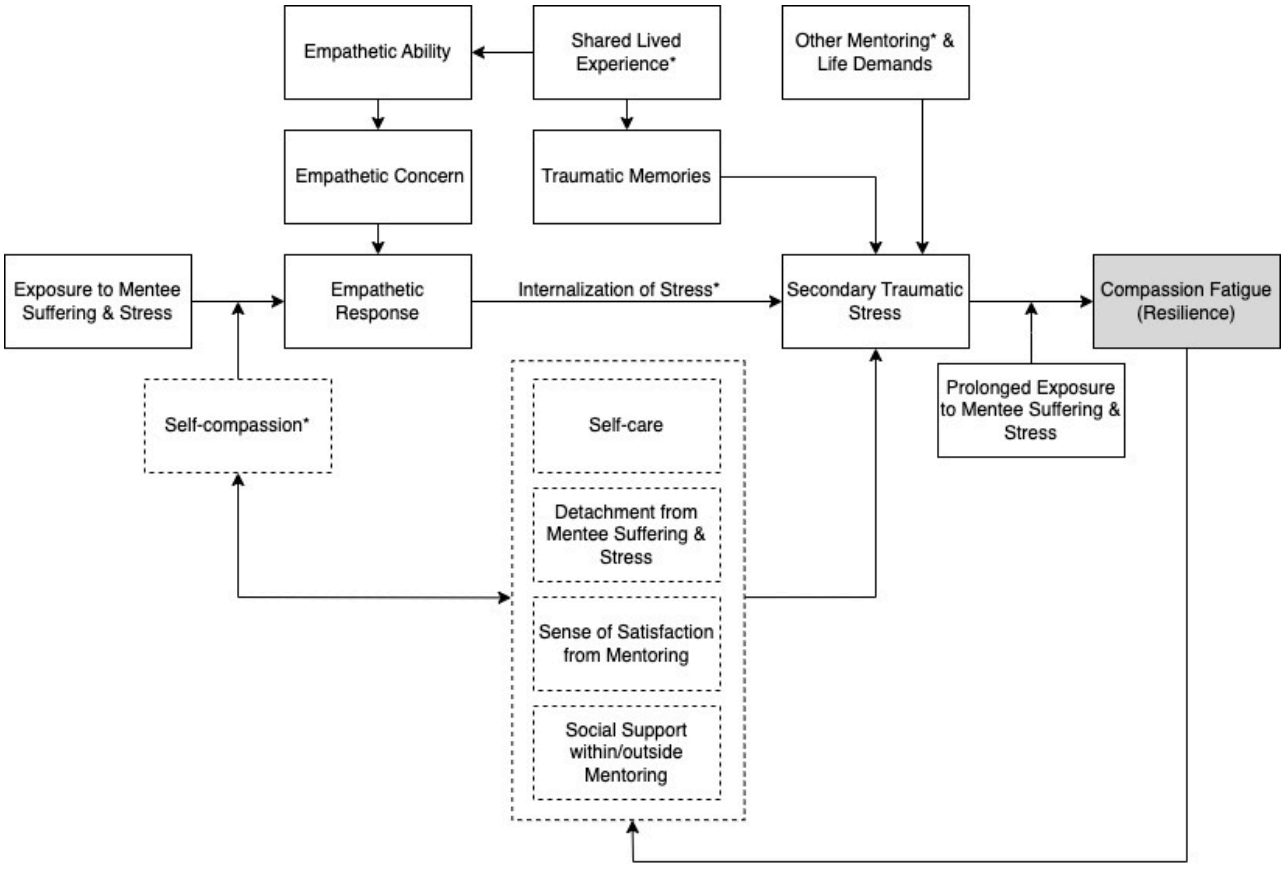
*Two-by-Two Matrix Describing the Effect of Perceived Intensity and Length of Mentee Suffering and Stress on Peer Mentors' Internal Processes, Compassion Fatigue, and Recovery*

| | | Intensity of Mentee Suffering and Stress | |
|---|---|---|---|
| | | Low | High |
| Perceived length of exposure to mentee suffering and stress | Short-term | Low impact; short-term effects (scenario A) | High impact; short-term effects (scenario C) |
| | Long-term | Low impact; long-term effects (scenario B) | High impact; long-term effects (scenario D) |

## List of Figures

**Figure 1.**

*An Extended Version of the Compassion Fatigue Resilience Model including Self-Compassion within the Spinal Cord Injury Peer Support Context*




*Note.* Factors with an asterisk are ones that we added to the CFRM. Dotted lines refer to factors that promote compassion fatigue resilience. Lightly shaded boxes refer to external factors while white boxes are internal factors.

## Appendices

**Appendix A:** Integrated Knowledge Translation Process

| Research Stage | Type of Activity | Activity Description |
|---|---|---|
| **Conceptual Design (Study)** | Discussion (video calls) | The research question and methodology were co-developed by community partners from SCI British Columbia (C.B.M.), SCI Ontario (S.C. and L.A.), along with researchers (O.L.P., S.N.S., J.D.H., and M.S.F.) prior to writing an application for ethical approval. The research question, methodology, recruitment goals, and a data analysis plan were confirmed in an online team meeting. Community partners and researchers were co-leads on this project. |
| **Recruitment** | Developing & distributing recruitment materials (emails) | O.L.P., S.N.S., and J.D.H. created templates for recruitment emails, consent forms, and interview guides.<br><br>C.B.M., S.C., and L.A. reviewed, edited and approved recruitment materials and procedures. Once approved, C.B.M., S.C., and L.A. distributed recruitment materials within their organizations at SCI British Columbia and SCI Ontario. |
| **Data Collection** | Conducting interviews | O.L.P. and J.D.H. scheduled, conducted, and recorded all interviews. O.L.P. and J.D.H. also coordinated the recruitment efforts with all community partners, including reminders and updates on recruitment numbers. |
| **Data Analysis and Interpretation** | Discussion (video call and emails) | O.L.P., S.N.S., and M.S.F. met 5 times, over 15 hours, to overview initial labels, place them into themes and sub-themes and write definitions to each theme/sub-theme. All themes/sub-themes were placed in larger categories, which were reviewed by S.N.S. and M.S.F. on three occasions (10 hours). J.D.H., C.B.M., S.C., and L.A. reviewed the final theme names to ensure they were representative of the community setting.<br><br>O.L.P. modified all themes and sub-themes based on the conversations. O.L.P. identified key quotes per sub-theme which were reviewed by the entire team who commented on selected quotes. Different quotes were selected as needed. |
| **Manuscript Preparation** | E-mail | O.L.P. led the writing of the manuscript. O.L.P. prepared all the quotes and tables for the manuscript. All co-authors reviewed the manuscript, provided feedback and approved final content prior to submission for publication. |

**Appendix B**: Definitions of Constructs within the Extended Compassion Fatigue Resilience Model (Figure 1)

| Constructs | Definition |
|---|---|
| **Exposure to Mentee Suffering and Stress**[a] | Being in the presence of a mentees' suffering and stress. |
| **Empathetic Ability**[a] | The degree to which the peer mentor can accurately predict the emotion displayed by the mentee. |
| **Empathetic Concern**[a] | The peer mentor's self-reported interest in the welfare of the mentee. |
| **Empathetic Response**[a] | The peer mentor's plan to execute a treatment for their mentee. |
| **Shared Lived Experience**[b] | Personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people. |
| **Traumatic Memories**[a] | The peer mentor's recall of one's own suffering and stress. |
| **Secondary Traumatic Stress**[a] | The emotional duress of the peer mentor that results when they hear about the firsthand trauma experiences of a mentee. |
| **Prolonged Exposure to Mentee Suffering and Stress**[a] | Being in the presence of the suffering and stress of a mentee in a chronic sense. In other words, the ratio of the dosage of exposure (e.g., self-reported number of hours a week on average) to the trauma material that requires the peer mentor to understand and act properly toward helping the mentee. |
| **Other Mentoring/Life Demands**[a] | Situations or circumstances within/outside of mentoring that require time/energy/resources. |
| **Self-Compassion**[c] | Includes: (1) self-kindness (i.e., having a gentle stance towards the self) rather than self-judgement (i.e., being harsh towards the self), (2) mindfulness (i.e., having a balanced awareness of one's thoughts/feelings) instead of over-identification (i.e., ruminating on ones' thoughts/feelings), and (3) common humanity (i.e., understanding that sufferings/stress is part of the larger human experience) as opposed to isolation (i.e., feeling alone in one's experience). |
| **Self-Care**[a] | A proactive, holistic, and personalized approach to the promotion of one's own health and well-being through a variety of strategies, in both personal and professional settings, to enhance capacity for care of patients and their families. |
| **Detachment from Mentee Suffering and Stress**[a] | The mentors' ability to let go of mentee suffering and stress. |
| **Sense of Satisfaction with Mentoring**[a] | When one feels fulfillment from mentoring. |
| **Social Support**[a] | Support received from others within and outside/mentoring. |

[a]Definition based on (or modified from) Ludick and Figley (2017)
[b]Definition based on Oxford Reference (2023)
[c]Definition based on Neff (2003)

## Bridging Text

Chapter 3 presents an original manuscript that delves into the exploration of compassion fatigue and resilience among peer mentors within spinal cord injury (SCI) organizations. One primary aim of this dissertation was to gain a deeper understanding of the factors contributing to compassion fatigue among peer mentors. Accordingly, this chapter sheds light on the specific elements that lead to compassion fatigue in this unique group. Given that another key objective was to reduce compassion fatigue, we used the insights gained from Chapter 3, along with previous literature, to co-design a tailored self-compassion intervention. This intervention aimed to mitigate compassion fatigue while enhancing compassion satisfaction, self-compassion, and overall mental health among peer mentors. Chapter 4 focuses on detailing the co-development process of this intervention, emphasizing how the findings from Chapter 3 informed its design. Additionally, Chapter 4 outlines the protocol used to assess the feasibility, acceptability, and effectiveness of the tailored program.

**Chapter 4**

# Protocol for a tailored self-compassion program for peer mentors within Canadian spinal cord injury community service organizations

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**Abstract**

**Objective:** Individuals who serve as peer mentors within spinal cord injury (SCI) community service organizations in Canada are reporting compassion fatigue from their roles. One psychological resource that has the potential to reduce compassion fatigue and promote overall mental health among peer mentors is self-compassion. However, there is limited knowledge of any self-compassion programs that have been tailored to address the needs of these individuals. To address this limitation, this paper outlines a protocol to examine the feasibility, acceptability, implementation, and effectiveness of a tailored self-compassion program to reduce compassion fatigue and enhance compassion satisfaction, self-compassion, and mental health among peer mentors within SCI organizations. **Design:** The 6-week online program will be tested among 20 individuals (five separate groups of four) who serve as peer mentors within two SCI community service organizations in Canada. **Method:** Feasibility and implementation data will be collected throughout the duration of the program and post-program while acceptability data will be collected post-program. To evaluate the effectiveness of the program, we will follow a single-group quasi-experimental design with surveys (pre/post/follow-up) and semi-structured interviews (post/follow-up). **Results:** Results from this study are intended to inform the design of a self-compassion program for peer mentors within SCI organizations who experience compassion fatigue and reduced mental health. **Conclusion:** Providing evidence for the effectiveness of this program could prove useful for SCI community service organizations who wish to better support and retain their peer mentors and thus improve the quality of support they provide to mentees.

**Keywords.** Compassion fatigue – Intervention - Self-compassion - Spinal cord injury

## 1 Introduction

Canadian spinal cord injury (SCI) community service organizations offer provincial peer support programs to help individuals with an SCI adapt and/or thrive [1,2]. Approximately 86,000 people in Canada live with an SCI, which is defined as nerve damage in the spinal cord causing temporary or permanent changes in sensory, motor, and/or autonomic function [3,4]. Within peer support, is peer mentorship, which involves matching an individual with an SCI (i.e., peer mentor) with a mentee to provide emotional/physical support, knowledge, and practical advice [5,6]. Peer mentors experience a myriad of benefits from their role (e.g., personal growth; [7]), however there is a "dark side" to SCI peer support including compassion fatigue [8]. Indeed, juggling multiple roles within the organization and having discussions with their mentees about sensitive topics such as assisted suicide or grief can be emotionally and psychologically draining [8,9]. As such, there is a strong need to reduce compassion fatigue and better support the mental health of peer mentors within SCI organizations.

Compassion fatigue is commonly experienced among caring professions and is defined as exhaustion and dysfunction from prolonged exposure to trauma, suffering, and/or stress [10]. Compassion fatigue is problematic as it can lead to symptoms such as depression, anxiety, anger, low energy, and consequently a reduced ability to feel compassion towards the individuals they help [11,12]. When a person is resilient to compassion fatigue, they have the ability to withstand or recover quickly from that fatigue [13]. The compassion fatigue resilience model (CFRM; [13]) outlines a set of risk and protective factors that lead to compassion fatigue and one's resilience to it. Protective factors can include social support, self-care, or compassion satisfaction (i.e., a sense of satisfaction derived from one's role). Conversely, some risk factors include having traumatic

memories, prolonged exposure to client suffering/stress or secondary traumatic stress (i.e., the internalization of client trauma, suffering, and stress following exposure).

We previously explored the interrelationships between the factors of the CFRM which led to compassion fatigue (resilience) among experienced peer mentors within two SCI community service organizations in Canada [9]. Peer mentors discussed feeling physically, psychologically, and emotionally exhausted, which made them feel less effective as a peer mentor or caused them to avoid their mentees altogether. Conversely, when peer mentors described being resilient to compassion fatigue, they felt energized and satisfied, which motivated them to continue mentoring, despite challenging situations. Evidently, there is a need to promote resilience among peer mentors within SCI organizations in addition to reducing compassion fatigue.

Importantly in our study and in other literature among caring professionals, there are various factors that can build resilience to compassion fatigue [9,14]. Internal factors, such as self-compassion [15] are extremely important for reducing compassion fatigue [16,17]. Self-compassion is defined as a healthy way of relating to oneself and involves being mindful of one's thoughts and emotions rather than ruminating on them, being kind to oneself instead of judgmental, and understanding that one's struggles are part of the human experience [15]. Overall, self-compassion has been found as a key predictor of psychological and physical health as it reduces self-criticism and aids in emotional regulation [18,19].

In our previous investigation, we also explored the role of self-compassion within the CFRM among peer mentors [9]. We found that the peer mentors who demonstrated self-compassion were less likely to experience symptoms of compassion fatigue. Instead, they cultivated resilience by establishing clear boundaries with their mentees and work, incorporating breaks, avoiding rumination, and prioritizing self-care activities, such as spending time outdoors.

Other studies support the critical role of self-compassion for reducing compassion fatigue among caring professionals, such as helping to improve sleep [20] and reduce symptoms associated with burnout [21].

Considering self-compassion has a beneficial role and that it is modifiable, interventions have been designed to help promote it. For example, the Mindful Self-Compassion Program (MSC; [22]) was developed as an 8-week (or 5-day intensive) program with 2-hour sessions occurring each week consecutively over the 8-week duration. The MSC program uses a combination of educational activities, group discussion, and self-compassion practices. Self-compassion programs have been shown to enhance psychological and physiological outcomes among clinical and non-clinical samples, such as improved mental health and salivary cortisol reduction [23,24].

In the context of caring professionals, a systematic review found that self-compassion interventions were effective in improving and maintaining self-compassion and reducing burnout, depression, anxiety, and stress [26]. Other empirical studies support their effectiveness in reducing compassion fatigue symptoms and improving mental health [26,27]. To address a need to contextualize self-compassion interventions to the context in which they are employed in [28,29], researchers are developing tailored interventions (e.g., [30]). For example, the Mindful Self-Compassion Program for Healthcare Communities was developed and provides a shorter duration format (i.e., 6-weeks) and tailored content towards providing compassionate care [31]. Moreover, the program uses predominantly informal self-compassion practices (e.g., mindfulness in daily life) as they are easier to implement than formal practices (e.g., meditation). This program was found effective in reducing compassion fatigue and improving self-compassion among a population of healthcare professionals [31]. Overall, using tailored interventions can provide a road map for designing and implementing a self-compassion program for peer mentors.

Although there is ample evidence showing the benefits of having tailored self-compassion programs, efforts to design and evaluate the effectiveness of a self-compassion program for peer mentors within SCI peer support programs are lacking. Designing programs that are tailored to the specific needs and values of peer mentors and that are accessible is crucial to help support their effectiveness and therefore reduce compassion fatigue. For example, peer mentors have shared lived experience with their mentee and may also see the mentee socially (i.e., as a friend), which adds other layers of complexity to their experience of compassion fatigue [9]. Thus, a program tailored towards peer mentors should take these unique factors into consideration. Additionally, examining the feasibility, acceptability and implementation of such programs could help to support their overall impact and serve as a blueprint for designing interventions for other caring professionals who are living with a disability or are in a peer position.

As such, we designed the online 6-week SCI peer mentor self-compassion program to help reduce compassion fatigue and promote compassion satisfaction, self-compassion, and mental health among peer mentors within SCI community service organizations. This paper describes the protocol of a mixed method study seeking to evaluate the program's (1) feasibility and acceptability, (2) implementation, and (3) effectiveness in changing compassion fatigue (i.e., burnout and secondary traumatic stress), compassion satisfaction, self-compassion, and mental health from pre to post and pre to 6-week follow-up.

## 2 Methods

### 2.1 Partnership framework and evaluation approach

This study will follow the guiding principles of integrated knowledge translation (IKT) for conducting and disseminating SCI research collaboratively [32]. This approach involves actively participating in activities that support the practical application of research in real-world settings

by strengthening partnerships among researchers, research mobilizers, and SCI research funders. In the last three years, we have conducted fifteen meetings with leadership and peer mentors from SCI British Columbia and SCI Ontario. These discussions focused on mitigating compassion fatigue among peer mentors and fostering resilience, serving as valuable inputs for the co-design of this study.

We used an iterative approach to co-develop and evaluate the SCI peer mentor self-compassion program (Figure 1). Iteration 1 has been completed and aimed to obtain preliminary feedback on the program from SCI organizational staff and experienced peer mentors with knowledge on self-compassion. The preliminary findings of iteration 1 helped to inform the modifications used in iteration 2, which aims to assess the feasibility, acceptability, implementation, and effectiveness of the program.

**INSERT FIGURE 1**

## 2.2 Iteration 1: program development and preliminary testing (completed)

### 2.3.1 Theoretical conceptualization and development

The SCI peer mentor self-compassion program was initially adapted based on the Mindful Self-Compassion Program for Healthcare Communities [31]. For example, prior to the first iteration, our team agreed to have a similar structure and length of our program: 6 consecutive weeks of 1-hour sessions per week. Instead of having a larger group of participants in the program (e.g., 10-15), we decided on having four peer mentors in each group, which would allow for everyone to have enough time to speak during sessions and foster deeper connections. The facilitator of the program is a doctoral student with five years of personal and research experience with self-compassion. She completed the five-day intensive Mindful Self-Compassion Program

with a clinical psychologist in 2019, is a certified yoga/mindfulness instructor and has her own daily practice of mindfulness and self-compassion.

We decided to keep a similar content structure as in the Mindful Self-Compassion Program for Healthcare Communities [31] with some modifications (Table 1). Session 1 focuses on introducing participants to the concept of self-compassion and research that addresses the common misgivings about it (e.g., self-compassion makes you lazy/complacent). Session 2 dives deeper into the interdependent aspects of self-compassion as described by the yin and yang (i.e., tender and fierce) and covers how one can soothe/comfort/validate oneself or motivate/protect/provide depending on their needs. Session 3 covers mindfulness in more depth and introduces participants to the different ways of practicing mindfulness (e.g., informal versus formal practice). Session 3 also provides strategies for dealing with difficult emotions and resistance using mindfulness. Session 4 discusses how self-compassion can help cultivate positive emotions, such as through gratitude and savouring. Session 5 touches on the topic of self-compassion and compassion fatigue and equips peer mentors with strategies to set clear boundaries with their role. Session 6 includes a discussion around core values as mentors, a reflection of what was learned, and strategies to help maintain their self-compassion practice.

**INSERT TABLE 1**

We decided to modify some of the content of the program to ensure it was inclusive and applicable to the context of SCI peer support. First, we used the SMALL PROMPTS recommendations for conducting mindfulness-based interventions for individual with neurological impairment [33]. The recommendations we incorporated into our SCI peer mentor program included: having a scheduled 10 minute break during each session, discussing mindful movement with more inclusive language (e.g., mindful wheeling instead of walking), using accessible training

modalities (i.e., conducting the program online), prioritizing inclusive language relevant to a range of sensory experiences, encouraging flexible practice (e.g., inviting participants to adjust as necessary), and having sessions no longer than 90 minutes. Second, we modified the content of the program based on findings from our previous study and the CFRM [9]. See Table 1 for specific modifications or additions for each session.

Lastly, to allow for self-reflection during and in-between the sessions, we created an information booklet and workbook that was sent to the peer mentors (Appendix A). The workbook includes information about self-compassion and the program, in-session reflections, and optional independent practice to be done in-between each session.

### 2.2.2 Preliminary methods and results

For the first iteration, we had six individuals undergo the self-compassion program to provide feedback. We recruited (1) two current organizational staff with lived experience of SCI and peer mentoring (one from each organization with roles as Associate Director and Director of Client Services), (2) two current and experienced peer mentors who were specifically recruited for feedback considering their knowledge on self-compassion[6] (one from each organization), and (3) two researchers with combined knowledge in self-compassion theory and SCI.

To obtain initial feedback on the self-compassion program, we conducted mock sessions with the six participants. As the purpose of the first iteration was to obtain feedback on each session, we conducted the 6-week program over the course of 2 months (two to three weeks in between each session instead of one) and added an extra hour to each session (i.e., 2 hours for each session). These modifications allowed for more time to obtain feedback after the mock sessions

[6]One individual is a psychotherapist, and one has personal knowledge of self-compassion.

were completed and for the facilitator to make modifications to future sessions based on the feedback.

Prior to each session, the six individuals were sent the APEASE criteria for designing and evaluating interventions [34]. These criteria were not assessed in the second iteration but solely used as a point of discussion for the program during the first iteration. The APEASE criteria discusses *affordability* (i.e., implicit or explicit budget required for intervention); *practicability* (i.e., the extent to which the intervention can be delivered as intended to the target population); *effectiveness*/*cost-effectiveness* (i.e., the effect size of the interventions in relation to the desired objectives in a real world context); *acceptability* (i.e., the extent to which an intervention is judged to be appropriate by relevant collaborators); *side effects/safety* (i.e., the unwanted side-effects or unintended consequences); and *equity* (i.e., the extent to which an interventions may reduce/increase the disparities in standard of living, well-being, or health between different sectors of society). For this iteration, we considered all components of the APEASE criteria except for effectiveness, which will be addressed in the second iteration.

During each session, the six individuals provided minor feedback regarding wording or visual changes. For example, one individual suggested bolding key words in a quote that was on the slide. In addition to minor wording or content changes, there were larger suggestions from iteration 1 including:

1. *Longer time for sessions*: Adding an extra 30 minutes to make the sessions 1.5 hours each to allow for more discussion and sharing.
2. *Workbook accessibility*: Creating a fillable online PDF workbook and printable version to give mentors different options. Also ensuring the materials are compatible with voice-to-text software.

3. *Having multiple methods of engagement & knowledge sharing*: Having the chat function for mentors to engage in discussion in addition to sharing orally. Additionally, having some videos in the sessions to share knowledge.
4. *Providing options:* Providing the mentors with 2-3 options for the independent and in-session reflection practices. This would be more inclusive to individuals at different stages of their self-compassion journey.
5. *Diversity:* It was acknowledged that our group for iteration 1 was a sample of predominantly females. Additionally, it was discussed that the program appropriateness could vary depending on the level of SCI. Thus, it was suggested to intentionally recruit men and individuals with different levels of SCI for iteration 2.

Overall, the group concluded that the program was satisfactory across all criteria (i.e., we did not need to complete another iteration with them) and was ready to be implemented with mentors.

### 2.3 Iteration 2: program testing (to be completed)

#### 2.3.1 Research design

To assess the feasibility, acceptability, and implementation of the program, we will use a mixed method approach to collect data using provider (e.g., researcher diaries) and participant reports (e.g., surveys). A convergent mixed method single-group quasi-experimental research design will be used to assess the effectiveness of the peer mentor self-compassion program (i.e., quantitative and qualitative data will be collected at the same time). Though the randomized controlled trial (RCT) design is the "gold standard" for demonstrating efficacy and effectiveness of health programs, it also has significant ethical, practical, and financial limitations within dynamic real-world community-based setting [35,36]. As such, we are using multiple sources of data (i.e., surveys and semi-structured interviews) at multiple timepoints (i.e., pre and post, and 6-

week follow-up) to obtain detailed information on the peer mentors' experiences with the program and ascertain the effectiveness of the program.

The study protocol has been approved by the Research Ethics Board at McGill University and was pre-registered on the Open Science Framework registry (https://doi.org/10.17605/OSF.IO/2PQ3V ).

### 2.3.2 Participants

We will implement and test the full 6-week program on five separate groups of peer mentors (N = 20, 4 per group). It was agreed upon as feasible to recruit ten peer mentors from each organization, considering time demands and limited availability of peer mentors. Participants must be at least 18 years of age, have a SCI, are currently a peer mentor, be able to communicate in English, and have access to a computer and internet. Participants will be excluded from the program if they have severe cognitive/memory impairments that influence their learning of the concepts. In consultation with our partnered SCI organizations, 'current' peer mentors are those who have completed formal peer support training with the respective SCI organization. This inclusion/exclusion criteria were agreed upon with our two SCI partner organizations and is feasible prior to this study. As recruitment efforts for peer mentors have been challenging especially with the recent COVID-19 pandemic, we decided not to exclude peer mentors with higher levels of self-compassion (as determined by the trait Self-compassion Scale Long-form; [37]).

### 2.3.3 Procedures

The final format of the program is 6 consecutive weeks with 1.5-hour sessions per week. The content of the sessions remained the same as in iteration 1 (Table 1). Considering the suggestions above, we created a more accessible workbook with options to be sent to the mentors

at the beginning of the program (via mail and e-mail depending on preference), added in the option to use the chat for participation, and added in videos to the sessions.

Participants will be recruited through organizational communication channels (e.g., newsletters, social media) of our two partnered SCI organizations. To reflect the feedback from iteration 1, organizations will use purposeful sampling to intentionally recruit men and individuals with different levels of SCI. Eligible participants (determined by a screening questionnaire) will then be contacted for an individual meeting with a member of the research team who will describe the procedures and answer any questions. Participants who provide informed consent for the study will then be sent the pre-program questionnaire to complete, which will assess demographic (e.g., age, gender) and SCI-related variables (e.g., year since injury) as well as the primary and secondary outcome variables.

We will use a staggered approach to starting the program and will have the groups begin their first session at different times. To account for any seasonal influences (e.g., decline in mental health in the winter), we will conduct two groups in the spring/summer and three in the fall/winter months. Immediately after participating in the 6-week program, peer mentors will be sent the post-program questionnaire, which will assess primary outcome variables and feasibility, acceptability, appropriateness, and implementation outcomes. Within the week of completing the program, we will also conduct a 30-60-minute semi-structured interview with the participants to further explore the effectiveness of the program. Lastly, participants will complete a follow-up questionnaire and 30-minute interview to assess the same variables 6-weeks after completing the program.

### 2.3.4 Measures

Table 2 provides a summary of all study outcomes and their associated definitions and assessments.

**INSERT TABLE 2**

**2.3.4.1 Feasibility and acceptability.** *Participant reports.* During the post-program survey**,** we will use the Feasibility of Intervention Measure (FIM), Acceptability of Intervention measure (AIM) and Intervention Appropriateness Measure (IAM) to assess feasibility and acceptability of the program [38]. For each measure, participants will be prompted to respond to 8 questions on a 5-point Likert scale from 0 (completely disagree) to 4 (completely agree). For each question, the participants will respond to the *content* and *peer component* of the program separately. For each measure, each question will be examined individually (by calculating individual means) and a grand mean will be calculated for a total score. We will also assess feasibility in the post-program semi-structured interviews by asking participants questions related to the APEASE criteria [34]. For instance, asking questions related to practicability, side-effects/safety, and equity.

Acceptability will also be assessed during the post-program questionnaire by asking participants to respond to an open-ended question "Provide any more comments/feedback that you have on the program". Lastly, we will ask participations about their thoughts and opinions of the program during the post-program semi-structured interview. We will ask them questions regarding the online delivery, group format, accessibility, facilitation and content, potential problems/concerns. For any participants who have poor session attendance or dropped out, we will invite them to take part in an interview, whereby they will be asked about reasons for disengaging with the intervention and recommendations for a more acceptable intervention. All interviews will be audio-recorded and transcribed verbatim.

*Provider reports.* For additional feasibility outcomes, we will also assess recruitment rate (i.e., the number of individuals per month who contact the research team regarding participation), enrolment rate (i.e., the number of individuals who consent to participate in the program out of

those who contact the research team), adherence rate (i.e., how many of the sessions participants attend out of 6), and retention/attrition rates (i.e., how many assessments the participants complete and the number of participants who drop out of the program) throughout the program, as recommended by [39]. Lastly, the group facilitator will keep a personal diary during the program to further describe feasibility and acceptability outcomes.

**2.3.4.2 Implementation.** *Participant reports.* We aim to assess treatment receipt during the two interviews at post-program and follow-up. For example, asking participants about their use of the self-compassion practices and assessing whether their description aligns with the definitions and content taught in the program. Additionally, we will assess the enactment of self-compassion practices during both the surveys and interviews at post-program and follow-up. During the surveys, participants will select which of the nineteen practices they used and identify how frequently they used each one during a 2-week period. They will also identify any barriers they encountered that prevented them from using the practices (e.g., no time, forgot the practice, did not need it, not comfortable with the practice, used something else, or other). Lastly, in both the surveys and interviews, we will ask participants to provide examples of how they used the practices within and/or outside the mentorship context.

*Provider reports.* To assess fidelity, the facilitator will record in a survey after each session whether they completed all the slides and practices, the total length of the session, whether there were technical difficulties or not, and their self-rated performance of the session on a scale of 0 (poor) to 10 (excellent). To assess overall participant engagement, the group facilitator will rate, at the end of each session, the extent to which each participant engaged in the session on a scale from 0 (to an extremely small extent) to 6 (to an extremely large extent). Lastly, the group

facilitator will keep a personal diary during the program to further describe implementation outcomes.

*Effectiveness.* All effectiveness data will be collected using participant reports using the following measures pre/post/follow-up. Participant responses will be triangulated with interview data from post/follow-up to provide greater insight into the outcomes.

*Primary outcome (compassion fatigue).* We will use the Professional Quality of Life Scale or ProQOL version 5 [40] to assess compassion fatigue. Participants will be prompted to answer 30 items on a 1 (never) to 5 (very often) Likert scale related to three subscales (burnout, secondary traumatic stress, compassion satisfaction). According to [40], compassion fatigue is comprised of burnout (e.g., I feel "bogged down" by the system) and secondary traumatic stress (e.g., As a result of my [helping], I have intrusive, frightening thoughts). Thus, for a total compassion fatigue score, the mean is taken from these two subscales. Although the ProQOL has not been previously used within the SCI population, it the most commonly administered scale for research among caring professionals and has demonstrated good construct validity [40].

*Secondary outcomes (compassion satisfaction and self-compassion).* Compassion satisfaction is the third subscale of the ProQOL and assesses items that correspond with one's satisfaction derived from their role (e.g., I am proud of what I can do to [help]; [40]). To calculate a total compassion satisfaction score, we will calculate the mean of this subscale.

Self-compassion will be measured using the Trait Self-compassion Scale Long-form [37], which assesses total self-compassion and its 6 subcomponents. Participants will be prompted to answer 26 items on a 1 (almost never) to 5 (almost always) Likert scale. The questions can be categorized into self-kindness (e.g. I try to be loving towards myself when I'm feeling emotional pain), self-judgement (e.g. I'm disapproving and judgmental about my own flaws and

inadequacies), common humanity (e.g. When things are going badly for me, I see the difficulties as part of life that everyone goes through), isolation (e.g. When I think about my inadequacies it tends to make me feel more separate and cut off from the rest of the world), mindfulness (e.g. When I'm feeling down I try to approach my feelings with curiosity and openness) and over-identification (e.g. When something upsets me I get carried away with my feelings). Positive items are positively scored, whereas the negative items are reverse scored. Means are calculated for each subscale and a grand mean is calculated for a total self-compassion score. This scale has been shown to be internally consistent and reliable [37].

*Tertiary outcome (mental health).* The Mental Health Continuum Short Form (MHC-SF; [41]) is a 14-item questionnaire that will be used to assess mental health in this study. The MHC-SF specifically assesses the frequency on a 6-point Likert scale (i.e., never to every day) with which participants experience symptoms. The items of the questionnaire can be categorized into three types of mental health including three items for emotional well-being (e.g., being interested in life), five items for social well-being (e.g., contributing to society) and six items for psychological well-being (e.g., being confident to express one's own ideas and opinions). The items for each type are added for sub-scores and then summed for an overall mental health score. The MHC-SF has been shown valid and reliable [41].

### 2.3.5 Data Analysis

*Quantitative data.* For all quantitative data, we will use Statistical Package for Social Sciences (SPSS) Version 29 [42] to calculate descriptive statistics of each outcome (e.g., means, standard deviations, frequencies, ranges). For effectiveness outcomes, we will calculate effect sizes to describe the magnitude of changes. From pre to post and pre to follow-up, we will use effect size calculation based on [43] (p.111) procedure for single-group designs. According to

Cohen [44] (pp.79–81), the following guidelines will be used to assess effect sizes and strength of the relationships: $d_{rm}$ = 0.10 to 0.29 (small); $d_{rm}$ = 0.30 to 0.49 (medium); $d_{rm}$ = 0.50 to 1.0 (large). Paired-sample t-tests will also be used to provide statistical trends and compliment effect size interpretations. As recommended by [45], feasibility and acceptability outcomes will be examined individually and as a whole to explore the overall success of the program and provide any recommendations for modifications.

*Qualitative data*. Qualitative data will be analysed using a directed content analysis [46]. This analysis uses prior theory to extend knowledge about a phenomenon. Two co-authors will independently deductively code the data based on self-compassion theory and the compassion fatigue resilience model. Any text that does not fit within a predetermined category will be given another label [46]. Lastly, co-authors will examine whether sub-themes are needed to describe the data. To strive for rigor and trustworthiness [47], authors will engage in critical discussion and reflection throughout the analysis, and five critical friends will be used. The first two critical friends will be the supervisors of the primary researcher with ten years of experience in SCI and peer support research and six years of experience in self-compassion research. Three other critical friends will comprise of the organizational staff who are involved in this study. The organizational staff will especially be helpful in guiding the final data interpretations to ensure they are appropriate to the SCI peer support context.

*Data triangulation.* We will use data-source triangulation and multiple-analyst triangulation to ensure validity of the data [47]. As such, two co-authors will independently analyze the quantitative and qualitative data at the same time. During the first round of analysis, each co-author will independently merge the quantitative and qualitative data to interpret the overall findings regarding the feasibility, acceptability, and effectiveness of the self-compassion

program. For instance, if there are observed quantitative changes in compassion fatigue, the co-authors will use the qualitative data to describe *why* these changes may have occurred. The use of triangulation will ultimately help to describe the potential feasibility, acceptability, and effectiveness of the self-compassion program. Triangulation of the data will also provide the research team with a deeper and more nuanced perspective of the peer mentors' experiences with the program [47].

## 3 Discussion

This project represents a theory-based approach to promote self-compassion in peer mentors within SCI community-service organizations in Canada. Our goal is to contribute to various areas of knowledge, including self-compassion interventions, compassion fatigue, mental health, SCI peer support programs, and research-community partnerships. The anticipated impact of this study extends to informing comprehensive self-compassion initiatives for peer mentors in SCI community service organizations on a national and international scale.

Recognizing the growing interest in contextualizing self-compassion within specific domains [28,29], we deliberately customized our self-compassion program to meet the unique needs of mentors. Drawing on insights from previous research, we tailored our program to the needs to SCI peer mentors and thus enhance the likelihood of achieving desired outcomes. First and in line with our integrated knowledge translation approach, we attempted to create an accessible and inclusive program by doing an initial iteration with organizational staff and SCI peer mentors with knowledge on self-compassion. We also used recommendations from [33] to create accessible mindfulness-based interventions. Second, we previously investigated the factors and mechanisms influencing compassion fatigue (resilience) among the population under study

[9]. Ultimately, our approach to creating a tailored program to meet the unique needs of SCI peer mentors enhances the rigor of our study.

Our program's foundation in theory also contributes to its expected success. In addition to having the program based in self-compassion theory and the compassion fatigue resilience model, the evidence-based techniques taught in the program have been previously shown to promote self-compassion and mental health. For example, self-soothing physical touch (which is discussed in session two) is a proven way to reduce cortisol responses to stress [48]. In addition, gratitude and savoring (taught in session four) have been found to promote both self-compassion and mental health [49,50]. Lastly, online modalities have been found to be an accessible and cost-effective means of delivering psychological programs [51]. Online self-compassion programs have already demonstrated efficacy across various populations, including caring professionals [52], and are particularly suited for SCI peer mentors dispersed across different geographical areas in Canada.

Existing self-compassion interventions have demonstrated efficacy in promoting positive psychological and physiological outcomes [24]. Though the concept of self-compassion has been studied within the disability context [50,53], there is a notable gap in how self-compassion interventions are applicable to individuals who serve as peer mentors within disability and specifically SCI. Additionally, there is a lack of comprehensive understanding regarding the overall impact of such programs, including their feasibility, acceptability, implementation, and effectiveness. To address this gap, we will assess all these outcomes in our inquiry and employ a mixed-method approach to gain a holistic understanding. Ultimately, our comprehensive approach will lay the groundwork for future research in this domain and support the mental health of peer mentors within SCI community service organizations, thus improving the quality of support they provide.

A limitation of this program is that the first author's involvement in both the intervention and acceptability interviews may introduce bias to participants' responses. Future iterations of the study may benefit from a third-party interviewer for a more nuanced understanding of program acceptability. Additionally, the use of self-report measures, while valuable, comes with inherent limitations, such as social desirability biases. Considering these limitations, we believe our comprehensive mixed-method approach will provide important information regarding the feasibility, acceptability, and impact of the SCI peer mentor self-compassion program.

## 4 Conclusion

This project contributes to the advancement of tailored self-compassion programs for peer mentors within SCI Canadian community service organizations. Grounded in theory, our approach addresses specific mentor needs and aligns with the growing trend of context-specific self-compassion interventions. We bridge a gap in the literature by focusing on SCI contexts and employ a mixed-method approach to comprehensively assess feasibility, acceptability, implementation, and effectiveness. Our program, rooted in evidence-based techniques and online delivery for accessibility, holds promise for positive outcomes. This work not only lays a foundation for enhancing mentor self-compassion but also sets the stage for broader applications and potential international impact. If successful, a follow-up study on sustainability will be crucial. Overall, this project contributes significantly to the evolving field of self-compassion interventions, aiming to transform support systems for peer mentors within SCI peer support programs.

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## List of Tables

**Table 1** Self-compassion Program Session Topics with Practices Informed by our Extended Model of the CFRM [9]

| Week | Session Topic | Self-compassion Practices taught in Session | Discussions informed from our extended CFRM model [9] |
|---|---|---|---|
| **1** | Introduction to Self-compassion | • Self-compassion break<br>• Being aware of your critical voice | • Benefits of self-compassion for peer mentors<br>• Example of how peer mentors can use self-compassion in their roles<br>• Using the self-compassion break within mentoring |
| **2** | The Yin and Yang of Self-compassion | • Self-compassionate words<br>• Self-compassionate acts<br>• Self-soothing techniques<br>• Validation techniques<br>• Protecting oneself<br>• Identifying one's needs | • Using self-compassionate words/acts<br>• Validating one's strengths as a peer mentor<br>• Examples of how peer mentors can protect themselves (e.g., detachment, self-care, social support)<br>• Motivating oneself as a peer mentor (e.g., preparing for upcoming sessions) |
| **3** | Mindfulness and Dealing with Difficult Emotions | • Formal mindfulness meditation<br>• Mindfulness in daily life<br>• Moving INTO your emotions | • How to manage resistance of negative emotions with mindfulness<br>• How to incorporate mindfulness into mentorship (e.g., being present with mentees) |
| **4** | Embracing the Good with Self-compassion | • Savouring<br>• Gratitude<br>• Joyful activities<br>• Other self-care | • Enhancing compassion satisfaction through savouring and gratitude<br>• Savouring within mentoring (e.g., savouring a positive experience with a mentee)<br>• Showing gratitude for mentorship experiences |

| | | | |
|---|---|---|---|
| **5** | Self-compassion and Compassion Fatigue | • Positive versus negative empathy<br>• Compassion with equanimity<br>• Acceptance strategies | • Discussion on what compassion fatigue is and what is looks like for peer mentors<br>• What leads to compassion fatigue for peer mentors (e.g., traumatic experiences, prolonged exposure) |
| **6** | Core Values as Mentors & Continued Practice of Self-compassion | • Values exploration | • How peer mentors continue their self-compassion practice |

**Table 2** Definitions of Variables under Investigation and Associated Assessments

| Variable | Definition | Assessment in Study |
|---|---|---|
| Feasibility | The extent to which a new treatment, or an innovation, can be successfully used or carried out within a given agency or setting [39,46].<br>a) Recruitment rate<br>b) Enrollment rate<br>c) Adherence rate<br>d) Retention/attrition rates | Participant reports:<br>*Quantitative:* The post-program survey will contain a validated questionnaire for feasibility (Feasibility of Intervention Measure; [38]).<br><br>*Qualitative:* Semi-structured interviews will be used to assess feasibility outcomes at post-program.<br><br>Provider[7] reports:<br>*Quantitative & Qualitative:* The groups facilitator will keep track of all feasibility outcomes during the program (i.e., numerical values and details for recruitment, enrollment, adherence, and retention/attrition). |
| Acceptability | How well the program will be received by the target population and the extent to which the program or its components meet the needs of the target population.<br><br>Contains *appropriateness*, which is defined as the extent to which the program addresses important problems for the population and is suitable/convenient to their lifestyle. | Participant reports:<br>*Quantitative:* The post-program survey will contain a validated questionnaires for acceptability (Acceptability of Intervention Measure and the Intervention Appropriateness Measure; [38]).<br><br>*Qualitative:* Semi-structured interviews will be used to assess acceptability outcomes at post-program. |
| Implementation | The process of assessing how well a program has been translated from the drawing board into action. | See below |

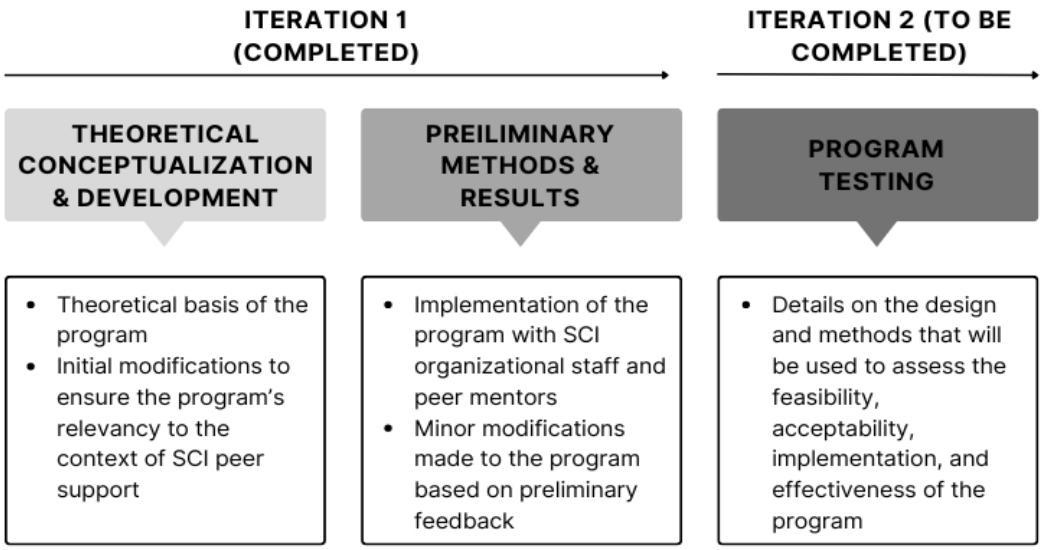
[7]In this study, the group facilitator is the provider (i.e., the individual delivering the program).

| | | |
|---|---|---|
| | (1) Delivery Fidelity:<br>a) Treatment integrity: the degree to which a treatment condition is implemented as intended.<br>b) Treatment differentiation: whether treatment conditions differ from one another in the intended manner | Provider reports:<br>*Quantitative & Qualitative:* The group facilitator will report on the program fidelity immediately after each session. For example, reporting on topics and practices covered, time taken to complete each session, and overall self-rated performance. A facilitator diary will also be kept noting anything regarding fidelity.<br><br>*Treatment differentiation will not be assessed as there is no control group. |
| | (2) Participant Engagement :<br>a) Treatment receipt: whether participants understand and demonstrate knowledge of intervention components.<br>b) Treatment enactment: whether participants apply the intervention components in their daily life. | Participant reports:<br>*Qualitative:* Treatment receipt will be assessed using semi-structured interviews post-program and at follow-up. For example, asking participants to describe their use of self-compassion and evaluating the consistency of their description with the definition.<br><br>Provider reports:<br>*Quantitative & Qualitative:* Treatment enactment will be assessed using the post-program and follow-up surveys and semi-structured interviews. Participants will report on their use of the nineteen practices taught. The group facilitator will also rate each participant on their engagement after each session on a scale from 0 (poor engagement) to 10 (excellent engagement). |
| Effectiveness | The extent to which pre-established objectives are attained as a result of the program. | Participant reports (data triangulation):<br>*Quantitative*: Surveys with validated questionnaires will assess changes in compassion fatigue (Professional Quality of Life Scale Version 5; [40]), compassion satisfaction (Professional Quality of Life Scale Version 5; [40]), self-compassion (Trait Self-compassion Scale Long-form; [37]), and mental health (Mental Health Continuum Short-form; [41]) from pre to post and pre to 6-week follow-up. |

| | |
|---|---|
| | *Qualitative:* Semi-structured interviews will be used to assess changes in the study outcomes from pre to post and pre to 60week follow-up. |

## List of Figures

**Figure 1** Stages of our Approach to Co-develop and Test the SCI Peer Mentor Self-compassion Program



## Bridging Text

Chapter 4 described the protocol used to assess the feasibility, acceptability, and effectiveness of the tailored self-compassion program on compassion fatigue, compassion satisfaction, self-compassion, and overall mental health among peer mentors within Canadian spinal cord injury (SCI) community service organizations. In addition, Chapter 4 discusses how the self-compassion program was co-developed with community partners from SCI British Columbia and SCI Ontario and provides information on the modifications made after implementing the program with staff and peer mentors from these organizations. Chapter 5 subsequently employs the protocol described in Chapter 4 and empirically investigates – through a mixed method approach - the feasibility, acceptability, and effectiveness of the tailored self-compassion program on compassion fatigue, compassion satisfaction, self-compassion, and overall mental health among peer mentors.

# Chapter 5

## Feasibility, acceptability, and effectiveness of a tailored self-compassion program for peer mentors within Canadian spinal cord injury community service organizations

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**Abstract**

**Introduction:** The purpose of this mixed method study was to examine (1) the feasibility and acceptability of a tailored self-compassion program for peer mentors in Canadian spinal cord injury (SCI) community service organizations and (2) its effectiveness in improving compassion fatigue (i.e., burnout and secondary traumatic stress), compassion satisfaction, self-compassion, and mental health from pre to post and pre to 6-week follow-up. **Methods:** We co-constructed this study with two Canadian SCI community service organizations. Fifteen peer mentors (5 Males; 10 Females, $M_{age}$=47.8 years, SD=13.56) from these organizations were split into four groups and completed the online 6-week peer mentor self-compassion program. Each participant completed three surveys (pre/post/6-week follow-up) and two interviews (post/6-week follow-up). Non-parametric tests were used to examine quantitative changes in the outcome variables. Qualitative data were analyzed using a thematic analysis. **Results:** The program was deemed to be feasible and acceptable for peer mentors, providing opportunities for them to connect with others who have shared lived experience. Burnout and secondary traumatic stress decreased from pre to post ($r$=-.47; $r$=-.12) and pre to follow-up ($r$=-.37; $r$=-.13). Total self-compassion and mental health increased from pre to post ($r$=.43; $r$=.41) and pre to follow-up ($r$=.56; $r$=.23). Compassion satisfaction did not change at either timepoints. Four themes were identified from qualitative data: from a self-critic to a self-ally, being a better peer mentor, building resilience, and benefits to the organization. At follow-up, there were two themes: evolving perspectives of the self and improved mental health. **Conclusions:** The results from this study provide insight into the benefits of a tailored self-compassion program for SCI peer mentors, the mentees they provide care to, and the organizations delivering the peer support programs.

**Keywords.** compassion fatigue, disabilities, mentors, mindfulness

## Introduction

Working in a caring profession offers advantages beyond helping others, such as personal growth and developing a sense of purpose (National Opinion Research Center, 2014). When exposed to prolonged trauma and stress of others however, caring professionals are at an increased risk of experiencing compassion fatigue (i.e., a condition marked by exhaustion and dysfunction; Figley & Figley, 2017) and reduced mental health (i.e., a state of psychological, emotional, and social well-being; Lamers et al., 2011). Peer mentors in Canadian spinal cord injury (SCI) community service organizations[1] are particularly vulnerable to compassion fatigue (Alexander et al., 2021; Pastore et al., 2024a). These peer mentors provide crucial emotional and practical support to their mentees (SCI Canada, 2020; Shaw et al., 2019). However, they also face challenges such as discussing sensitive topics like suicide (Alexander et al., 2021; Sweet et al., 2021) and navigating boundaries between mentorship and friendship (Shi et al., 2024; Pastore et al., 2024a). Consequently, some peer mentors have resigned due to compassion fatigue, underscoring the need for organizational support and attention to their mental health (Pastore et al., 2024a).

According to the compassion fatigue resilience model (CFRM; Figley & Ludick, 2017), various factors contribute to compassion fatigue or enhance resilience against it. Having high work demands or experiencing burnout (i.e., feelings of hopelessness and work difficulties) and secondary traumatic stress (i.e., internalizing other's stress or trauma) are indicators of compassion fatigue (Figley & Ludick, 2017). Conversely, prioritizing self-care and finding satisfaction in one's role (i.e., compassion satisfaction) can prevent or alleviate it. Addressing compassion fatigue is

[1]Specialized peer support programs have been developed by Canadian SCI community service organizations to facilitate interactions among individuals with shared lived experiences, aiding in adaptation and thriving (SCI Canada, 2020; Shaw et al., 2019).

crucial, as it can lead to depression, anxiety, anger, and reduced energy, ultimately diminishing empathy and desire to stay in one's role (Harr et al., 2014; Hegney et al., 2014).

Our previous study found that compassion fatigue among peer mentors led to physical, psychological, and emotional exhaustion, which diminished their perceived effectiveness in supporting their mentees (Pastore et al., 2024a). The study highlighted factors contributing to compassion fatigue, such as repeated exposure to mentees' distress and traumatic memories. Conversely, resilience to compassion fatigue resulted in improved energy, emotional stability, and renewed motivation to help mentees. Ultimately, this study emphasized the importance of peer mentors learning adaptive strategies to prevent compassion fatigue.

In other contexts, strategies and interventions have been suggested for reducing compassion fatigue and improving mental health among caring professionals (Conversano et al., 2020). For instance, researchers have focused on enhancing organizational culture and increasing mental health resources (Lee et al., 2019). Individual-level interventions, including stress management, coping, and self-care strategies, have also been proven to be successful (Rohlf, 2018). Self-compassion—a psychological resource involving a healthy self-relationship (Neff, 2003a)—shows promise for reducing compassion fatigue and improving mental health among those at risk (Finlay-Jones et al., 2018). In our previous study, peer mentors noted that lacking self-compassion (e.g., being judgmental of themselves) increased compassion fatigue, while practicing self-compassion (e.g., balanced awareness of thoughts/emotions) helped prevent it (Pastore et al., 2024a). Thus, incorporating self-compassion into interventions could reduce compassion fatigue and improve mental health.

Self-compassion consists of three subcomponents and their counterparts: (a) self-kindness (i.e., being kind to oneself) versus self-judgment (i.e., being harshly critical of oneself), (b)

mindfulness (i.e., balanced awareness of thoughts/emotions) versus over-identification (i.e., becoming overwhelmed by thoughts/emotions), and (c) common humanity (i.e., understanding the universality of experiences) versus isolation (i.e., thinking one's experiences are unique; Neff, 2003a). Self-compassion interventions, known for their low cost and psychological benefits (e.g., improved mental health), have been developed across various populations (Ferrari et al., 2019; Neff, 2023). Adaptations of self-compassion interventions for caring professionals have also demonstrated large effects on improving resilience and reducing burnout and secondary traumatic stress (Delaney, 2018).

Although the application of self-compassion exists in a disability context (Stuntzner, 2017), there are notable gaps regarding its use for individuals with disabilities in peer support roles. It is unclear if self-compassion interventions are feasible or acceptable for peer mentors within Canadian SCI community service organizations (Pastore et al., 2024a). Research also indicates that individuals with disabilities require specific adaptations to practicing mindfulness, which is a key component of self-compassion interventions (Finlay et al., 2022). Furthermore, limited information exists on the effectiveness of these interventions in reducing compassion fatigue. Addressing these gaps could enhance the impact of self-compassion interventions and serve as a model for other caring professionals with disabilities or in peer roles.

The purpose of this mixed method study was to examine (1) the feasibility and acceptability of a tailored self-compassion program for peer mentors within Canadian spinal cord injury (SCI) community service organizations and (2) its effectiveness in improving compassion fatigue (i.e., burnout and secondary traumatic stress), compassion satisfaction, self-compassion, and mental health from pre to post and pre to 6-week follow-up.

## Methods

### Partnership Framework

This study followed the guiding principles of integrated knowledge translation (IKT) for conducting and disseminating SCI research in partnership (Gainforth et al., 2020). This collaborative method involves actively engaging in activities supporting the practical application of research in real-world contexts by strengthening partnerships among researchers, research mobilizers, and research funders. Over the past four years, we've held sixteen meetings with leadership and peer mentors from SCI British Columbia and SCI Ontario (see Appendix A).

### Philosophical Paradigm and Study Design

The research team adopted a pragmatic paradigm, which posits that researchers should use the most appropriate philosophical and methodological approaches to answer their research question (Kaushik & Walsh, 2019). Pragmatism holds that meaning is socially constructed through an individual's past and current experiences, rejecting the notion of a single truth. This paradigm was chosen because it allows exploration of a phenomenon using various methodological approaches. For this study, we used a mixed-method convergent parallel design (Edmonds & Kennedy, 2017). This design enabled us to employ both quantitative and qualitative methodologies and interpret the findings together (i.e., triangulation), thus strengthening our conclusions about the self-compassion program. The quantitative portion employed a single-group quasi-experimental design, while the qualitative portion used a generic qualitative design. The study protocol was approved by the research ethics board at McGill University (REB# 22009-036) and was pre-registered on the Open Science Framework registry (https://doi.org/10.17605/OSF.IO/2PQ3V).

**Participants**

We purposefully recruited fifteen peer mentors for this study, which was deemed as feasible from our partnered organizations considering limited availability of peer mentors. Participants must have been at least 18 years of age, living with a SCI, a current peer mentor, able to communicate in English, and have access a computer and internet. In consultation with our partnered SCI organizations, 'current' peer mentors were those who completed formal peer support training with the respective SCI organization. To obtain more information on our participants potential prior experiences with self-compassion or related topics, we also asked them if they had taken any formal training in the last five years.

**Tailored Peer Mentor Self-compassion Program**

The tailored peer mentor self-compassion program was co-developed over two iterations (see Pastore et al., 2024b), and was adapted from the Mindful Self-Compassion program for Healthcare Communities (Neff et al., 2020). Our team kept the peer component of the program (with participants being peers with shared lived experience as a peer mentors), online modality, and program length (6 weeks). Session topics were initially created based on the Mindful Self-Compassion program for Healthcare Communities but modified to fit the SCI peer support context (Pastore et al., 2024b). These modifications were informed by research on mindfulness-based interventions for neurological impairments (Finlay et al., 2022) and our previous study on compassion fatigue among peer mentors (Pastore et al., 2024a). The six topics (or content of the program) included: (1) Introduction to Self-compassion; (2) The Yin and Yang of Self-compassion; (3) Mindfulness and Dealing with Difficult Emotions; (4) Embracing the Good with Self-compassion; (5) Self-compassion and Compassion Fatigue; (6) Core Values as SCI Peer Mentors and Continued Practice. Each session included group discussions, individual reflections

and practices, and facilitator-led teachings. The facilitator of the program was a doctoral student with five years of personal/research experience with self-compassion and four years of SCI research experience.

The first iteration involved two staff members and two peer mentors from our partner organizations to ensure the program met their needs. Based on their feedback, we made minor modifications to improve relevance and appropriateness for SCI peer support. Some changes included creating a more accessible fillable PDF workbook, extending sessions from one to 1.5 hours (including breaks), and incorporating videos (Pastore et al., 2024b). The revised second iteration of the self-compassion program was the focus of this study.

**Recruitment & Procedures**

Participants were recruited through organizational communication channels (e.g., newsletters, social media) of our partnered SCI organizations. Interested participants emailed the research team or completed an online screening questionnaire. Eligible participants were contacted for an individual meeting with a member of the research team who described the study procedures. All participants provided informed consent and then completed the pre-program questionnaire.

We used a staggered approach to implement the program with four groups to account for seasonal influences (e.g., declining mental health in winter). The first two groups participated from May to July 2023, and the second two from November to December 2023. After each session, the facilitator spent 15-20 minutes taking reflective notes on feasibility outcomes. Peer mentors completed a post-program questionnaire and a 30-60-minute semi-structured interview immediately after the program to assess feasibility, acceptability, and potential changes in the study outcomes. Six weeks later, they completed a follow-up questionnaire and a 20-30-minute semi-structured interview to reassess potential changes in the study outcomes.

## Measures

### *Demographic and SCI-related Information*

We collected information on age, gender, ethnicity, education, household income, sexual orientation, years since SCI, SCI level, cause of SCI, ASIA classification (Roberts et al., 2017), SCI organization, and primary mode of transportation.

### *Feasibility and Acceptability*

**Recruitment, Enrolment, Adherence, and Retention/Attrition (Provider Reports).** To assess feasibility outcomes (and as recommended by Thabane et al., 2010), the provider/facilitator assessed recruitment rate (i.e., the number of individuals who contacted the research team to participate), enrolment rate (i.e., the number of individuals who consented to participate in the program out of those who contacted the research team), adherence rate (i.e., how many of the sessions participants attended out of six), and retention/attrition rates (i.e., how many assessments the participants completed/the number of participants who dropped out of the program). Lastly, the group facilitator kept notes during the program to further describe feasibility outcomes.

**Post-program Survey.** During the post-program survey**,** we used the Feasibility of Intervention Measure (FIM), Acceptability of Intervention measure (AIM), and the Intervention Appropriateness Measure (IAM) to assess data on the feasibility and acceptability of the program (Weiner et al., 2017). For each measure, participants responded to 8 questions on a 6-point Likert scale from 0 (completely disagree) to 5 (completely agree). Each question was separated into the (a) content and (b) peer component of the program. Additionally, for acceptability, participants were asked if they would recommend the program to other peer mentors with a yes or no response.

**Post-program Interview**. In the post-program interview, participants were asked open-ended questions about their motivations for taking the program and aspects of the APEASE criteria

(practicability, side-effects/safety, equity, and accessibility; Public Health England, 2019). Additionally, the interview assessed acceptability by asking participants about their overall satisfaction and soliciting comments or suggestions for improvement.

### *Effectiveness*

All effectiveness data was collected using surveys at pre/post/6-week follow-up.

**Compassion Fatigue (Primary Outcome)**. The Professional Quality of Life Scale (ProQOL) version 5 is commonly used to assess compassion fatigue (Stamm, 2010). Participants answered 30 items on a 5-point Likert scale from 1 (never) to 5 (very often). Compassion fatigue is calculated by taking the mean of two subscales: burnout and secondary traumatic stress. According to Stamm (2010), burnout and secondary traumatic stress levels are interpreted to assess overall compassion fatigue: below 21 is "low", 22-41 is "moderate," and above 42 is "high." Similar to other studies, Cronbach's alpha for the burnout and secondary traumatic subscales in our study were .83 and .85 (Delaney, 2018).

**Compassion Satisfaction and Self-compassion (Secondary Outcomes).** Compassion satisfaction is also assessed via the ProQOL version 5 (Stamm, 2010). To calculate a total compassion satisfaction score, the mean is taken from the third subscale which assesses this variable. The same ad hoc scores as described above are used for compassion satisfaction. Cronbach's alpha for this subscale in our study was .87 (Delaney, 2018).

Self-compassion was measured using the trait Self-Compassion Scale (Neff, 2003b), which assesses total self-compassion and its six subcomponents. Participants answered 26 items on a 5-point Likert scale from 1 (almost never) to 5 (almost always). Compassionate responding items (self-kindness, common humanity, mindfulness) were positively scored, while uncompassionate responding items (self-judgment, isolation, over-identification) were reverse scored. Means were

calculated for each subscale and a grand mean for total self-compassion. The scale is consistent, valid, and reliable (Neff, 2003b). Cronbach's alpha for the subscales in our study ranged from .95 to .97, which aligns with other literature (Neff, 2003b). Though there are no clinical norms or scores that indicate whether an individual is high or low in self-compassion, Neff (2003b) provides an ad hoc rubric indicating that scores between 1.00 and 2.49 are low, between 2.5-3.5 are moderate, and between 3.51-5.00 are high.

**Mental Health (Tertiary Outcome).** The Mental Health Continuum Short Form (MHC-SF; Lamers et al., 2011) is a reliable and valid 14-item questionnaire used to assess mental health. The MHC-SF measures the frequency of symptoms on a 6-point Likert scale (from "never" to "every day" over the last month). It categorizes mental health into emotional, psychological, and social well-being. Sub-scores for each type are summed for an overall mental health score, with higher scores indicating greater positive mental health. Similar to other research, Cronbach's alpha for the subscales in our study ranged from .78 to .82 (Orpana et al., 2017).

## Data Analysis

### *Feasibility and Acceptability*

As recommended by Abbott (2014), feasibility and acceptability outcomes from the survey were examined individually and aggregated to explore the overall success of the program and provide any recommendations for modifications. For each measure and its respective items, we calculated the mean and standard deviation. Data from our interviews were analyzed using directed content analysis (Hsieh & Shannon, 2005), which encourages researchers to use prior theory to extend knowledge about a phenomenon. As such, the data was coded based on the APEASE criteria (Public Health England, 2019).

### *Effectiveness*

For the quantitative effectiveness data, we used Statistical Package for Social Sciences (SPSS) version 29 (IBM, 2022) to calculate descriptive statistics for each variable (e.g., mean, median, standard deviation). Due to our small sample size and non-normal distribution, we used a non-parametric test (i.e., Wilcoxon signed-rank test) to evaluate the effectiveness of the self-compassion program in changing compassion fatigue, compassion satisfaction, self-compassion, and mental health. We provide the standardized test statistic ($z$), asymptotic significance ($p$) and effect size ($r$). The effect size was calculated by dividing the standardized test statistic ($z$) from the square root of the total number of observations ($\sqrt{n}$). According to Cohen (1988), we adhered to the following effect sizes: $|r| < .10$ as no effect to a very small effect, $|r| = .10 – .29$ as a small effect, and $|r| = .30 – .49$ as a medium effect, and $|r| > .5$ as a large effect.

For the qualitative effectiveness data, we used an abductive thematic analysis (Thompson, 2022), whereby two co-authors (O.L.P and E.D.) first deductively coded the data based on theory related to study outcomes. Any text that did not fit within the predetermined categories were given another label. Lastly, co-authors (O.L.P. and E.D.) added any appropriate sub-themes that described the data. To strive for rigor and trustworthiness (Smith & Sparkes, 2016), co-authors engaged in critical discussion and reflection throughout the analysis with five critical friends. The first two critical friends S.N.S. and M.F. (the supervisors of the primary researcher with ten years of experience in SCI and peer support research and six years of experience in self-compassion research) provided feedback on the initial themes and subthemes. Lastly, once a final draft of the manuscript was created, three more critical friends (J.M., C.B.M., and L.A.) reviewed them and provided feedback (three individuals within leadership roles at our partnered SCI organizations).

# Results

## Participants

The fifteen participants ($M_{age}$=47.8 years, SD=13.56) who completed the program were from SCI British Columbia (*n*=10; 71%) and SCI Ontario (*n*=5). They self-reported their gender as predominantly woman (*n*=10, 66%) and of White ethnicity (*n*=12). On average, participants were in their role for 8.02 years (SD=2.62, range 0-30, median=4.00) and mentored an average of 21.21 mentees per month (SD=35.70, range = 1-30, median=10.00). For more demographic and SCI-related information, see Table 1. Nine of fifteen participants had no formal training on self-compassion or related topics in the last five years. Six participants had some experience with self-compassion within the last five years including participating in a one-day webinar on mindfulness.

**INSERT TABLE 1**

## Feasibility

### *Recruitment, Enrolment, Adherence, and Retention/Attrition*

Seventeen of nineteen peer mentors who initially reached out started the program (i.e., enrollment rate=89%). Two individuals who were initially interested were too busy to start the program and were put on a list to partake in a future iteration. During the program, we had an adherence rate of 88%, with thirteen participants attending all six sessions [$M_{sessions}$(SD)=5.75 (0.58)]. All participants informed the research team of their absence and returned after the missed session. Three participants missed one session each and one participant missed two sessions. Our attrition rate was 12% (one participant dropped out after session 2 because they took on another job and one participant missed half the sessions due to an illness). We had a retention rate of 100% (i.e., the participants completed all research components).

### *Post-program Survey*

According to the FIM (Weiner et al., 2017), the participants reported a mean score of $M_{FIM}(SD)=3.24$ (0.33) out of 4. The individual item scores for the feasibility of the content of the program ranged from 3.13 to 3.40 (Table 2). For the feasibility of the peer support component of the program, individual scores ranged from 3.00 to 3.40.

**INSERT TABLE 2**

### *Post-program Interview*

**Motivations for Participating in the Program.** Peer mentors who participated in the program provided three primary motivations: (1) because the program was promoted by their manager or co-worker within the organization, (2) to assist with the development/advancement of the program, and (3) for personal and professional growth.

**Practicability.** Peer mentors appreciated the practicality of the online aspect of the program, highlighting its convenience and flexibility. They noted that three to four peer mentors per group was optimal for interaction. Moreover, the peer mentors felt that 90-minute sessions over six weeks was also ideal; longer would be overwhelming, and shorter wouldn't allow for trust-building. They valued the mix of educational material, self-reflection, and group discussion. Optional independent practice was well-received, with the peer mentors appreciating the variety of practices to choose from, making the experience more inviting and flexible.

**Side-effects and Safety.** Peer mentors reported no harmful side effects from the program and noted that "nothing shared was too triggering" (Kai). One safety concern was discussing sensitive topics that might cause emotional or psychological discomfort. As one peer mentor noted, "digging into looking at your inner self can bring up difficult emotions, but this process is essential

and manageable" (Ash). They felt they had a safe space to share "thoughts, questions, and experiences" (Kai) without leaving the sessions with sadness or trauma.

**Equity and Accessibility.** There were no concerns from the peer mentors regarding equity and accessibility. They acknowledged the accessibility of the program and appreciated having the slides and speaking notes available to them and a workbook that was in fillable or printable format.

## Acceptability

### *Post-program Survey*

According to the AIM and IAM (Weiner et al., 2017), the peer mentors reported mean scores of $M_{AIM}(SD)=3.49\ (0.29)$ and $M_{IAM}(SD)=3.52\ (0.26)$ out of 4, respectively. Individual scores for the acceptability and appropriateness of the content of the program ranged from 3.40 to 3.60 and 3.47 to 3.53, respectively (Table 2). All individual acceptability scores for the peer support aspect of the program were 3.47, with appropriateness items ranging from 3.47 to 3.60. When asked *Would you recommend the program to other peer mentors?* all responded *yes.*

### *Post-program Interview*

**Appropriateness.** The peer mentors saw the value in - and relevance of – having the program embedded within SCI organizations: "I think that this whole program is going to be really valuable for new peer mentors and is going to take [our peer program] to another level" (Eli). They discussed the importance of having the program to (a) educate them about compassion fatigue, self-compassion, and mental health, and (b) develop the tools to manage challenging situations.

**Suggestions for Improvement.** Before each session, the peer mentors suggested allowing everyone to join ten minutes early for informal conversation and connection. Between sessions, they recommended a mid-week reminder, such as a text message, to help them "stay on top of the independent practices" (Len). During sessions, they proposed incorporating an ice-breaker activity

to enhance connection and using breakout rooms for more focused discussions. These breakout rooms would facilitate skill practice, feedback, and social networking. For post-program support, the peer mentors recommended creating a poster to remind them of the topics and practices, as these were easily forgotten, especially during follow-up. They also suggested ongoing meetings every few months with other peer mentors to help maintain connection and track progress

**Effectiveness**

***Quantitative***

For our primary outcome (compassion fatigue), burnout decreased from pre [$\tilde{x}$=21.00 ± 5.42] to post [$\tilde{x}$=18.00 ± 5.25] and pre-program to follow-up [$\tilde{x}$=19.00 ± 4.10] (Table 3), representing medium effect sizes [*r*=-.47 and *r*=-.37, respectively] (Table 4). Secondary traumatic stress also decreased from pre [$\tilde{x}$=24.00 ± 8.02] to post [$\tilde{x}$=21.00 ± 4.50] and pre to follow-up [$\tilde{x}$=21.00 ± 4.28], with these effects being small [*r*=-.12 and *r*=-.13, respectively].

**INSERT TABLE 3**

**INSERT TABLE 4**

Regarding our first secondary outcome, compassion satisfaction, there were little changes reported from pre [$\tilde{x}$=42.00 ± 5.04] to post [$\tilde{x}$=43.00 ± 6.30] or follow-up [$\tilde{x}$=41.00 ± 6.21] with little to no effects [*r*=.02 and *r*=-.03, respectively]. Total self-compassion increased from pre [$\tilde{x}$=2.45 ± 0.62] to post [$\tilde{x}$=2.71 ± 0.69] and pre to follow-up [$\tilde{x}$=3.21 ± 0.62] (Table 3), with medium [r=.43] and large [*r*=-56] effects, respectively (Table 4). Self-judgement decreased from pre [$\tilde{x}$=3.20 ± 1.03] to post [$\tilde{x}$=2.40 ± 0.88], with a medium effect [*r*=-.43]. Common humanity also increased from pre [$\tilde{x}$=3.50 ± 0.92] to post [$\tilde{x}$=4.00 ± 0.85], with a medium effect [*r*=.30]. Self-kindness and mindfulness increased from pre [$\tilde{x}$=3.20 ± 0.78; $\tilde{x}$=3.25 ± 0.66] to post [$\tilde{x}$=3.60 ± 0.70; $\tilde{x}$=3.50 ± 0.84] with small to medium effects [*r*=.27 and *r*=.29, respectively]. Isolation

decreased from pre [$\tilde{x}$=3.25 ± 0.84] to post [$\tilde{x}$=2.75 ± 0.78], with a medium effect [*r*=-.29]. Additionally, self-kindness, mindfulness, and common humanity all increased from pre to follow-up [$\tilde{x}$=3.60 ± 0.77; $\tilde{x}$=4.00 ± 0.75; 4.00 ± 0.84], all with medium effects [*r*=.40, *r*=-.38, and *r*=.39, respectively]. Self-judgement, over-identification, and isolation decreased from pre to follow-up [$\tilde{x}$=2.40 ± 0.61; $\tilde{x}$=2.50 ± 0.84; $\tilde{x}$=2.50 ± 0.84], all with medium effects [*r*=-.44, *r*=-.48, and *r*=-.45 respectively]. Lastly, there were no reported changes in over-identification from pre to post [$\tilde{x}$=2.50 ± 0.84] with little to no effect [*r*=-.05].

According to Neff's (2003b) ad hoc categorization of self-compassion levels, six of fifteen peer mentors (40%) transitioned from "low" to "moderate" self-compassion from pre to post, and two (13%) moved from "moderate" to "high". From post to follow-up, two peer mentors (13%) moved from "low" to "moderate" self-compassion and two (13%) moved from "moderate" to "high". For number of peer mentors in each category at all three timepoints, see Table 5.

**INSERT TABLE 5**

For our tertiary outcome, total mental health increased from pre [$\tilde{x}$=49.00 ± 8.40] to post [$\tilde{x}$=53.00 ± 7.67] (Table 3) with a medium effect [*r*=.41] (Table 4). From pre to follow-up [$\tilde{x}$=52.00 ± 8.63], mental health also increased with a small effect [*r*=-.24]. Social well-being increased from pre [$\tilde{x}$=15.00 ± 4.16] to post [$\tilde{x}$=18.00 ± 4.00] (Table 3) with a medium effect [*r*=.47]. In addition, social well-being increased from pre to follow-up [$\tilde{x}$=16.00 ± 3.46], with a small effect [*r*=-.24]. Psychological and emotional well-being both increased from pre [$\tilde{x}$=22.79 ± 4.70; $\tilde{x}$=12.00 ± 1.89] to post [$\tilde{x}$=24.00 ± 4.10] with small effects [*r*=.29 and *r*=.24, respectively). As well, psychological and emotional well-being both increased from pre to follow-up [$\tilde{x}$=24.00 ± 4.55; $\tilde{x}$=12.00 ± 1.90] with small effects [*r*=.14 and *r*=-.20, respectively].

**Qualitative**

Illustrated by the participants, "[the program] would have avoided a lot of the pain in my life […] because [compassion fatigue] can be a challenging aspect of [peer support], especially when [mentees] lives are affected in such significant ways" (Claude). Before the program, participants felt unequipped to manage these challenges, often losing sleep over them. Post-program themes highlight how peer mentors (1) transformed from a self-critic to a self-ally and (2) built their resilience, which contributed to (3) being a better peer mentor and ultimately providing (4) benefits to the organization (Figure 1). At follow-up, peer mentors continued to have (1) evolving perspectives, which promoted (2) improved mental health. Subthemes are provided and pseudonyms are used for all participants to maintain confidentiality.

**INSERT FIGURE 1**

***Post-program Themes***

**From a Self-critic to a Self-ally.** Through their experience in the program, peer mentors reported evolving from a self-critic to a self-ally. By becoming a self-ally, the peer mentors enhanced their self-compassion and built resilience against compassion fatigue. After completing the program, they recognized their mentoring experiences as universal, developed kinder self-talk, and understood the necessity of self-compassion in their lives and roles in assisting others.

The first subtheme *universal peer mentorship experiences* delves into how peer mentors felt a sense of connection through the program. The peer support format was critical in validating their shared mentoring experiences, especially the challenging ones. This connection underscored the peer mentors' desire for regular peer support structures to maintain ongoing support for one another and prevent compassion fatigue:

> […] if we are going through difficult things then we can share them with each other and help each other out. I realized that these [peer mentors] were experiencing the same thing as me, and even though I'm fortunate enough to have a team that I work with, I'm not having these conversations, so [the program] has been very helpful in that aspect (Len).

The common humanity developed in the program helped to avoid self-criticism among peer mentors and foster *kinder self-talk*. They became more aware of their self-critical voice which allowed them to replace it with more supportive, encouraging self-talk: "If I had not been in this program, I would have gone down a different path of being extremely self-critical and not kind to myself" (Kai). Adopting this kinder self-talk reduced self-blame and feelings of guilt associated with mentoring, which ultimately "lessened compassion fatigue a bit" (Fay).

As peer mentors recognized the benefits of self-compassion, they saw it *as a need* rather than a luxury, understanding its importance in daily life. This perspective shift was crucial as balancing their role with self-care often proved challenging and led to compassion fatigue. The program "gave them the permission to do [self-compassion]" and helped prevent compassion fatigue (Devi). Overall, the peer mentors understood the need to practice self-compassion and be a "self-ally" before offering support to others:

> What am I doing for me instead of what am I doing for everyone else? How am I supposed to fit me in to this story that I'm living right now? […] Because I only have so many spoons at the beginning of my day […] I've got to do this and this […] and then you come to the end of your spoons…and what about you? You're in the story. Being reminded through the program that the first spoon of the day is yours (Bo).

**Building Resilience.** Becoming a self-ally promoted resilience among peer mentors, particularly against compassion fatigue by focusing on positives, being aware of one's capacity for stress, and accepting compassion fatigue as part of mentoring.

The peer mentors noted a shift in their outlook, bringing more awareness to the positives within their role as opposed to the struggles: "[The program] was a great reminder to think about the good…if something's going bad…there's no point in complaining about it because it's not going to go away, you just have to deal with it. Control what you can control" (Fay). They aimed to "savor the positive moments" and not "ruminate on the negative ones" (Devi). The peer mentors also extended this idea beyond mentoring and took time to slow down and add positive into their lives through joyful activities, enhancing their overall resilience against compassion fatigue:

> When I joined the program six weeks ago, I was a lot more burnt out than I currently feel. I think the six weeks has given me time to calm down, slow down, find things that I enjoy […] I don't feel as overwhelmed as I did when I first started this program (Len).

In addition, the program increased the peer mentors' *awareness of capacity for stress.* They became more attuned to the emotional impacts of their interactions: "If I don't make that effort, then I'm probably not going to recognize if I'm getting burned out or if I'm feeling emotional" (Eli). This self-awareness helped them manage emotions and stress more effectively: "Realizing your capacity for stress is huge because then you can take that pause and say what can I do right now to lessen the thickness of your skin for a second" (Eli). Regular self-reflection helped prevent compassion fatigue, encouraging a healthier approach to their roles: "Anybody struggling with frustration and compassion fatigue in their job, this [program] could help them realize it's probably something within themselves than the people that they're working with" (Kiran).

Reflecting on their experiences and hearing from others, peer mentors began to *accept compassion fatigue*: “The [program] reminds people…maybe they're feeling burnout, but they don't know. It’s like OK, that's what I'm feeling […] that’s legitimate, you're not this weak person, a lot of people are going through struggles and your position is unique” (Ren). Through this acceptance, they were able to recognize the reality of compassion fatigue, even amongst those who may not outwardly display it: “In my group I had this one [peer mentor] who looks so cool […] knowing that [they] experienced compassion fatigue, even though I didn't notice that being [their] friend, that's pretty eye opening that people like that can go through compassion fatigue” (Ren).

**Being a Better Peer Mentor.** “If we are protecting ourselves and we are being allies for ourselves, we'll be better prepared to serve our mentees, our volunteers” (Kai). As highlighted by this quote, this theme explores how the peer mentors felt that the program contributed to their effectiveness and satisfaction in helping their mentees.

After the program, peer mentors felt they could "show up for everyone" (Kai) and be more present with their mentees by setting better boundaries. By protecting their time, they were better able to reserve their energy for mentoring: “I'm bringing some level of energy that people are looking forward to, and I think part of that is protecting myself and being able to show up in my best capacity” (Kai). This mindfulness ultimately improved their ability to be “a better listener and give better feedback” (Jamie). In addition to being present with mentees, peer mentors also described an *increased preparedness and equanimity* when managing challenging mentorship situations. They discussed learning various tools and self-care strategies, which contributed to their perceived effectiveness:

> [The program] gives you a lot of tools to be able to deal with what could be coming at you and how to navigate different [mentees] or conversation that you could be having… not

> thinking that it's your own self that's causing certain things…We're hard on ourselves when we're not able to achieve something as a peer mentor (Ash).

Having the comfort of being well-equipped in one's role, peer mentors felt more at ease – or had higher *equanimity* - with their mentees, reducing the impulse to react defensively: "I was able to keep my cool just by recognizing that I've done all I can do […] had I not had this training, I would have given up or become frustrated and pulled back a lot sooner" (Eli). The soothing techniques taught in the program such as taking a deep breath were especially helpful in assisting peer mentors in tense moments: "I'm a lot calmer than I was before […] if I'm in that moment with one of my [mentees], I can take that couple seconds and just breathe while they're chatting" (Aya).

**Benefits to the Organization.** This theme explores the benefits of the program for the organization, extending beyond the peer mentors. By investing in programs that focus on building self-compassion and resilience, peer mentors illustrated that SCI organizations could reduce compassion fatigue and thus enhance the sustainability of peer support programs: "... it should be prevention before [peer mentors] fall, and that's where the [organization] will save money because if they can prevent burnout, they're not rehiring, they're not paying money to people who are on medical leaves… and it's money in their pocket to prevent it in the first place" (Bo).

The peer mentors also discussed *sharing insights gained from the self-compassion program with others*, including their mentees and colleagues. Concepts that the peer mentors lacked the terminology for were more effectively communicated with others after taking part in the program. As such, the peer mentors were able to "pass the techniques on" (Rami) and have more fruitful discussion within their peer support teams: "It's good to have the vocabulary to explain what I experience and I'm able to carry this forward and talk to my team of volunteers about the difference

between burnout and compassion fatigue" (Kai). This knowledge dissemination also appeared to empower them with insights that contribute to improved mental health support strategies.

### *Follow-up Themes*

While post-program themes were sustained at 6-week follow-up (e.g., being a self-ally), peer mentors continued to engage in self-reflection once the program ended. Delving deeper into their self-compassion journey, peer mentors illustrated that their perspectives continued to evolve with time, contributing to their overall mental health and prevention of compassion fatigue.

**Evolving Perspectives of the Self.** With time to reflect on and practice what they learned, peer mentors highlighted that their perspectives were continuing to evolve. They acknowledged that they are a crucial component within the *equation of mentoring.* In addition, they highlighted that peer mentors are oftentimes an "ally for other people" and are "always focused on the other person that they forget about themselves in many aspects" (Kai). As such, they tried to implement what they learned in the program on a regular basis to ensure they were doing what was best for not only those they were supporting, but themselves:

> Moving forward with this training, I think there's a couple things that would be applicable that I've put into practice where before I really wouldn't use all of those tools. So now it's looking at three parts of the equation - the [mentee], the spouse, and myself and just doing what's right for each group and dealing with it that way (Aya).

By adding oneself to the equation of mentoring, peer mentors understood *the importance of balance* required between helping others and oneself:

> I would say one of the main things I took away from [the program] is how important self-compassion is, in terms of not just helping yourself but helping other people…I figure if I work constantly as hard as I can - don't take lunch breaks - that I can help more people and

> do more, but I just end up really burnt out and so I'm making strides to incorporate those small moments of pleasure - looking out the window, stopping to breathe - and I'm also really thinking about being kind to myself more (Claude)

Additionally, peer mentors acknowledged of the importance of balance their mentoring role and personal life, recognizing that you can be "passionate and committed to work, but also you may have to take a step back sometimes…there's other things that have to be at the center of life that you can't neglect" (Eli).

**Improved Mental Health.** By adding oneself to the equation of mentoring and having better balance, the peer mentors appeared to improve their overall mental health. They discussed an *improved social life* within their role by improving communication among peer mentors and "making daily conversations normal within the workday" (Ren). Social skills also appeared to extend beyond peer support programs and helped participants develop other social connections: "A majority of my identity has revolved around peer support. I'm trying to have weekends where I'm disconnected and doing things I usually wouldn't try. I'm trying to grow my social circle so it's not just people with SCI" (Kai).

While better balancing their role and personal life, peer mentors had more time to schedule in *physical self-care,* such as regular physical activity, which helped their emotional/psychological well-being: "We talked a lot in the program about making time and scheduling [self-care] in and making sure it happens. I've been doing that, and I noticed that every time I take that time, it calms my anxiety" (Fay). Over the course of the 6-weeks following the program, participants noticed a sense of *emotional and psychological stability*. In their daily lives, common activities such as "showering and getting ready, getting coffee, eating, driving, and going to bed" (Kai) were accompanied with mindfulness and savouring, which helped to avoid rumination that would

previously "flood" the brain. Within their role, the participants continued to take moments to regulate their emotions:

> I was at work yesterday and I really thought of self-compassion because it was a bit of a rough meet…I said all the wrong things […] I felt bad. I was like "OK, do your mindfulness right now". I just went to my office and I just sat there […] I started to focus on breathing for 10 minutes just to decompress after the situation (Jaime).

## Discussion

This mixed method study examined (1) the feasibility and acceptability of a tailored self-compassion program for peer mentors in Canadian spinal cord injury (SCI) community service organizations and (2) its effectiveness in improving compassion fatigue (i.e., burnout and secondary traumatic stress), compassion satisfaction, self-compassion, and mental health from pre to post and pre to 6-week follow-up. The program was found to be feasible and acceptable, providing a safe space for peer mentors to share experiences and learn about self-compassion. Results showed a medium effect in reducing compassion fatigue and increasing self-compassion and mental health, with sustained or improved changes (for self-compassion) at 6-week follow-up. The peer mentors highlighted the role of self-compassion in preventing and reducing compassion fatigue, thus improving the quality of support they provided to their mentees. These findings provide empirical evidence for the usefulness of tailored self-compassion programs within SCI organizations to support productive and sustainable peer support programs.

### Feasibility and Acceptability

The program was shown to be feasible and acceptable. Our adherence and acceptability rates met or surpassed common rates in self-compassion interventions (Basque et al., 2021; Bluth et al., 2023), with our attrition rate (12%) also being lower than other studies which report

anywhere from 13-42% (Cai et al., 2024; Haley et al., 2024). Strong adherence to the program could be attributed to the peer support component as seen in other studies (Sun et al., 2022). Specifically, the peer mentors reported a strong connection with group members and open discussion, providing them with motivation to continue attending the sessions. The IKT approach could have contributed to the feasibility of the program as it was co-designed with organizational staff and peer mentors (Pastore et al., 2024b). By implementing the program with these individuals before a formal evaluation, we were able to optimize its relevancy, usability, and appropriateness for peer mentors from the organizational standpoint. Overall, this study deepens our understanding of peer mentors' experiences within a tailored self-compassion program and contributes to the limited knowledge on the feasibility and acceptability of such programs for individuals with disabilities in caring professions.

**Effectiveness**

The decrease of compassion fatigue found in our study is comparable with other research employing a self-compassion intervention for caring professionals (Knox & Franco, 2023; Neff et al., 2020), with effect sizes that were equivalent to other forms of psychological treatments (e.g., cognitive behavioural therapy; Chen et al., 2022). One explanation can be related to the ability of self-compassion interventions to improve emotional regulation, mindfulness, and equanimity (Delaney, 2018; Kratzke et al., 2023), which were all identified as outcomes via our qualitative findings. These psychological variables have been associated with increased distress tolerance, reduced reactivity, cognitive flexibility, and self-efficacy (Jijina & Biswas, 2021; Li et al., 2023) and thus hold practical significance for peer mentors. Indeed, these variables have the potential to equip peer mentors with the necessary tools to manage difficult experiences and compassion fatigue, which are inevitably part of their role (Pastore et al., 2024a; Shi et al., 2024).

Compassion satisfaction did not improve from pre to post, likely due to a "ceiling effect" (American Psychological Association, 2024). This effect is commonly observed among caring professionals, where compassion satisfaction levels reach the upper limit of the scale (Franco & Christie, 2021; Knox & Franco, 2023). Although we did not see quantitative changes in compassion satisfaction throughout our study, our qualitative results indicate that after taking the program, the peer mentors were taking time to focus on the good and savour their mentoring successes. These findings may be inconsistent as the quantitative assessment of compassion satisfaction (Stamm, 2010) focuses on the "success" of one's role but does not account for elements necessary to sustain it, such as savouring. The fact that peer mentors were taking the time to savour is promising given that it has been associated with the intensification and prolonging of positive emotions (Lauzon & Green-Demers, 2020), which are associated with compassion satisfaction (Zhang et al., 2018). Thus, it is likely that increased savouring and positive emotions among peer mentors could help to maintain high levels of compassion satisfaction over time.

We also found a large effect for increases in self-compassion from pre to post, which is consistent with review-level evidence that self-compassion interventions effectively improve self-compassion among caring professionals (Conversano et al., 2020). These gains were also sustained at follow-up, supporting other albeit limited studies with follow-up assessments (Bluth et al., 2021; Ferrari et al., 2019). It is notable that our large effect for self-compassion is stronger than other similar interventions delivered to the general population, which show medium effects (Ferrari et al., 2019). These differences could be a result of the tailored approach we adopted to meet the needs of the population (Pastore et al., 2024b). For instance, in addition to tailoring the examples and self-compassion practices to the context of peer support, we also modified the language used to be more inclusive for varying levels of SCI. Taken together, this study contributes to the growing

support for tailoring health interventions as a viable approach to improve targeted health outcomes such as self-compassion (McHugh et al., 2023).

Despite higher levels of total mental health at pre, we observed a medium-sized increase in this variable from pre to post, which was sustained at follow-up. A meta-analysis and systematic review also showed that self-compassion interventions effectively increase mental health variables across various populations, albeit with small effect sizes (Ferrari et al., 2019). Given that in general, peer support interventions significantly enhance mental health compared to non-peer support interventions (e.g., Lancaster et al., 2023), the peer support component within the program likely contributed to the higher observed effect size. The fact that we saw the largest increase in social well-being from pre to post supports this proposition. Among caring professionals, the effect of self-compassion interventions on mental health is limited, yet evidence suggest that they are effective in improving related variables such as happiness and global well-being (Finlay-Jones et al., 2017; Yela et al., 2020). Thus, our study contributes to limited knowledge and provides support that a tailored self-compassion program can enhance overall mental health with sustained effects 6-weeks later. This finding is promising as high mental health of caring professionals is linked to positive patient/client outcomes (Litzelman, 2019). Ultimately, higher mental health among peer mentors and mentees can result in organizational benefits such as reduced turnover and more productive, sustainable peer support programs, as observed in our qualitative findings.

**Practical Recommendations**

1. *Tailoring the Program:* We recommend tailoring the self-compassion program to the specific population and context using an iterative approach to make it relevant, meaningful, and appropriate. To achieve this, we suggest adopting an IKT approach (Gainforth et al.,

2020), and involving collaboration with community partners at each stage of the research. We strongly believe this approach was instrumental in the "success" of our program.

2. *Program Structure:* Given the perceived importance of peer support within our self-compassion program, we recommend adopting a similar peer structure while providing ample opportunities within/outside sessions to foster connection through shared lived experience (e.g., group discussion). Further, we recommend adopting a smaller group format (3-4 individuals per group) to maximize both time for sharing and comfort/safety.
3. *Informal Practices:* As noted in our feasibility and acceptability data, informal practices were preferred by the peer mentors. Indeed, informal practices are easier to implement within the workplace and may be beneficial especially for time-constrained caring professionals experiencing compassion fatigue (Good et al., 2016). As such, we recommend prioritizing informal practices within self-compassion programs and providing examples and opportunities for individuals to implement it within their role.

**Limitations & Future Research Directions**

This study is not without limitations, including a relatively low sample size, absence of a control group, and lack of randomization, which may limit the internal validity and generalizability of the findings. Our community-based setting posed some challenges for recruiting a large sample of participants. Moreover, conducting RCTs within community settings is infeasible and therefore alternate research designs are recommended (Geldsetzer & Fawzi, 2017). In addition, our sample size is similar with other self-compassion intervention studies among caring professionals, which also report positive effects (e.g., Delaney, 2019). Finally, we adopted a pragmatic approach by using IKT and mixed methods, which strengthen the richness of our data.

More research should explore how to sustain research-based initiatives such as the self-compassion program in community settings. Organizational perspectives would provide insight into how these programs can fit within existing structures to ensure sustained impact on all members. Finally, future research should investigate the mechanisms of self-compassion programs and conduct implementation verifications to ensure the program is delivered as intended and participants are engaged and practicing self-compassion post-program.

## Conclusion

Overall, our study supports the feasibility, acceptability, and effectiveness of a tailored self-compassion program in reducing compassion fatigue and improving self-compassion and mental health among peer mentors. The findings highlight the importance of self-compassion in building resilience against compassion fatigue through the improvement of factors such as mindfulness, equanimity, and savouring. Moreover, our study shows that utilizing peer support within a self-compassion intervention can help to facilitate strong connections between participants and ensure that targeted outcomes are achieved. Ultimately, improving mental health among peer mentors can ensure higher quality support provided and more sustainable peer support programs. Future research should explore the long-term sustainability of these programs in community settings and further investigate the mechanisms of self-compassion interventions.

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## List of Tables

**Table 1.**

*Demographic and SCI-Related Information (N = 15)*

| Variable | Value |
|---|---|
| Education, % (n) | |
| *Highschool or Some College/University* | <35 (<5) |
| *2- to 4-year College Diploma* | 60 (9) |
| *Master's Degree* | <35 (<5) |
| *Prefer not to say* | <35 (<5) |
| Household Income, % (n) | |
| *Less than 20K* | <35 (<5) |
| *20K – 45K* | <35 (<5) |
| *50K – 99K* | 47 (7) |
| *Prefer not to say* | <35 (<5) |
| Sexual Orientation, % (n) | |
| *Heterosexual* | 86 (13) |
| *Gay/Lesbian* | <35 (<5) |
| *Prefer not to say* | <35 (<5) |
| Years Since SCI | |
| *Mean (SD)* | 24.36 (14.70) |
| *Range* | 2 – 44 |
| *Median* | 18.5 |
| SCI Level, % (n) | |
| *Paraplegia* | 60 (9) |
| *Tetraplegia* | 33 (5) |
| *Unsure* | <35 (<5) |
| Cause of SCI, % (n) | |
| Traumatic[a] | 67 (10) |
| Non-traumatic[b] | <35 (<5) |
| Prefer not to say | <35 (<5) |
| ASIA[c] Classification, % (n) | |
| *A* | 67 (10) |
| *B* | <35 (<5) |
| *C* | <35 (<5) |
| Primary Mode of Transportation Within Home, % (n) | |
| *Power Wheelchair* | <35 (<5) |
| *Manual Wheelchair* | 60 (9) |
| *Both* | <35 (<5) |
| *Prefer not to say* | <35 (<5) |

*Note.* Unsure indicates the answer the participants selected.
*Note.* To respect participant confidentiality, all demographic variables with less than 5 participants in the category are reported as (<35%, $n$<5)

[a]Includes falls, sports injuries, or motor vehicle accidents
[b]Includes tumours, spina bifida, or transverse myelitis
[c]The ASIA classification is commonly used to assess if an SCI is complete (A) or incomplete (B to E; Roberts et al., 2017)

**Table 2.**

*Mean Scores (Standard Deviations) for each item of the Feasibility of Intervention Measure (FIM), Acceptability of Intervention Measure (AIM), and Intervention Appropriateness Measure (IAM; N = 15)*

| Survey | Item | Mean (SD) | |
|---|---|---|---|
| | | Content | Peer component |
| FIM | 1. The self-compassion program seems implementable. | 3.33 (.72) | 3.33 (.72) |
| | 2. The self-compassion program seems possible. | 3.40 (.74) | 3.40 (.74) |
| | 3. The self-compassion program seems doable | 3.20 (.78) | 3.27 (.70) |
| | 4. The self-compassion program seems easy to use | 3.13 (.74) | 3.00 (.93) |
| AIM | 1. The self-compassion program meets my approval. | 3.60 (.51) | 3.47 (.64) |
| | 2. The self-compassion program is appealing to me. | 3.40 (.63) | 3.47 (.52) |
| | 3. I like the self-compassion program. | 3.60 (.63) | 3.47 (.74) |
| IAM | 1. The self-compassion program seems fitting. | 3.53 (.52) | 3.60 (.51) |
| | 2. The self-compassion program seems suitable. | 3.53 (.52) | 3.47 (.52) |
| | 3. The self-compassion program seems applicable. | 3.47 (.52) | 3.47 (.52) |
| | 4. The self-compassion program seems like a good match. | 3.53 (.52) | 3.60 (.51) |

*Note.* The scale is from 0 (completely disagree) to 4 (completely agree)

**Table 3.**

*Medan and standard deviations (SD) for study variables at three timepoints (N = 15)*

| Variable | $X_{Pre}$ (SD) | $X_{Post}$ (SD) | $x_{Follow\text{-}up}$ (SD) |
|---|---|---|---|
| Secondary traumatic stress | 24.00 (8.02) | 21.00 (4.50) | 21.00 (4.28) |
| Burnout | 21.00 (5.42) | 18.00 (5.25) | 19.00 (4.10) |
| Compassion satisfaction | 42.00 (5.04) | 43.00 (6.30) | 41.00 (6.21) |

| | | | |
|---|---|---|---|
| Self-compassion total | 2.45 (0.62) | 2.71 (0.69) | 3.21 (0.62) |
| Self-kindness | 3.20 (0.78) | 3.60 (0.70) | 3.60 (0.77) |
| Self-judgement | 3.20 (1.03) | 2.40 (0.88) | 2.40 (0.61) |
| Common humanity | 3.50 (0.92) | 4.00 (0.85) | 4.00 (0.94) |
| Isolation | 3.25 (0.84) | 2.75 (0.78) | 2.50 (0.67) |
| Mindfulness | 3.25 (0.66) | 3.50 (0.84) | 4.00 (0.75) |
| Over-identification | 3.25 (0.95) | 3.00 (0.91) | 2.50 (0.84) |
| Mental health total | 49.00 (8.40) | 53.00 (7.67) | 52.00 (8.63) |
| Emotional well-being | 12.00 (1.89) | 12.00 (1.85) | 12.00 (1.90) |
| Social well-being | 15.00 (4.16) | 18.00 (4.00) | 16.00 (3.46) |
| Psychological well-being | 22.79 (4.70) | 24.00 (4.10) | 24.00 (4.55) |

**Table 4.**

*Non-Parametric Test (Wilcoxon Signed Rank) for the Effectiveness on Compassion Fatigue, Compassion Satisfaction, Self-compassion, and Mental Health (N = 15)*

| | Pre - Post | | | Pre – Follow-up | | |
|---|---|---|---|---|---|---|
| Variable | Standardized Test Statistic (*z*) | Asymptotic Significance (*p*) | Effect Size (*r*) | Standardized Test Statistic (*z*) | Asymptotic Significance (*p*) | Effect Size (*r*) |
| Secondary traumatic stress | -0.63 ± 17.59 | .53 | -.12[b] | -0.70 ± 14.30 | .48 | -.13[b] |
| Burnout | -2.58 ± 17.47 | .01 | -.47[c] | -2.00 ± 12.74 | .05 | -.37[c] |
| Compassion satisfaction | -0.11 ± 17.52 | .91 | .02[a] | -0.18 ± 14.27 | .86 | .03[a] |
| Self-compassion total | 2.33 ± 17.61 | .02 | .43[c] | 3.04 ± 17.60 | .002 | .56[d] |
| Self-kindness | 1.48 ± 15.84 | .14 | .27[b] | 2.18 ± 15.84 | .03 | .40[c] |
| Self-judgement | -2.36 ± 12.70 | .02 | -.43[c] | -2.40 ± 12.71 | .02 | -.44[c] |
| Mindfulness | 1.61 ± 12.69 | .11 | .29[b] | 2.08 ± 12.71 | .04 | .38[c] |
| Over-identification | -0.28 ± 14.15 | .78 | -.05[a] | -2.65 ± 12.63 | .008 | -.48[c] |
| Common humanity | 1.66 ± 12.64 | .10 | .30[c] | 2.11 ± 14.24 | .04 | .39[c] |
| Isolation | -1.61 ± 15.84 | .11 | -.29[b] | -2.49 ± 14.27 | .01 | -.45[c] |
| Total mental health | 2.23 ± 15.89 | .03 | .41[c] | 1.25 ± 17.59 | .21 | .23[b] |
| Psychological well-being | 1.61 ± 14.27 | .11 | .29[b] | 0.79 ± 12.73 | .43 | .14[b] |
| Emotional well-being | 1.32 ± 8.28 | .18 | .21[b] | 1.11 ± 12.62 | .27 | .20[b] |
| Social well-being | 2.60 ± 14.24 | .009 | .47[c] | 1.34 ± 12.71 | .18 | .24[b] |

*Note.* Significance $p \leq .05$ (2-sided)

*Note.* Effect size (r) is calculated by dividing the standardized test statistic (*z*) from the square root of the total number of observations ($\sqrt{n}$)
*Note.* [a]no effect to a very small effect; [b]small effect; [c]medium effect; [d]large effect.

**Table 5.**

*Number of Peer Mentors in each ad-hoc Category of Self-compassion at each Timepoint (N=15)*

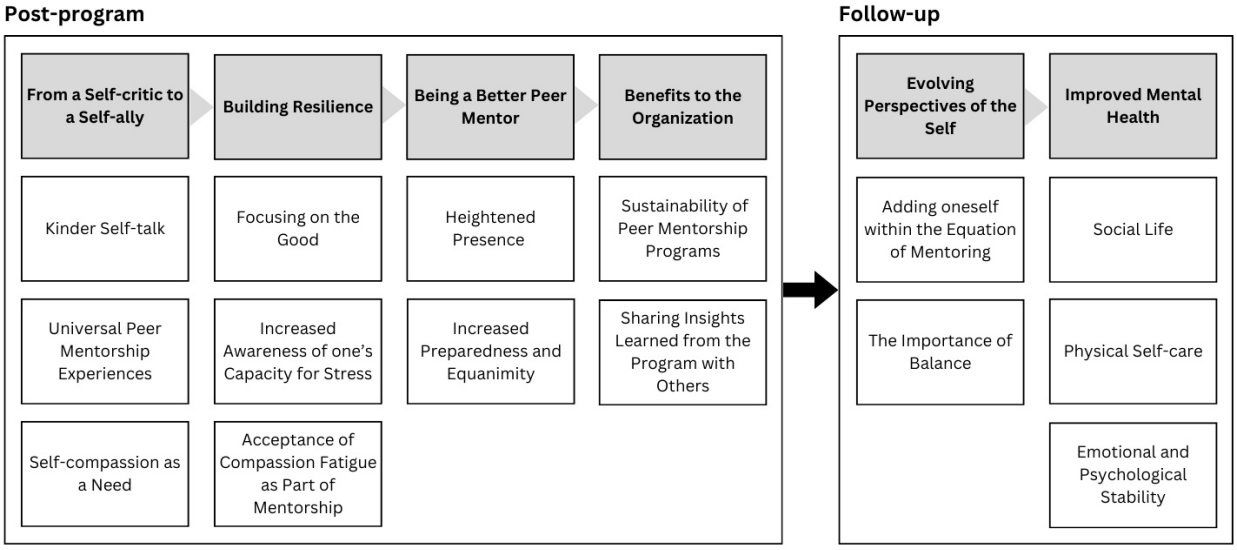
| | Pre-program | Post-program | Follow-up |
|---|---|---|---|
| Low (1.00 - 2.49) | 8 | 4 | 2 |
| Moderate (2.50 – 3.50) | 4 | 7 | 8 |
| High (3.51 – 5.00) | 3 | 4 | 5 |

*Note.* Assessed using the trait self-compassion scale (Neff, 2003b)

## List of Figures

### Figure 1

*Themes (grey) and Subthemes (white) Outlining Peer Mentors' Experiences with the Self-compassion Program at Post-program and Follow-up*



# Appendices

## Appendix A

**Table 1.**

*Integrated Knowledge Translation Process According to Research Stage*

| Research Stage | Type of Activity | Activity Description | IKT Guiding Principles[a] |
|---|---|---|---|
| Conceptual Design (Grant and Ethical Approval) | Discussion (Video calls, Emails) | The research question and methodology were co-developed by community partners from SCI British Columbia and SCI Ontario along with researchers from McGill University.<br><br>Following co-conceptualization, O.L.P. M.S.F., and S.N.S. completed a grant proposal draft to submit for federal and provincial doctoral funding. Once the grant proposal was reviewed by community partners (C.B.M., J.M., & L.A.) the grant was submitted.<br><br>After provincial and federal funding was received, O.L.P., M.S.F., and S.N.S. drafted and submitted the proposal to be approved by the ethical review board from McGill University. This proposal was also reviewed by community partners prior to submission. | • Partners develop and maintain relationship based on trust, respect, dignity, and transparency<br>• Partners share in decision-making<br>• Partners foster open, honest, and responsive communication<br>• Partners recognize, value, and share their diverse expertise and knowledge<br>• Partners are flexible and receptive in tailoring the research approach to match the aims and context of the project<br>• Partners can meaningfully benefit by participating in the partnership |
| Recruitment | Developing and Distributing Recruitment Materials (Emails) | O.L.P. created templates for recruitment emails, consent forms, and interview guides.<br><br>C.B.M., J.M., and L.A. reviewed, approved, and distributed recruitment | • Partners share in decision-making<br>• Partners foster open, honest, and responsive communication |

| | | | |
|---|---|---|---|
| | | materials within their organizations. | • Partners recognize, value, and share their diverse expertise and knowledge |
| Data Collection | Administering Surveys and Conducting Interviews | O.L.P. administered all questionnaires, and scheduled, conducted, and recorded all interviews. They coordinated the recruitment efforts with all community partners, including reminders and updates on recruitment numbers. L.W. also assisted with conducting some of the interviews. | • Partners foster open, honest, and responsive communication<br>• Partners respect the practical considerations and financial constraints of all partners |
| Data Analysis and Interpretation | Discussion (Video calls, Emails) | O.L.P. overviewed all results created summaries of results with the assistance of E.D. M.S.F. and S.N.S. reviewed and provided feedback on all results.<br><br>Once a summary of results was created, the larger team including community partners met to discuss. | • Partners foster open, honest, and responsive communication |
| Manuscript Preparation | Discussion (Emails) | O.L.P. led the writing of the manuscript. M.S.F. and S.N.S. provided initial round of feedback. All co-authors reviewed the manuscript, provided feedback and approved final content prior to submission for publication. | • Partners share in decision-making<br>• Partners foster open, honest, and responsive communication<br>• Partners recognize, value, and share their diverse expertise and knowledge |
| Knowledge Dissemination | Discussion (Video calls, Emails) | O.L.P. will be creating graphics and infographics for the study results. These tools will be reviewed by researchers and community partners who will form a knowledge dissemination working group. | • Partners share in decision-making<br>• Partners foster open, honest, and responsive communication<br>• Partners recognize, value, and share their diverse expertise and knowledge<br>• Partners are flexible and receptive in tailoring the research approach to match the aims and context of the project |

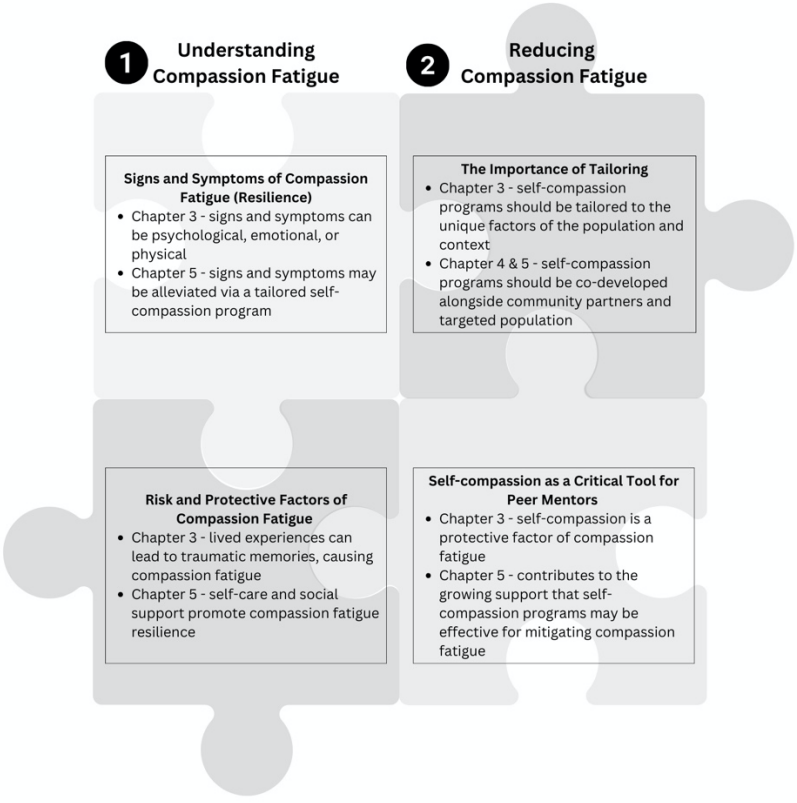
[a]Identified from Gainforth et al. (2020)
*Note.* Underlined sections in the table are strategies identified in Hoekstra et al. (2021)
C.B.M., J.M., and L.A. are current or previous director and manager positions of Canadian spinal cord injury community service organizations providing years of experience in developing and managing SCI peer support programs.
M.S.F. and S.N.S are researchers within the spinal cord injury and self-compassion context who provide expertise in peer support and integrated knowledge translations/partnership.
O.L.P., L.W., and E.D. are graduate students working at different phases of the research phases.
.

## Chapter 6: General Discussion

This dissertation aimed to understand and reduce compassion fatigue among peer mentors within Canadian spinal cord injury (SCI) community service organizations via a self-compassion program. The objectives were to: (1) understand how peer mentors experience compassion fatigue and resilience (Article 1: Chapter 3); (2) use an iterative approach to co-develop a tailored self-compassion program for peer mentors (Article 2: Chapter 4); and (3) evaluate the (a) feasibility and acceptability of the tailored self-compassion program and (b) its effectiveness in improving compassion fatigue, compassion satisfaction, self-compassion, and mental health from pre to post and pre to 6-week follow-up (Article 3: Chapter 5). In this general discussion, I expand on and integrate findings from Chapters 3-5 (Figure 1), identify implications, strengths, and limitations, highlight areas for future research, and provide personal reflections on conducting community-partnered research.

**Figure 1.**

*Summary of Dissertation Findings in Relation to Objectives 1 and 2*



**Understanding Compassion Fatigue**

This thesis advances the understanding of compassion fatigue among peer mentors by *identifying its specific signs and symptoms* (Figure 1). Peer mentors reported experiencing these signs and symptoms from both compassion fatigue and resilience perspectives. These signs and symptoms were reported directly (Chapter 3) and indirectly (Chapter 5) as either physical (e.g., tiredness vs. higher energy), psychological (e.g., loss of attention vs. mental clarity), and/or emotional (e.g., reduced vs. enhanced mood). Notably, the self-compassion intervention (Chapter 5) showed that some signs and symptoms of compassion fatigue can be alleviated, enabling peer mentors to focus more on positive mentoring experiences and engage more mindfully with their mentees. This thesis therefore supports the notion that compassion fatigue is multifaceted, as indicated in previous research (Sinclair et al., 2017). A key implication of this deeper understanding is the need to focus beyond broad outcomes of compassion fatigue and pay attention to specific signs and symptoms. Organizations equipped to recognize these signs and symptoms in their peer mentors can use a self-compassion program to help prevent or mitigate them, thereby building greater resilience against compassion fatigue among their peer mentors (as seen in Chapter 5).

Beyond the peer mentor, this thesis also illustrates the broader impacts of compassion fatigue on the mentees and organization. It became salient through Chapter 3 and 5 that peer mentors' experience of compassion fatigue or resilience influenced their ability to mentor effectively, ultimately impacting their ability to sustain their role. By deepening our understanding of the broader implications of compassion fatigue, this research highlights the need for organizations to support their peer mentors not only to enhance individual well-being but also to ensure the overall health of the peer support program. Furthermore, the findings, particularly those

from Chapter 5, reinforce the potential of addressing individual factors related to compassion fatigue to achieve positive outcomes.

By identifying the signs and symptoms, this thesis deepened our understanding of *the risk and protective factors* that contribute to compassion fatigue and resilience. With a clearer grasp of the compassion fatigue process – and the critical role of self-compassion in this process - (Chapter 3), organizations can establish a roadmap to specifically target compassion fatigue (Chapters 4 and 5). In addition, as demonstrated in the qualitative findings of Chapter 5, the peer mentors highlighted the importance of self-care and social support as protective factors of compassion fatigue. Moreover, tailoring these interventions to account for these protective factors and other specific characteristics of the population (Chapter 4)—such as the shared lived experiences of peer mentors (Chapter 3)—can significantly enhance their effectiveness. This contextualized approach not only optimizes the likelihood of mitigating compassion fatigue but also strengthens the capacity for resilience, ultimately fostering a more supportive and sustainable peer support environment (Chapter 5).

**Reducing Compassion Fatigue**

This dissertation also provides valuable insights for *the importance of tailoring interventions* (Figure 1) to reduce compassion fatigue among peer mentors. It thereby contributes to the limited knowledge of *self-compassion as a critical tool for peer mentors* (Figure 1). While the in-depth qualitative exploration of compassion fatigue in Chapter 3 laid a crucial foundation for this thesis, adherence to the integrated knowledge translation (IKT) principles was equally instrumental in the success of tailoring the program and reducing compassion fatigue among peer mentors. Involving community partners and individuals with SCI in the co-development of the self-compassion program allowed us to contextualize its content to make it more applicable and

meaningful to peer mentors (Chapter 4). Moreover, by adopting an iterative approach and implementing the program session-by-session, we were able to refine and improve the intervention continually while not missing key feedback. A key implication of this work is the importance of intentionality in efforts to prevent or reduce compassion fatigue, with researchers needing to consider both organizational perspectives and the needs of those directly affected by the intervention.

**Conceptual and Theoretical Implications**

In line with the overall purpose of our study, this dissertation enhanced the theoretical understanding of compassion fatigue among peer mentors by using the compassion fatigue resilience model (CFRM; Figley & Ludick, 2017). By employing the CFRM, this work addresses a significant gap in the literature - providing additional empirical support for compassion fatigue frameworks, particularly the CFRM (Rauvola et al., 2019). In their review, Rauvola et al. (2019) identify three types of theoretical frameworks for understanding compassion fatigue: (a) experiential frameworks, which focus on symptoms of trauma exposure; (b) resiliency or epidemiological frameworks, which examine individual and organizational factors that influence susceptibility to compassion fatigue and coping mechanisms; and (c) etiological frameworks, such as the CFRM, which explore the mechanisms by which compassion fatigue develops and intensifies.

While experiential frameworks are operationally useful and prevalent in the literature (Turliuc et al., 2015), they fall short in explaining why individuals react to their environments in ways that lead to compassion fatigue. Resiliency-based approaches highlight risk and protective factors contributing to compassion fatigue and resilience (Molnar et al., 2017), but they lack theoretical consistency in the relationships between these factors. Thus, etiological frameworks

are crucial for elucidating the processes and mechanisms underlying compassion fatigue, yet there is a need to further investigate them empirically (Rauvola et al., 2019).

This thesis contributed to the limited empirical knowledge on etiological frameworks of compassion fatigue by using both quantitative (Chapter 5) and qualitative (Chapter 3 and 5) designs and methodologies. Through triangulation of these findings, conclusions were made regarding the process of compassion fatigue and resilience that would have been overlooked by using one design or methodology alone. For instance, as outlined previously in this chapter, this thesis provided a deeper understanding of the process of compassion fatigue among peer mentors by outlining the interaction of the risk and protective factors. Furthermore, this thesis provided more nuance into the role of empathy in the etiology of compassion fatigue, a gap outlined by many researchers (Rauvola et al., 2019). In Chapter 3, the peer mentors demonstrated that empathy is critical in building rapport with mentees while also being a facilitator of traumatic memories. Such understanding and nuance could not have been fully understood through the lens of other compassion fatigue frameworks alone. Without an understanding of these critical compassion fatigue processes, efforts to prevent compassion fatigue may overlook critical etiological factors.

In addition to the empirical investigation of the CFRM in Chapter 3, this dissertation makes a significant theoretical contribution by integrating self-compassion theory (Neff, 2003) within the CFRM. Compassion fatigue frameworks typically provide extensive insights into how empathy or compassion is directed toward patients or clients, but they often neglect how professionals offer compassion to themselves. Given that self-compassion is essential for effectively caring for others and providing compassionate care (Dev et al., 2018; Finlay-Jones et al., 2018), it should be incorporated into the study and etiology of compassion fatigue. This dissertation addresses this gap by integrating self-compassion within the CFRM to better understand compassion fatigue

among peer mentors (Chapter 3) and subsequently how this integrated theoretical model was used to co-develop a tailored self-compassion program (Chapter 4), which was empirically assessed (Chapter 5). The findings support that a self-compassion program based on this integrated model effectively reduces compassion fatigue while enhancing self-compassion and mental health. Overall, the integration of self-compassion theory with the CFRM offers a robust foundation for future research aimed at deepening the theoretical understanding of compassion fatigue and resilience among caring professionals. This approach not only advances theoretical frameworks but also provides practical applications that can improve the well-being of those in caring professions.

**Practical Implications**

This dissertation has significant pragmatic, societal, and economic implications. Practically, the self-compassion program was found to be effective in reducing compassion fatigue and enhancing self-compassion and mental health among peer mentors, as shown in Chapter 5. This is a promising development, supported by review-level evidence indicating that self-compassion is linked to numerous psychological benefits, such as increased happiness, and physiological benefits, like improved sleep quality (Brown et al., 2019; Zessin et al., 2015). Distally, the enhancement of peer mentor resilience, self-compassion, and mental health can elevate the perceived quality of care they provide to their mentees, as discussed by the peer mentors in Chapter 3 and 5. Peer mentors often encounter significant emotional and psychological stress while expected to deliver high-quality care. Providing them with resources such as self-compassion can help them maintain their well-being, enabling them to stay calm and present with their mentees. Ultimately, higher quality care from peer mentors can lead to positive outcomes for mentees (Sweet et al., 2021b; Shi et al., 2024), increasing the likelihood that mentees experience

benefits such as adapting to life with a disability, personal growth, and the development of social relationships (Rocchi et al., 2021).

Furthermore, this thesis offers a comprehensive roadmap for supporting peer mentors' mental health. Addressing compassion fatigue requires more than organizational changes alone (Ireland et al., 2022). It also necessitates targeted interventions that promote self-compassion and resilience. By developing a contextualized and extended theoretical model of the CFRM (Chapter 3), describing the co-development and implementation of a self-compassion program (Chapter 4), and providing evidence of the program's feasibility, acceptability, and effectiveness (Chapter 5), this thesis holds practical utility for other SCI research partnerships that aim to support peer mentors' mental health. Additionally, research partnerships outside the SCI context that include caring professionals can use this thesis to guide their support strategies for employees and volunteers, utilizing the approach in Chapter 4 to iteratively develop and implement a tailored self-compassion program.

With improved mental health among both peer mentors and potentially for mentees, this dissertation has significant organizational implications, including increased quality of peer support programs. For instance, research shows that self-compassion interventions reduce cognitive failures in the workplace, enhancing overall job performance and efficiency (Valley & Stallones, 2017). Therefore, it is likely that improved self-compassion among peer mentors may lead to improved performance. Moreover, reducing compassion fatigue through self-compassion programs decreases turnover rates among peer mentors, leading to greater stability within support programs and lower recruitment and training costs. In summary, fostering self-compassion and reducing compassion fatigue benefits individual peer mentors and mentees, and promotes

organizational efficiency. Integrating self-compassion into support frameworks for caring professionals is important for achieving these broad benefits.

**Strengths**

The prevailing strength of this dissertation was the co-production of research using a community-university partnership and guided by the IKT principles for SCI research (Gainforth et al., 2020). In using the IKT principles, this dissertation addressed an important need that was highlighted by community partners - to better support their peer mentors' mental health and reduce resignation from their roles. According to Oliver and colleagues (2019), the use of co-production provides *substantive* benefits, by helping to understand the local context, needs, and solutions, and *instrumental* benefits by aiding in trust building and identifying feasible methods. Through multiple meetings and email exchange over four years, the research team was able to build trust and share knowledge and experience with each other in a respectful, open, and honest environment. Through this exchange, the university partners were able to strengthen their understanding of the structure and processes of the community context, specifically at SCI British Columbia and SCI Ontario and the community partners were able to gain a deeper understanding of research language appropriate to the program under study.

Furthermore, and as part of the IKT approach, the research team also comprised of individuals with lived experience of SCI. As a member of the research team, these individuals provided their input on various stages of the research process including conceptualization, pilot testing the data collection methods, interpretation of results, and writing of the manuscripts. These individuals were instrumental in ensuring that the research questions were relevant to our shared goal - of reducing compassion fatigue and improving mental health among peer mentors - and that the methods used were appropriate for peer mentors (e.g., the survey questions used accessible

language). Having these individuals involved in this thesis helped to mitigate tokenism by giving them control within how the research was conceptualized and conducted (Gainforth et al., 2020). As a result of using co-production and the IKT principles, this dissertation holds practical utility for SCI organizations and provides information that is more ethical, relevant, and meaningful.

In addition to co-developing the overarching purpose and objectives within this dissertation, the partnership was also instrumental when conducting the research and interpreting the findings. For instance, our community partners were involved in recruiting research participants, which likely contributed to high recruitment rates in Chapter 3 and 5. Though the peer mentors did not receive any direct benefit from their organizations for participating in the research, they likely felt more inclined to participate in the research due to loyalty and a personal interest in self-care and their professional growth. This was especially evident in Chapter 5, whereby the participants revealed that aside from personal growth they were motivated to participate in the self-compassion program because it was promoted by their manager and/or they wanted to contribute to the advancement of their peer support program. Taken together, the involvement of community partners in the recruitment and data interpretation process was critical to reaching our sample size goals and ensuring data interpretations were accurate and appropriate.

Another strength of this dissertation is its adoption of a pragmatic approach, allowing flexibility in selecting paradigms, designs, and methodologies best suited to the research questions. This pragmatic stance aligns well with the IKT approach, providing epistemological support by emphasizing the role of community partners in the research process. In Chapter 3, we specifically employed a post-positivist paradigm with a critical realist ontology and modified dualist epistemology (Guba & Lincoln, 1994). The critical realist ontology enabled the research team to acknowledge both the existence of knowledge independent of human perception and the socially

embedded, fallible nature of scientific inquiry (Clark, 2008). We recognized that the researchers' backgrounds and experiences influence interpretation. While maintaining consistent philosophical positions across the chapters, we also considered the benefits of a pragmatic paradigm such as flexibility, which enhanced the robustness of the research, allowing for a more comprehensive understanding and practical application of findings. Overall, the pragmatic approach adopted in this dissertation not only facilitated methodological flexibility but also reinforced the collaborative essence of the IKT approach, thereby strengthening the study's epistemological and practical foundations.

Furthermore, we used a generic qualitative design in both articles and employed multiple methods including daily diary reflections and semi-structured interviews. We also employed mixed methods in Chapter 5, which allowed us to use data triangulation and strengthen the validity and implications of our findings (Sparkes, 2015). The predominant use of qualitative methods allowed for rich insight to be collected regarding the peer mentors experience of compassion fatigue (resilience) and self-compassion (Chapter 3) and their perceptions of the feasibility, acceptability, and effectiveness of a self-compassion program on their compassion fatigue, compassion satisfaction, self-compassion, and mental health (Chapter 5).

**Limitations**

This dissertation comprises various limitations that have been outlined in each article. One overarching limitation of this dissertation is the limited generalizability of our results due to their specificity within the Canadian organizational SCI peer support context. Moreover, a total of twenty different peer mentors were involved in this dissertation (as some participated at multiple stages), which may be viewed as a relatively smaller sample size. Though conducting research within a community setting was a strength of this dissertation, it also posed challenges in recruiting

large samples due to limited resources and participant burden. In addition, these peer mentors were only from two provincial Canadian SCI organizations, SCI British Columbia and SCI Ontario, with our sample being predominantly from SCI British Columbia in Chapter 5. Other provincial SCI organizations in Canada or internationally may have different structures and processes within their peer support programs that can limit the generalizability of these findings. It is important to note however, that "generalizability" in the common quantitative sense was not an expected attribute of this dissertation as it was predominantly guided by a qualitative approach. Rather, our use of evidence-based mixed methods, reflexivity, and an IKT approach ultimately helped to enhance the "integrative rigor" of the dissertation findings (Johnson et al., 2020). Ultimately, Chapters 3 and 5 contributed to extending theoretical proposition rather than quantifying frequencies or representing entire populations.

To enhance generalizability, future research could test the self-compassion program in a larger sample with a control group across different contexts. A waitlist control group RCT could be used, ensuring ethical access by allowing all peer mentors to eventually receive the self-compassion intervention. In this design, peer mentors would be randomized to either the immediate intervention group or a waitlist group, which would receive the intervention after a delay. This approach would clarify the program's efficacy while addressing ethical concerns. Alternatively, a single-case experimental design could provide detailed insights into peer mentors' experiences with the program. Single-case experimental designs are well-suited for community settings, rely on repeated observations rather than large samples, and maintain internal validity by having participants act as their own controls over time (Kwasnicka et al., 2019). Taken together, a waitlist control RCT or single-case experimental design would yield valuable evidence on the program's effectiveness for peer mentors and enhance generalizability of the results.

A practical limitation of this dissertation is the challenge of sustaining the self-compassion program within a community setting. While this dissertation addressed a critical need, it remains uncertain whether the self-compassion program will integrate seamlessly into the structures and processes of SCI organizations. Although the feasibility of the program was demonstrated from both staff (Chapter 4) and peer mentor (Chapter 5) perspectives, the additional resources required for long-term sustainability are unknown. The sustainability of research-based initiatives in community settings is a longstanding concern in health interventions (Bacon et al., 2022). Thus, this issue warrants further exploration in future research, as discussed in the following sections of this general discussion.

## Future Research Directions

### *Sustainability of Research-based Initiatives in Community Setting*

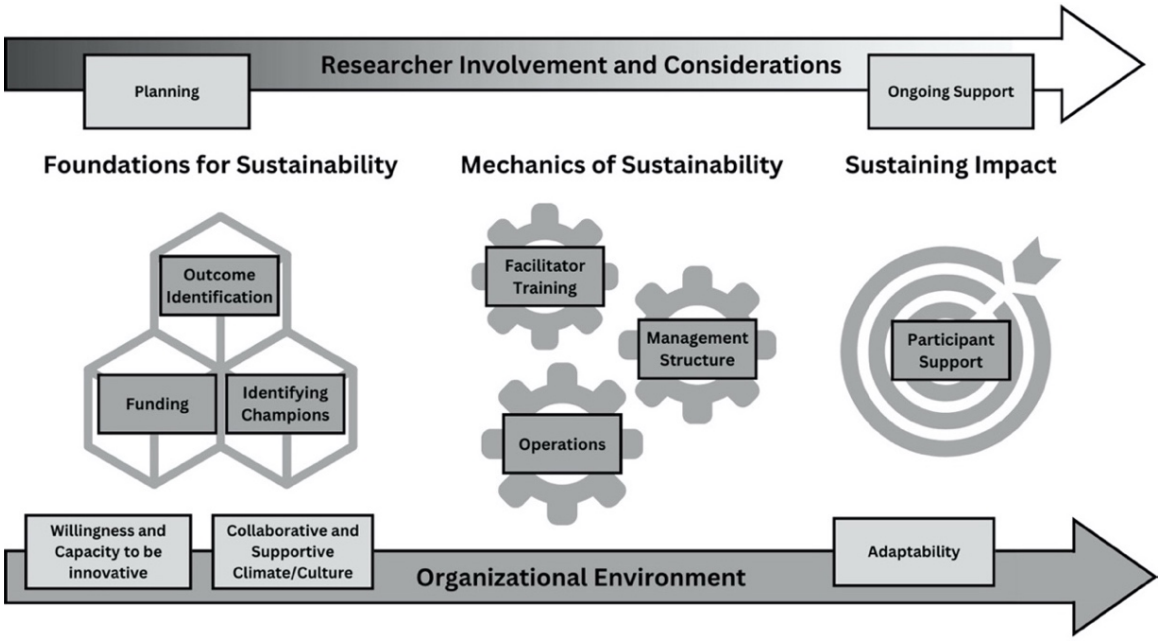
There is a need to ensure that research-based initiatives, such as the self-compassion program, are designed and implemented in a way to ensure they are sustainable for the community organizations they intend to serve. Although outside the immediate scope of this dissertation, the next step within our research program was to qualitatively explore the sustainability of research-based initiatives in community settings using the self-compassion program as a case study. Our team conducted a focus group with leadership staff at SCI British Columbia ($n$=7), and interviews with experienced peer mentors ($n$=8), and peer mentors who underwent the self-compassion program ($n$=15) at SCI British Columbia or SCI Ontario (total $N$=30). Participants were asked about: (a) research-based initiatives that were successfully sustained or not within their organization and (b) what would make such initiatives sustainable in the future.

As illustrated in Figure 2, the sustainability of research-based initiatives in community settings requires collaboration between organizations and researchers, with increasing

organizational responsibility over time. In addition to intentional co-planning prior to implementation – as done for the self-compassion program – research teams must consider *foundations for sustainability.* Key factors for sustainability include securing funding, identifying targeted outcomes and potential for continual assessment, and appointing program champions within the organization. For the self-compassion program, participants suggested evaluating satisfaction with the program due to its proven effectiveness and having past participants promote it within the organization.

**Figure 2**

*Framework for Making Research-based Initiatives Sustainable in Community Settings*




The second theme, *mechanics of sustainability* involves planning how the initiative fits within the organization's structure and operations, including potential training. Participants proposed offering the self-compassion program twice a year to peer mentors across Canada, with alternating facilitation by SCI British Columbia and SCI Ontario. They also suggested incorporating the program into the human relations structure, requiring new peer mentors to

complete it within their first year of their role. The final theme *sustaining impact* addresses the continual support needed for individuals who receive the initiative. Participants emphasized providing resources to participants after they complete the program to reinforce learning and offering a group for discussing progress and reflections with peers. These are preliminary insights providing a starting point to think through sustainability of self-compassion programs. Overall, more research is needed to explore the sustainability of research-based initiatives like the self-compassion program in community settings. Researchers should document these implementation efforts, identifying barriers and facilitators to inform future initiatives.

### *Implementation Evaluation of the SCI Peer Mentor Self-compassion Program*

Implementation evaluation is the process of assessing how effectively an intervention has been translated from theory into practice (Newcomer et al., 2015). Despite its importance, most studies on behavior change interventions lack these assessments (Walton et al., 2017). Implementation evaluations not only enhance confidence in outcomes but also facilitate theory testing by mapping intervention components onto theoretical frameworks (Bellg et al., 2004; Borrelli, 2011). Thus, researchers should investigate key implementation outcomes of self-compassion interventions such as delivery fidelity—whether the intervention is implemented as intended—and participant engagement, assessing if participants understood and applied the intervention components in their daily lives (Walton et al., 2017).

As described in the protocol of the self-compassion program (Chapter 4), our research team decided to collect some information on implementation including fidelity and engagement. As this data was not included within the scope of this dissertation, it would be a logical next step to evaluate whether the program was delivered as intended and whether the participants understood and enacted the self-compassion practices that were taught in the program. Furthermore,

researchers should also expand their implementation evaluation to theory mapping, which would allow for the identification of key mediators at play within self-compassion programs. Exploring mechanisms of self-compassion interventions has been a need highlighted by many scholars within the literature (Neff, 2023).

**Personal Reflections on Community Partnered Research**

This dissertation would not be complete without reflecting on the experience of conducting research alongside the community. In this section, I highlight the strategies that facilitated these partnerships and share some of the challenges encountered.

From the outset of my dissertation, I was fortunate to benefit from my supervisor, Dr. Sweet, who had pre-established, trusting relationships with SCI British Columbia and SCI Ontario. These connections eased communication and helped build trust with the research partners, despite being a new graduate student. However, I still felt the need to forge my own connections with the community partners and approached it by being humble and openly sharing my thoughts. My background in motivational interviewing (Miller & Rollick, 2023) was critical to developing these relationships. I adopted the perspective that I was not the sole expert in the room; rather, my knowledge and expertise complemented those of my collaborators. Throughout the partnership, I maintained humility by reflecting on my thoughts and potential biases before and after meetings, ensuring alignment among team members, and actively seeking input from partners on their needs and how I could support them as a researcher.

Fortunately, the trust and open communication we established prevented any major conflicts or disagreements among partners. However, one recurring minor hurdle was the differing interpretations or definitions of concepts. I quickly learned that research language is not universal and community partners might view a concept differently than I do. To mitigate confusion, we

dedicated time in each meeting to ensure we were all on the same page. This clarity was imperative for several reasons. Firstly, it ensured that all partners were working towards a common goal with a shared understanding, which is essential for the success of any collaborative project. Secondly, it respected the expertise and perspectives of community partners, fostering a more inclusive and equitable environment. Finally, addressing these differences upfront helped to build stronger, more resilient partnerships, which are vital for sustaining long-term collaboration and achieving impactful research outcomes. By prioritizing clear communication and mutual understanding, we not only navigated potential misunderstandings but also strengthened the overall quality and integrity of our research. This approach underscores the importance of adaptability and active listening in community-engaged research, where diverse viewpoints and expertise converge to create meaningful and transformative outcomes.

In addition to humility and collaboration, flexibility and adaptability were vital. I tried my best to work with partners' schedules and time zones, and the organizations reciprocated by respecting my academic deadlines, such as completing funding proposals or revising and resubmitting publications. One significant challenge where adaptability was important was managing conflicting schedules with the community organizations. Their busy spring and summer events made participant recruitment and communication difficult. Staff turnover also posed challenges, as new staff brought different and sometimes conflicting priorities, requiring trust to be rebuilt. Overall, these challenges required considerable time and energy while trying to launch the studies in a timely manner, which is common with co-production of research (Oliver et al., 2019). Despite these challenges, the benefits of community-partnered research far outweigh the difficulties.

Overall, I believe every member of our university-community partnership benefited from this dissertation. From the SCI organizations' perspective, this research addressed a need to support their peer mentors. For me and the research team, we had the pleasure of contributing to the mental health of a small but important group of individuals who support others. Seeing immediate impacts from our research was incredibly rewarding. Additionally, there was a shared excitement from all partners in each meeting, which gave me an incredible sense of gratitude and motivation. Finally, our entire research team achieved academic success by publishing in peer-reviewed journals and presenting at national and international conferences. This exposure generated interest from other SCI organizations in Canada, eager to address similar needs within their own groups. As a result of growing interest for this topic, our research team also received funding to create a guidebook and webinars as a knowledge product to assist with knowledge mobilization beyond the academic realm. We will use these products to assist SCI organizations with delivering the self-compassion program over time. In conclusion, conducting community-engaged research has been a transformative experience. The partnerships formed, the challenges overcome, and the mutual benefits achieved have reinforced my commitment to this collaborative approach in my future work.

## Conclusion

This dissertation explored and addressed a critical need among peer mentors within SCI peer support programs —compassion fatigue. By leveraging a key psychological resource, self-compassion, and integrating it within etiological frameworks like the CFRM, we better understand the onset and process of compassion fatigue, specifically for peer mentors. Advancing our understanding of compassion fatigue creates a roadmap for SCI organizations to develop, implement, and sustain interventions over time, thus supporting their peer mentors and potentially

enhancing organizational productivity. Our university-community research team worked collaboratively towards a shared goal, to reduce compassion fatigue and improve overall mental health of peer mentors within spinal cord injury organizations. Through this dissertation, we provided empirical evidence for the important role of self-compassion in preventing or mitigating compassion fatigue, thereby laying a solid foundation that can help to transform mental health support for peer mentors.

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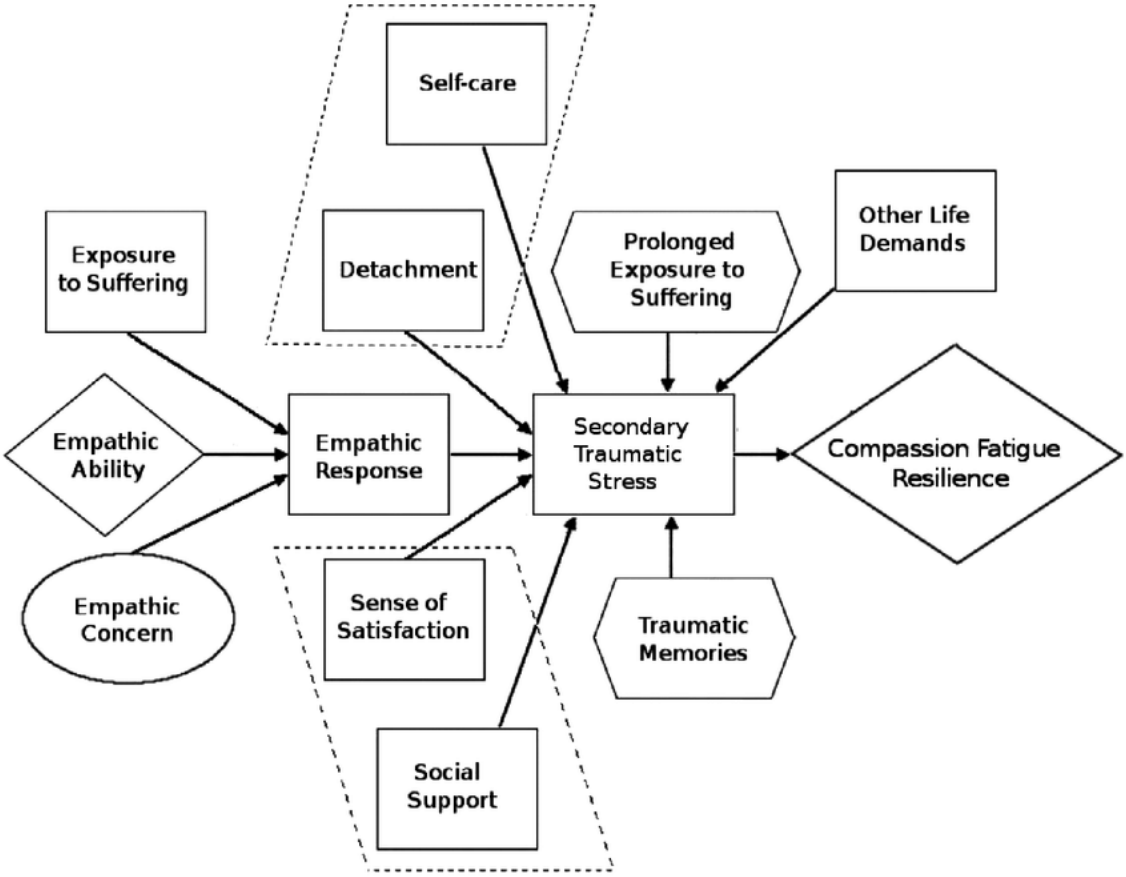
# Appendices

## Appendix A: The Compassion Fatigue Resilience Model (CFRM)

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## Appendix B: Article 1 Data Collection Materials

### Screening Questionnaire

Please provide your full name: _____

Please provide your email: _____

1. Are you proficient in English reading, writing, and speaking?
    - Yes
    - No

2. Please provide your month and year of birth (YYYY/MM): _____ / _____ / _____

3. Are you currently a peer mentor within the peer support/mentorship services branch of your SCI organization?
    - Yes
    - No

4. How many years have you been a peer mentor within the peer support services branch of your SCI organization?
   Drop-down selection: 0 – 50 years

5. In a typical month, how many mentees do you provide peer support to?
   Drop-down selection: 0 – 20 mentees

If the participant is eligible: "Thank you for filling out these screening questions. You are eligible for this study. Please take the next 10-15 minutes to complete the consent form and demographic questionnaire."

If the participant is NOT eligible: "Note: *if it is determined that you are not eligible to participate, the information collected will not be retained and will be immediately destroyed*. Thank you for filling out these screening questions. Unfortunately, you are ineligible for this study. If you have any questions regarding your ineligibility, please contact the research team at olivia.pastore@mail.mcgill.ca."

### Demographic Questionnaire

6. As mentioned in the Letter of Information, all data will be treated confidentially. In order to still be able to match the various data, I would like you to code this questionnaire according to the following scheme:
   Code = first letter of your mom's name – number of brothers you have –day you were born (i.e., If you were born July 16$^{th}$, you would simply put 16): e.g., M-2-4.

Your code: _____

7. Month and Year of Birth (YYYY/MM): _____ / _____ / _____

8. Which province or territory do you live in?
   - British Columbia
   - Alberta
   - Saskatchewan
   - Manitoba
   - Ontario
   - Quebec
   - New Brunswick
   - Nova Scotia
   - Prince Edward Island
   - Newfoundland and Labrador
   - Yukon Territory
   - Northwest Territories
   - Nunavut

9. What are the first three digits of your postal code?

   _____

10. Which of the following best represents the ethnicity and background you identify with? Select all that apply.
    - African/Black (includes African American, African Canadian, Afro-Caribbean, etc.)
    - East Asian
    - Arab
    - European/Non-white
    - European/White
    - Filipina/Filipino
    - Indigenous from within North America
    - Indigenous from outside North America
    - Latin, South, or Central American
    - South Asian (including Indian sub-continent, Indo-Caribbean, Indo-African, Indo-Fijian, West-Indian)
    - Southeast Asian
    - West Asian
    - Prefer to self-identify:
    - Prefer not to answer

11. What is the highest level of education you achieved?
    - Some high school, no diploma
    - Graduated high school
    - Some college or university, no degree
    - 2-year college diploma or certificate
    - 4-year college or university degree
    - Master's degree
    - Professional degree (Ph.D., M.D., etc.)

12. Please indicate your gender.
    - Man
    - Woman
    - Non-binary
    - Prefer to self-identify:
    - Prefer not to say

13. Please select any of the following labels that you currently use to think about yourself.
    - Straight or heterosexual
    - Gay/lesbian
    - Bisexual
    - Queer, pansexual, or polysexual
    - Two-spirited
    - Questioning
    - Prefer to self-identify:
    - Prefer not to say

14. On what date did your spinal cord injury occur (YYYY/MM/DD):
    _____ / _____ / _____

15. Have you been a recipient of peer support from the peer support services branch of your SCI organization?
    - Yes
    - No
    - Prefer not to say

16. How many years have you been a peer mentor within the peer support services branch of your SCI organization?
    Drop-down selection: 0 – 50 years

17. In a typical month, how many mentees do you provide peer support to?
    Drop-down selection: 0 – 20 mentees

18. What is your gross yearly household income?
    - Less than $20,000
    - $20,000 -$34,999
    - $35,000-$49,999
    - $50,000-$74,999
    - $75,000-$99,999
    - Over $100,000
    - Prefer not to say

**Personal Diary 1: Your Most Positive Experience Providing Mentorship**

1. Identify and describe your most positive experience providing mentorship.
    a. What emotions did you experience from this situation?
    b. What thoughts did you experience from this situation?
    c. What self-care behaviours, if any, did you engage in as a result of this situation?
    d. What harmful behaviours, if any, did you engage in as a result of this situation?
2. Describe what you did, if anything, to manage the emotions, thoughts, and behaviours you described above.
3. List and describe examples of any words or conversations that have been spoken about the positive experience/situations as described above, either:
    a. What you have said to yourself as a result of this situation.
    b. What other people have said to you as a result of this situation.
    c. What you have said to other people as a result of this situation.
4. Describe how you think others who experienced a similar positive situation would have responded.
5. Please add any other reflections/comments you think would be important for us to know about this positive experience

**Personal Diary 2: Your Most Difficult Experience Providing Mentorship**

1. Identify and describe your most difficult experience providing mentorship.
    a. What emotions did you experience from this situation?
    b. What thoughts did you experience from this situation?
    c. What self-care behaviours, if any, did you engage in as a result of this situation?
    d. What harmful behaviours, if any, did you engage in as a result of this situation?
2. Describe what you did, if anything, to manage the emotions, thoughts, and behaviours you described above.
3. List and describe examples of any words or conversations that have been spoken about the difficult experience/situation you identified above, either:
    a. What you have said to yourself as a result of this situation.
    b. What other people have said to you as a result of this situation.
    c. What you have said to other people as a result of this situation.
4. Describe how you think others who experienced a similar difficult situation would have responded.
5. Please add any other reflections/comments you think would be important for us to know about this difficult experience

**Personal Diary 3: The Day Before Providing Mentorship**

1. Identify and describe how you are feeling, thinking, and behaving today. Please provide detail.
    a. What emotions are you currently experiencing today?
    b. What thoughts are you currently experiencing today?
    c. What self-care behaviours, if any, are you engaging in today?
    d. What harmful behaviours, if any, are you engaging in today?
2. Describe what you are doing, if anything, to manage the emotions, thoughts, and behaviours you described above
3. List and describe any difficult situations you expect to experience from providing mentorship tomorrow. If you did not experience any difficult situations, please skip to the next question
4. List and describe examples of any words or conversations that have been spoken about the potential situations you discussed in the previous question, either:
    a. What you have said to yourself as a result of thinking about these potential situations.
    b. What other people have said to you as a result of thinking about these potential situations.
    c. What you have said to other people as a result of thinking about these potential situations.
5. Thinking about your previous responses regarding the situations you expect to experience tomorrow while providing mentorship, how do you think another mentor in your situation would be feeling, thinking, or behaving today?
6. Please add any other reflections/comments you think would be important for us to know

**Personal Diary 4: The Day of Providing Mentorship**

1. Please describe the difficult situations you experienced while providing mentorship today. If you did not experience any difficult situations, please skip to Question 5.
    a. What emotions are you currently experiencing from these situations?
    b. What thoughts are you currently experiencing from these situations?
    c. Describe any self-care behaviours you are engaging in as a result of experiencing these situations.
    d. Describe any harmful behaviours you are engaging in as a result of experiencing these situations.
2. Describe what you are doing, if anything, to manage the emotions, thoughts, and behaviours you described above
3. List and describe examples of any words or conversations that have been spoken about the situations you experienced today, either:
    a. What you have said to yourself as a result of these situations.
    b. What other people have said to you as a result of these situations.
    c. What you have said to other people as a result of these situations.
4. Describe how you think others who are providing mentorship today would be feeling, thinking, or behaving.
5. Please describe the easy/effortless situations you experienced while providing mentorship today. If you did not experience any easy/effortless situations, please skip to Question 10.
    a. What emotions are you currently experiencing from these situations?

   b. What thoughts are you currently experiencing from these situations?
   c. Describe any self-care behaviours you are engaging in as a result of experiencing these situations.
   d. Describe any harmful behaviours you are engaging in as a result of experiencing these situations.
   e. Describe what you are doing, if anything, to manage the emotions, thoughts, and behaviours you described above.
6. List and describe examples of any words or conversations that have been spoken about the easy/effortless situations you experienced today, either:
   a. What you have said to yourself as a result of these situations.
   b. What other people have said to you as a result of these situations.
   c. What you have said to other people as a result of these situations.
7. Describe how you think others who experience similar easy/effortless situations would be responding in this moment.
8. Please add any other reflections/comments you think would be important for us to know about your experiences as a mentor today.

**Personal Diary 5: The Day After Providing Mentorship**

1. What emotions are you experiencing today? Please provide detail.
2. What thoughts are you experiencing today? Please provide detail
3. Describe any self-care and/or harmful behaviours you are engaging in today
4. Please add any other reflections/comments you think would be important for us to know about your experiences as a mentor yesterday.

**Semi-Structured Interview Guide**

1. How do you prepare yourself to deliver effective peer mentorship?
   a. How do you go about trying to build a healthy relationship with a mentee? (i.e., describe how you set boundaries)
   b. What do you do to take care of yourself (e.g., physical, emotional, psychological, spiritual) so you can provide for your mentees?
   c. How did you develop the knowledge, or skills and strategies that you find to be effective?
2. Based on your diary reflections and the experiences you reflected on, I wanted to follow up with a few questions/clarifications.

## Appendix C: Article 3 Data Collection Materials

**Screening Questionnaire**

Please provide your full name: _____

Please provide your email: _____

19. Are you proficient in English reading, writing, and speaking?
    - Yes
    - No

20. Please provide your month and year of birth (YYYY/MM): _____ / _____ / _____

21. Are you currently a peer mentor within the peer support/mentorship services branch of your SCI organization?
    - Yes
    - No

22. Do you have any cognitive/memory impairments?
    - Yes
    - No

23. Are you a mental health professional or do provide mental health services (e.g., clinical psychologist, psychotherapist)?
    - Yes
    - No

24. Have you received formal training on self-compassion in the past 5 years?
    a. Yes
    b. No

25. Have you previously received formal training on mindfulness in the past 5 years?
    - Yes
    - No

If the participant is eligible: "Thank you for filling out these screening questions. You are eligible for this study. Please take the next 10-15 minutes to complete the consent form and demographic questionnaire."

If the participant is NOT eligible: "Note: *if it is determined that you are not eligible to participate, the information collected will not be retained and will be immediately destroyed*. Thank you for filling out these screening questions. Unfortunately, you are ineligible for this study. If you have

any questions regarding your ineligibility, please contact the research team at olivia.pastore@mail.mcgill.ca."

**Demographic Questionnaire**

26. As mentioned in the Letter of Information, all data will be treated confidentially. In order to still be able to match the various data, I would like you to code this questionnaire according to the following scheme:
    Code = first letter of your mom's name – number of brothers you have –day you were born (i.e., If you were born July 16th, you would simply put 16): e.g., M-2-4.

    Your code: _____

27. Month and Year of Birth (YYYY/MM): _____ / _____ / _____

28. Which province or territory do you live in?
    - British Columbia
    - Alberta
    - Saskatchewan
    - Manitoba
    - Ontario
    - Quebec
    - New Brunswick
    - Nova Scotia
    - Prince Edward Island
    - Newfoundland and Labrador
    - Yukon Territory
    - Northwest Territories
    - Nunavut

29. What are the first three digits of your postal code?

    _____

30. Which of the following best represents the ethnicity and background you identify with? Select all that apply.
    - African/Black (includes African American, African Canadian, Afro-Caribbean, etc.)
    - East Asian
    - Arab
    - European/Non-white
    - European/White
    - Filipina/Filipino
    - Indigenous from within North America
    - Indigenous from outside North America
    - Latin, South, or Central American
    - South Asian (including Indian sub-continent, Indo-Caribbean, Indo-African, Indo-Fijian, West-Indian)
    - Southeast Asian
    - West Asian
    - Prefer to self-identify:
    - Prefer not to answer

31. What is the highest level of education you achieved?
    - Some high school, no diploma
    - Graduated high school
    - Some college or university, no degree
    - 2-year college diploma or certificate
    - 4-year college or university degree
    - Master's degree
    - Professional degree (Ph.D., M.D., etc.)

32. What is the highest level of education you achieved?
    - Some high school, no diploma
    - Graduated high school
    - Some college or university, no degree
    - 2-year college diploma or certificate
    - 4-year college or university degree
    - Master's degree
    - Professional degree (Ph.D., M.D., etc.)

33. Please indicate your gender.
    - Man
    - Woman
    - Non-binary
    - Prefer to self-identify:
    - Prefer not to say

34. Please select any of the following labels that you currently use to think about yourself.
    - o Straight or heterosexual
    - o Gay/lesbian
    - o Bisexual
    - o Queer, pansexual, or polysexual
    - o Two-spirited
    - o Questioning
    - o Prefer to self-identify:
    - o Prefer not to say

35. On what date did your spinal cord injury occur (YYYY/MM/DD):
    _____ / _____ / _____

36. Have you been a recipient of peer support from the peer support services branch of your SCI organization?
    - o Yes
    - o No
    - o Prefer not to say

37. How many years have you been a peer mentor within the peer support services branch of your SCI organization?
    Drop-down selection: 0 – 50 years

38. In a typical month, how many mentees do you provide peer support to?
    Drop-down selection: 0 – 20 mentees

39. What is your gross yearly household income?
    - o Less than $20,000
    - o $20,000 -$34,999
    - o $35,000-$49,999
    - o $50,000-$74,999
    - o $75,000-$99,999
    - o Over $100,000
    - o Prefer not to say

**Self-compassion Measure (Trait Self-Compassion Scale Long Form)**

How I typically act towards myself in difficult times…

Please read each statement carefully before answering. For each item, indicate how often you behave in the stated manner, using the following 1-5 scale. Please answer according to what really reflects your experience rather than what you think your experience should be.

| **Almost never** | | | | **Almost always** |
|---|---|---|---|---|
| **1** | **2** | **3** | **4** | **5** |

1. I’m disapproving and judgmental about my own flaws and inadequacies.
2. When I’m feeling down I tend to obsess and fixate on everything that’s wrong.
3. When things are going badly for me, I see the difficulties as part of life that everyone goes through.
4. When I think about my inadequacies, it tends to make me feel more separate and cut off from the rest of the world.
5. I try to be loving towards myself when I’m feeling emotional pain.
6. When I fail at something important to me I become consumed by feelings of inadequacy.
7. When I'm down, I remind myself that there are lots of other people in the world feeling like I am.
8. When times are really difficult, I tend to be tough on myself.
9. When something upsets me I try to keep my emotions in balance.
10. When I feel inadequate in some way, I try to remind myself that feelings of inadequacy are shared by most people.
11. I’m intolerant and impatient towards those aspects of my personality I don't like.
12. When I’m going through a very hard time, I give myself the caring and tenderness I need.
13. When I’m feeling down, I tend to feel like most other people are probably happier than I am.
14. When something painful happens I try to take a balanced view of the situation.
15. I try to see my failings as part of the human condition
16. When I see aspects of myself that I don’t like, I get down on myself.
17. When I fail at something important to me I try to keep things in perspective.
18. When I’m really struggling, I tend to feel like other people must be having an easier time of it.
19. I’m kind to myself when I’m experiencing suffering.
20. When something upsets me I get carried away with my feelings.
21. I can be a bit cold-hearted towards myself when I'm experiencing suffering.
22. When I'm feeling down I try to approach my feelings with curiosity and openness.
23. I’m tolerant of my own flaws and inadequacies.
24. When something painful happens I tend to blow the incident out of proportion.
25. When I fail at something that's important to me, I tend to feel alone in my failure.
26. I try to be understanding and patient towards those aspects of my personality I don't like.

Neff, K. D. (2003). Development and validation of a scale to measure self-compassion. Self and Identity, 2, 223-250.

**Compassion Fatigue and Compassion Satisfaction Measure (Professional Quality of Life Scale Version 5)**

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1. I am happy.
2. I am preoccupied with more than one person I *[help]*.
3. I get satisfaction from being able to *[help]* people.
4. I feel connected to others.
5. I jump or am startled by unexpected sounds.
6. I feel invigorated after working with those I *[help]*.
7. I find it difficult to separate my personal life from my life as a *[helper]*.
8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
9. I think that I might have been affected by the traumatic stress of those I *[help]*.
10. I feel trapped by my job as a *[helper]*.
11. Because of my *[helping]*, I have felt "on edge" about various things.
12. I like my work as a *[helper]*.
13. I feel depressed because of the traumatic experiences of the people I *[help].*
14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
15. I have beliefs that sustain me.
16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
17. I am the person I always wanted to be.
18. My work makes me feel satisfied.
19. I feel worn out because of my work as a *[helper].*
20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
21. I feel overwhelmed because my case [work] load seems endless.
22. I believe I can make a difference through my work.
23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
24. I am proud of what I can do to *[help]*.
25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
26. I feel "bogged down" by the system.
27. I have thoughts that I am a "success" as a *[helper]*.
28. I can't recall important parts of my work with trauma victims.
29. I am a very caring person.
30. I am happy that I chose to do this work.

Stamm, H. (2009). Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL)

## Mental Health Measure (Mental Health Continuum-Short Form)

Please answer the following questions are about how you have been feeling during the past month. Place a check mark in the box that best represents how often you have experienced or felt the following:

| During the past month, how often did you feel … | NEVER | ONCE OR TWICE | ABOUT ONCE A WEEK | ABOUT 2 OR 3 TIMES A WEEK | ALMOST EVERY DAY | EVERY DAY |
|---|---|---|---|---|---|---|
| 1. happy | | | | | | |
| 2. interested in life | | | | | | |
| 3. satisfied with life | | | | | | |
| 4. that you had something important to contribute to society | | | | | | |
| 5. that you belonged to a community (like a social group, or your neighborhood) | | | | | | |
| **SEE BELOW 6. that our society is a good place, or is becoming a better place, for all people** | | | | | | |
| 7. that people are basically good | | | | | | |
| 8. that the way our society works makes sense to you | | | | | | |
| 9. that you liked most parts of your personality | | | | | | |
| 10. good at managing the responsibilities of your daily life | | | | | | |
| 11. that you had warm and trusting relationships with others | | | | | | |
| 12. that you had experiences that challenged you to grow and become a better person | | | | | | |
| 13. confident to think or express your own ideas and opinions | | | | | | |
| 14. that your life has a sense of direction or meaning to it | | | | | | |

## Post Program Semi-Structured Interview Guide

On behalf of our research team, thank you for participating in this study and joining the self-compassion program. Through this interview, we want to get into a few things regarding your experience with the program. First, we will be asking you questions on the feasibility of the program like the format, length, etc. Second, we will be asking you questions about the potential impact of the program on your self-compassion, burnout, and overall well-being. The interview should take around 45-60 minutes total.

After you complete this interview and the post-program survey (which we sent already), we can send you your first compensation of $100. Olivia will send this through e-transfer right after this

interview. Which email do you want us to send the e-transfer to? We will then contact you in 6-weeks to complete another online survey and shorter interview, which we can compensate you another $50 for completing.

Do you have any questions before we get started?

Part 1: Feasibility/Acceptability

1. What was your motivation for taking part in this self-compassion program?
2. Describe your overall experience with the self-compassion program.
    a. What are your thoughts on …
        i. the online format of the program?
        ii. the group format of the program? (e.g., number of people, connection with others)
        iii. the length of the program and sessions (being 6 weeks every week for 1.5-hour sessions)?
        iv. the facilitation of the sessions (ratio of educating, group discussion, self-reflection)?
        v. the workbook and independent practice to be done in-between sessions?
3. What are your thoughts on the accessibility of the program?
    a. Physical accessibility?
    b. Emotional/psychological/spiritual accessibility?
4. What are your thoughts on the appropriateness of the program for peer mentorship (i.e., was the content relevant to peer mentorship)?
5. Do you see any negative or harmful side effects coming about from the program?
6. Do you see this program as being sustainable for SCI organizations? What are things you think will make this program sustainable (i.e., continued over time)?

Part 2: Impact

7. Describe any benefits you experienced from taking the self-compassion program. What are the top things that stood out to you?
8. Describe the role, if any, that the program had on your…
    a. Self-Compassion:
        i. Self-kindness vs. self-judgment (i.e., treating yourself with kindness as opposed to judgement).
        ii. Common humanity vs. isolation (i.e., understanding that what you experience is part of being a mentor and human rather than feeling isolated your experiences).
        iii. Mindfulness vs. over-identification (i.e., having a balanced awareness of your thoughts and emotions rather than ruminating on them)
9. If there were changes in your self-compassion from the program…
    a. Describe how you experience self-compassion? What does this look like for you day to day? Provide an example.
    b. Describe what using self-compassion in your mentoring looks like? Provide an example.
10. Self-compassion practices: Which ones stood out to you? (Provide them with a list.)

   a. How do you see yourself implementing these practices into your mentoring role? Outside of mentoring? Provide examples.
   b. What practices can you see yourself sustaining over-time?
   c. What challenges do you see getting in the way of sustaining these practices?
11. Describe the role, if any, that the program had on your…
   a. Compassion fatigue or burnout (i.e., exhaustion due to prolonged exposure to suffering/stress)
   b. Compassion fatigue resilience (i.e., ability to withstand or recover from feelings of compassion fatigue or burnout)
   c. Compassion satisfaction (i.e., satisfaction derived from mentoring)
   d. Overall mental health and well-being
12. Aside from the program, what other things have you been doing that may have influenced your self-compassion, compassion fatigue/satisfaction, and/or mental health?
13. Describe if you think the program will be useful for SCI mentors.
14. Would you recommend this program to other SCI mentors? Explain why.

**6-week Follow-up Program Semi-Structured Interview Guide**

Hello. Thank you for participating in the follow-up interview. This interview should last anywhere between 20-30 minutes and is the last component of this study along with the survey. Once you complete both, we will send you another e-transfer of $50.

The purpose of this interview is to examine any longer-term changes in your levels of self-compassion, compassion fatigue, resilience, and mental health. Please provide as much detail as possible and provide examples where you can. Again, please feel free to answer honestly as there are no right or wrong answers.

Do you have any questions before we begin?

Long-Term Impact

1. Describe the longer-term role, if any, that the program had on your self-compassion.
   a. Probe for self-kindness vs. self-judgement
   b. Probe for mindfulness vs. over-identification
   c. Probe for common humanity vs. isolation
   d. Probe for examples in mentoring and outside of mentoring.
2. What topics or practices are you still implementing? Please provide examples.
   a. How have you implemented these practices into your mentoring role? Outside of mentoring?
   b. What barriers have you faced in practicing? What would help you overcome them?
   c. What practices can you see yourself continuing?
3. Describe the long-term role, if any, that the program had on your…(if you cannot think about yourself, think about how it potentially help other mentors)
   a. Compassion Fatigue or burnout
   b. Resilience to experiencing compassion fatigue
   c. Mental health
4. Looking back, what are the most impactful lessons you learned from the program?

5. Aside from the program, what other things have you been doing that may have influenced your self-compassion, compassion fatigue, or mental health?

**Appendix D: Self-compassion Program Session Material (Article 2 and 3)**

Includes:

- The peer mentor self-compassion information booklet and workbook
- PowerPoint slides for each session
- Speaking notes for each session

SPINAL CORD INJURY PEER SUPPORT: SELF-COMPASSION PROGRAM FOR PEER MENTORS

# INFORMATION BOOKLET & WORKBOOK

SPINAL CORD INJURY ONTARIO | LÉSIONS MÉDULLAIRES ONTARIO

McGill

Spinal Cord Injury BC

# BACKGROUND INFORMATION

1

**SCI peer support offers a variety of benefits to both the peer mentor and mentee.**

2

**Being a peer mentor can also be challenging and lead to compassion fatigue** (exhaustion from exposure to suffering and stress).

3

**Self-compassion (a.k.a. inner strength) has the potential to prevent compassion fatigue and improve well-being for peer mentors!**

## A self-compassion program for peer mentors!

**University-Community Partnership**

McGill University, SCI British Columbia, & SCI Ontario co-created the self-compassion program for peer mentors in Canadian SCI community service ogranizations.

**About the program**

- 6 consecutive weeks (1.5-hour online session/week)
- Small group format with 4-5 mentors from Canadian community-based SCI peer mentorship programs
- One group facilitator with experience in self-compassion

**This information booklet and workbook is designed for you to use alongside the self-compassion program.**

# BRIEF OUTLINE OF SESSIONS

## 01 INTRODUCTION TO SELF-COMPASSION & GETTING TO KNOW EACH OTHER

- WHAT SELF-COMPASSION IS AND IT'S SIX SUBCOMPONENTS
- MISCONCEPTIONS ABOUT SELF-COMPASSION
- PRACTICE: SELF-COMPASSION BREAK

## 02 THE YIN AND YANG OF SELF-COMPASSION

- YIN (COMFORTING, SOOTHING, VALIDATING)
- YANG (PROTECTING, VALIDATING, MOTIVATING)
- WAYS TO PRACTICE SELF-COMPASSION THAT FIT WITHIN THE YIN AND YANG
- THE PHYSIOLOGY OF SELF-CRITICISM AND SELF-COMPASSION

## 03 MINDFULNESS

- MINDFULNESS IN MORE DETAIL
- THE DEFAULT MODE NETWORK AND HOW YOUR BRAIN IS WIRED
- MINDFULNESS AND RESISTANCE

## 04 EMBRACING THE GOOD

- THE NEGATIVITY BIAS
- CULTIVATING POSITIVE EMOTIONS
- WAYS TO EMBRACE THE GOOD

## 05 SELF-COMPASSION & COMPASSION FATIGUE

- WHAT COMPASSION FATIGUE IS
- COMPASSION AND EMPATHY
- POSITIVE VERSUS NEGATIVE EMPATHY
- COMPASSION AND EQUANIMITY

## 06 CORE VALUES & CONTINUING PRACTICE

- YOUR CORE VALUES WITHIN AND OUTSIDE MENTORSHIP
- WAYS TO HELP YOU CONTINUE YOUR SELF-COMPASSION PRACTICE

### REFLECTION ACTIVITIES

There are two types of activities in this workbook:

1. **In-session activities:** to be completed during each session. You will be prompted by the facilitator when to complete these activities and where they are in the workbook.
2. **Optional Independent practice**: to be completed on your own time in-between sessions.

*At the end of each session, there is a section for you to add any other notes/reflections you wish.

# Session 1: Introduction to Self-Compassion

**Activity 1: Your name for self-compassion**
There are many names for self-compassion as you can see below.

Inner resilience
Inner strength training
Inner compassion
Inner ally
Not being a jerk to yourself

Choose one that resonates with you or make up your own:

**Activity 2: Fears of Self-Compassion**
Many people have fears – or hesitations – towards being self-compassion. For example, thinking that it will make you lazy or complacent. Write down what your fears may be towards being self-compassionate.

**Activity 3: Informal Practice – Self-Compassion Break**
Mindfulness: Mindfulness is simply being aware of this moment. What emotions or thoughts are you having? Just taking a moment to be open to whatever this moment brings without judging ourselves for them, ignoring them or dwelling on them. Mindfulness involves acknowledging that we are in a moment of struggle (rather than avoiding it) without becoming totally absorbed by our pain and suffering. So, taking a balanced perspective to how you feel right now so we can be objective and wise – and in a good position to decide how we can best respond. Now try to think of any painful or difficult feelings you may be having, trying to do so with a relatively objective and balanced tone. For example, “I’m feeling really concerned about my well-being while providing mentorship” or “I feel responsible for this mentees struggle”

Common Humanity: Reminding yourself that mentoring is sometimes challenging and other mentors' experiences difficulties and hardships. We often believe that we can avoid suffering and that things are supposed to go well – but in reality, we will all struggle over and over again in life because it is woven into the human experience. And in this way, our hardships as mentors unites you. Our struggles make us human. Considering this, try to remind yourself of the common humanity of your situation - how normal it is to have feelings like this and the fact that other mentors are probably experiencing feelings similar to yours. For example, if you are worried about a mentoring session tomorrow, saying: "It is natural to feel quite anxious the day before a mentoring session. I'm sure other mentors have been in a similar situation to what I'm facing right now."

Self-Kindness: Instead of going straight into problem solving mode – and trying to make our problems go away – try to remember this important fact –we can provide comfort and care for ourselves. Instead of using our natural self-critical voice, try using some words of kindness instead towards the difficult emotional you are having. If you find this hard, try thinking about gentle, supportive words you would use with a good friend you cared about. For example: "I'm so sorry that you're feeling anxious right now. I am sure it will be okay, and I'll be here to support you whatever happens." Notice if this comfort makes your experience easier to bare, easier to be with.

**Independent Practice Session 1 – Choose and try whatever option over the next week (some options add on to the previous one). If you want, you can reflect on the experience in your workbook.**

Option 1: Try to notice your critical voice and note any reflections below.

Option 2: When you notice your critical voice, try relating to yourself with self-compassion instead. Note any reflections below.

**Independent Practice Reflection – Discuss your experience**

- What did you like/dislike?
- How can you see this as beneficial for your mentoring? Life in general?
- Other thoughts?

**Please write down any other reflections you may have based on this session.**

**Self-Compassion Program Session 1**

**My Introduction**

- Welcome to the SCI peer mentor self-compassion program. As we will be working together for the next 6 weeks, I thought we could spend the next 20 minutes or so introducing ourselves.
- My name is Olivia Pastore. I am a fourth year PhD candidate at McGill university. My PhD thesis is focused on understanding and reducing compassion fatigue amongst individuals who serve as SCI peer mentors within Canadian community service organizations. For the past 4 years I have been working alongside SCIBC and SCIO to understand the difficult experiences that SCI peer mentors are having and what they are doing to manage their emotions and thoughts surrounding these experiences. I am not a mentor nor an individual living with a SCI. I hope to bring my knowledge and experience of an important topic that has helped me tremendously in my life and one that is central to this program, self-compassion.

**Introductions (20 min)**

- Something that brings all of you here together is that you're a peer mentor
- So, we will go around now and do introductions. We can each spend a few minutes introducing yourself and telling us about what brought you to mentoring and your overall experiences thus far.

*In discussions I have had with other mentors and staff members of SCI organizations over the past 3 years is that mentoring can be very rewarding and fulfilling, but it can also have its challenges. The best part of this program is that you all will get to share and learn from each other, so please don't be shy to do so.

A few notes…

- Please keep these sessions confidential. What is said here stays here, Try not to use mentee/client names and adhere to confidentiality standards of your organization.
- Participation is of course optional. If I ask you your thoughts on something, you are free to say "no comment" or pass. You can participate by interrupting me, raising the hand on Teams, or putting something in the chat.
- This is a non-judgmental environment, and you can feel free to share what you feel comfortable with. Even though I will be teaching the content of self-compassion, you are all experts on yourselves and mentoring, so I really want this to be an environment where we can all learn from each other!

I've been throwing around the word self-compassion and for this program you will learn about it and how it is very important factor that has the potential to help you in your role as a mentor and in other domains of your life. And overall, it really has to do with how you relate to yourself.

**Quote**

**Self-Compassion (5 min)**

- Again, self-compassion is a specific way that we can relate to ourselves when we are in times of challenge or when we face a struggle.
- To start us off, I am going to walk you through an example that will help you understand what self-compassion is – and how it's not always the way that we naturally relate to ourselves.

ACTIVITY: Imagine that you experience a failure or disappointment – and because we have been talking about mentoring– let's use that as an example. Think of something that is of moderate intensity for you, meaning that it doesn't bring about too many difficult emotions but is a bit stressful in your mentoring. Does anyone want to share an example of a moderate intensity situation?

What do you typically say to yourself in this type of situation? Take a moment to think about it? Invite class to share.

- Prompt: We conducted a study last year with SCI mentors to explore how they were managing difficult experiences while providing mentorship. Some of the responses that would come up when faced with a struggle while mentoring was self-doubt. Saying things like "Am I not good at my job?" or "Am I stupid"
- Note. Really try to generate a solid understanding of how we are often quite harsh with ourselves – quite self-critical.

So, most of us are quite critical and frankly, unkind in what we say to ourselves. Now, imagine if another mentor came up to you and told you about this experience. Imagine you say to them "After all, you're a pretty bad mentor" or "What's wrong with you?". How is this type of talk going to do anything to help your colleague?

On the contrary, it would devastate them and make them feel worse than they already did. Would you EVER talk to another mentor like this? Of course not. But strangely, if you listen to your inner dialogue, you will see that we often take on the voice of our own inner critic - and this is precisely how we often talk to ourselves in our heads in these types of situations.

- Now contrast that with what you would REALLY say to another mentor who came to you about this same situation.
- Can anyone share with me what they would say to another mentor in this situation?
- Prompt: You could say "Oh, that's tough. I'm sorry to hear this. It must be frustrating to struggle like this. I think you are a great mentor even though you had this experience. Listen, I'd be willing to meet up with you if you want to talk about it. Would that be helpful?"

**Self-Compassion: Also known as… (5 min)**
Some people don't love the term self-compassion. If you don't like the term – please, choose something you like better.

ACTIVITY: Please and take a minute to find the term that you feel most comfortable with and jot it down or think of it. We will continue to use the term "self-compassion" because that is what it is called in the literature and what we have come to know it as.

- Prompt: Does anyone want to share what they want to call it besides self-compassion?

- Please consider that self-compassion is not just for touchy-feely or "soft" people. If you are interested in being resilient in the face of challenge – being that person who perseveres and overcomes even in the face of adversity – then you want self-compassion in your corner. So call it whatever you want – inner resilience, inner strength, your inner ally or simple not being a jerk to yourself - but know that being self-compassionate is a proven way to build inner strength and to thrive.

**The Facets of Self-Compassion (5 min)**

As you have heard me say, self-compassion is a way of relating to yourself. But it's a lot more than that. Self-compassion actually has three components, or facets, including self-kindness, mindfulness, and common humanity. These facets mutually interact and enhance each other. Each component also has a counterpart or opposite. Through the program you will learn in great detail about these three facets but for now I will briefly describe them.

1. Self-kindness involves having a gentle and kind stance towards the self rather than being harsh, critical, and judgmental.
2. Mindfulness involves having a balanced awareness of one's thoughts, feelings, and emotions rather than over-identifying with them.
3. Common humanity involves understanding the universality of one's own pain, suffering, and struggle (i.e., that it is part of the shared human experience) rather than thinking that one's problems are unique.

**Self-Compassion vs. Self-Esteem (2 min)**

- I wanted to quickly note that self-compassion is different than self-esteem. Self-esteem involves evaluations of our self-worth, usually in comparison to others. Whereas self-compassion involves no judgement. Rather, it is a way of relating to the self with kindness and acceptance
- In addition, self-esteem is more fragile, changes according to failure
- Self-compassion will always be there for us. It is a reliable support, even in challenging times

**Misgivings of Self-Compassion (5-10 min)**

- Next. I am going to talk about the most common misgivings or misconceptions about self-compassion. Before I do so I wanted to get you reflecting. Do you have any reservations or fears about self-compassion? Take a moment to reflect on this. Does anyone want to share with the group?

**Self-Compassion will make me soft, weak, lazy, complacent**

- People argue that*…"self-compassion is simply letting myself of the hook. I need to be hard on myself to be successful*."
- Remember that our default mode is often to be self-critical about our short-comings. We may attribute a failure to going soft on ourselves and we may think that we really need a swift kick and some tough love. But research tells us that being motivated to avoid self-criticism isn't a very strong source of motivation – and when we know that self-criticism awaits us if we fail, we may just choose not to try in the first place. When being self-compassionate, we let go of self-criticism and replace it with understanding and support.

We create a safe place to make mistakes because we know we are human and humans make mistakes.

**But don't we *need* to be critical of ourselves sometimes?!**

- In this case, we confuse the idea of harsh self-judgement and constructive criticism.
- Self-compassion lets go of belittling, demeaning self-judgements such as "you're a bad mentor"
- When we care about ourselves, however, we will constructively point out ways we could do things better
- Instead, it may sound like "I could have done this differently.."

Research shows that in fact, self-compassion not only motivates us to help us achieve our goals, but also gives us the flexibility and resilience if we do fail. As you will learn in the next sessions, self-compassion has a yin and yang side. The yang being the fierce side which helps us take a stand against anything that causes us harm.

**Self-compassion is just feeling sorry for myself (self-pity)**

Nor is self-compassion self-pity or over-indulgence. Self-compassion is not returning home every night after a bad day and indulging in whatever we want. This is not self-compassion - Instead, self-compassion is aimed at the alleviation of suffering and negative emotions.

It makes us more willing to accept, experience and acknowledge which helps us process what happened and move on. So instead of having whatever we want, a self-compassionate response is to look for what will ease our suffering without bringing more suffering – so extending to ourselves kindness and acceptance, maybe its reaching out to a comforting friends, seeking out information from other mentors, or getting a good night's sleep

Self-compassionate people are less likely to get swallowed up in self-pitying thoughts and how bad things are. Self-pity emphasizes the bad and separates the self from others. It also exaggerates the extent of personal distress.

Self-compassion softens the boundaries between the self and others and allows us to put our situations in perspective. This does NOT mean denying the validity of our own suffering, but when we consider the bigger picture, our problems may not seem as bad as we think.

**Self-compassion will make me selfish**

People often assume that spending time and energy focused on oneself is selfish and automatically means they are neglecting everyone else who needs help.

But think of the times when you have been consumed with self-criticism. How helpful are you to others? How much bandwidth do you have left to help them? Not much to give.

Ironically, there is a misconception that in order to be caring for others, we must also treat ourselves badly. Being a "selfless caregiver"

The irony is that being good to yourself actually gives you the emotional resources to be good to others, while being harsh with yourself only gets in the way.

For instance, research shows that self-compassionate people are rated by their partners as being more caring and giving in their relationships (Neff & Beretvas, 2013). If one is giving themselves all the care and support they need, and meeting our own needs directly instead of relying on our partner, we have more emotional resources to give to others.

**Benefits of Self-Compassion**
Researchers have reviewed multiple studies where self-compassion was taught to people like this program with varying health conditions. Across all studies, SC showed positive impacts on psychological outcomes including anxiety, depression and stress.

**Research Support for Care workers**

- More relevant to your role as a mentor, self-compassion programs like this have been found helpful individuals who are in caring professions or roles
- Read benefits [Kemper et al. (2019); Neff et al. (2020); Olson & Kemper (2014); Raab (2014)]

**Self-Compassion and SCI Peer Mentors**

- With the same study I mentioned earlier that we conducted with SCI peer mentors, we saw the self-criticism, but we also saw many instances of self-compassion
- And I wanted to share those instances with you (read quotes)
- You might have not considered some of these "self-compassion", but hopefully this program can change your perspective on what it entails

**Self-Compassion Activity**
We wanted to make this a very practical program, so throughout the course of the sessions we will be talking about self-compassion 'practices' you can do. They are essentially activities. There is informal and formal practices. We will be focusing more on informal as they are easier to implement than formal (meditation).

Earlier in the class you talked about your experiences with mentorship. We're going to see how we can use self-compassion to address a difficult experience. You can choose to close the eyes for this activity if that feels safe or soften the gaze. So, bring to mind a difficult experience you've recently had while mentoring or if you can't think of one then one you expect to have in an upcoming situation.

The first aspect of self-compassion we are going to learn to apply is to be mindful of our thoughts and emotions. Mindfulness is simply being aware of this moment. What emotions or thoughts are you having? Just taking a moment to be open to whatever this moment brings without judging ourselves for them, ignoring them or dwelling on them.

Mindfulness involves acknowledging that we are in a moment of struggle (rather than avoiding it) without becoming totally absorbed by our pain and suffering. So, taking a balanced

perspective to how you feel right now so we can be objective and wise – and in a good position to decide how we can best respond.

Now try to think of any painful or difficult feelings you may be having, trying to do so with a relatively objective and balanced tone. For example, “I’m feeling really concerned about my well-being while providing mentorship” or “I feel responsible for this mentees struggle”

The next component of self-compassion is common humanity.
Reminding yourself that mentoring is sometimes challenging and other mentors’ experiences difficulties and hardships.

We often believe that we can avoid suffering and that things are supposed to go well – but in reality, we will all struggle over and over again in life because it is woven into the human experience. And in this way, our hardships as mentors unites you. Our struggles make us human.

Considering this, try to remind yourself of the common humanity of your situation - how normal it is to have feelings like this and the fact that other mentors are probably experiencing feelings similar to yours.

For example, if you are worried about a mentoring session tomorrow, saying: “I’m sure other mentors have been in a similar situation to what I’m facing right now” or “this sucks”

The third component is Self-Kindness: Offering ourselves unconditional acceptance, support and encouragement towards our struggle.

Instead of going straight into problem solving mode – and trying to make our problems go away – try to remember this important fact –we can provide comfort and care for ourselves. Instead of using our natural self-critical voice, try using some words of kindness instead towards the difficult emotional you are having. If you find this hard, try thinking about gentle, supportive words you would use with a good friend you cared about. For example: “I’m so sorry that you’re feeling anxious right now. I am sure it will be okay, and I’ll be here to support you whatever happens.” Notice if this comfort makes your experience easier to bare, easier to be with.

Now take one more moment to try to fully accept how you’re feeling in this moment.

**Group discussion: What was this practice like for you?

Some people feel soothed and comforted by words of mindfulness, common humanity and self-kindness when they do this activity. If it feels supportive for you, can you allow yourself to savor the feeling of caring for yourself in this way? For some people, this activity feels very awkward or uncomfortable. If this describes your experience, knowing that this is normal. Can you just allow yourself to learn at your own pace, knowing that it takes time to form new habits and an entire new way of relating to ourselves.

**Independent Practice**

- Part 1 – noticing our critical voice

- Part 2 (optional) – if it feels okay and comfortable then addressing the moment of difficulty with the three facets as we just did

# SCI Peer Mentor Self-Compassion Program

Online Group Session 1

Spinal Cord Injury BC

McGill

SPINAL CORD INJURY ONTARIO
LÉSIONS MÉDULLAIRES ONTARIO

1

## Introductions

Tell us about yourself and what brought you here.

(20-30 min)

2

"I learned a long time ago the wisest thing I can do is be on my own side, be an advocate for myself... "

- Dr. Maya Angelou

3

## Self-Compassion

A way of relating to ourselves so that we are an inner ally rather than an inner enemy in times of failure or struggle.

How do we talk to ourselves when things are rough?

What if we talked to others in the same way we talked to ourselves?

4

## Self-Compassion: Also known as...

Workbook Activity #1

*Self-compassion is a proven way to build inner strength and thrive*

INNER RESILIENCE

INNER STRENGTH-TRAINING

INNER COMPASSION

NOT BEING A JERK TO YOURSELF

INNER ALLY

5

## The Facets of Self-Compassion


6

## The Facets of Self-Compassion

| | |
|---|---|
| Mindfulness vs. Over-Identification | Having a balanced awareness of one's thoughts, feelings, and emotions rather than over-identifying with them. |
| Common Humanity vs. Isolation | Understanding the universality of one's own pain, suffering, and struggle (i.e., that it is part of the shared human experience) rather than thinking that one's problems are unique. |
| Self-Kindness vs. Self-Judgement | Having a gentle and kind stance towards the self rather than being harsh, critical, and judgmental. |

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## Self-Compassion vs. Self-Esteem

- Not a judgement. Rather, a way of relating to the self with kindness and acceptance
- A reliable support, even in challenging times

- An evaluation of self-worth, often in comparison to others
- More fragile, changes according to failure

8

## Break (10 min)

9

Workbook Activity #2

When you think about self-compassion, do you have any reservations, concerns, or worries?

10

1. Will self-compassion make me soft, weak, lazy, or complacent?

11

...but don't we *need* to be critical of ourselves sometimes?!

12

2. Is self-compassion just feeling sorry for myself and a form of self-pity?

13

3. Will self-compassion will make me selfish or egotistical?

14

Thoughts, shares, questions?

15

## Benefits of Self-Compassion

| | | | |
|---|---|---|---|
| Happiness | Adaptive Coping | Depression | Stress |
| Healthy Behaviours | Resilience | Rumination | Avoidance |
| Motivation | Competence | Anxiety | Fear of Failure |

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## Self-Compassion for Individuals in Caring Professions or Roles

- Increased ability to provide calm & compassionate care
- Greater work engagement
- Less emotional exhaustion
- Greater satisfaction with professional life
- Less stress
- Greater resilience & mental health
- Reduced burnout

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## Examples of how SCI peer mentors use self-compassion

I am trying to be **kind to myself**. I was going to be late for an event, I told myself it was okay, all is good. **It's OK to not be able to function today.**

I used to dwell on when things didn't go well with a client, but that's not like me. So **now I accept a loss when it happens**. You're **not going to get through everybody.**

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## Examples of how SCI peer mentors use self-compassion

I take notes right after a session, that's when I do my **reflection** on that that particular meeting. Two or three minutes and I've reflected. **I'm moving on**. If you're not **decompressing**, it's just going to compound…**it'll burn you out if you don't have that release for sure**.

19

## Informal Practice: Self-Compassion Break

Workbook Activity #3

| | |
|---|---|
| Mindfulness vs. Over-Identification | Having a balanced awareness of one's thoughts, feelings, and emotions rather than over-identifying with them. |
| Common Humanity vs. Isolation | Understanding the universality of one's own pain, suffering, and struggle (i.e., that it is part of the shared human experience) rather than thinking that one's problems are unique. |
| Self-Kindness vs. Self-Judgement | Having a gentle and kind stance towards the self rather than being harsh, critical, and judgmental. |

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## Try it out this week!

In Workbook

**Option 1: How do you talk to yourself?**

– Try to notice your critical voice.

**Option 2: Relating with self-compassion.**

– Once you notice your critical voice, try relating to yourself with self-compassion (and not being a jerk to yourself)

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## Session 2 Workbook: The Yin and Yang of Self-Compassion

**Activity 1 Self-Compassionate Words & Actions**
Think of a situation in your life that is causing you stress, related to mentoring or in general. Try to think of something moderately challenging for this example as we want to ease into using self-compassion gradually.

1. What would your inner critic say if you uncaged it?

2. What could you say to yourself that would be kinder or more accepting? If you are having trouble, think about what your friend would say to you. Or, ask yourself, "what do I need to hear right now? Choose one or two self-compassionate phrases that provide you with kindness or represent what you need to hear right now.

3. What little things or actions could you do to comfort yourself. Write down some things that bring you comfort when you are struggling.

**Activity 2: Soothing**
Considering the different soothing strategies you learned about, write down some things that would bring you soothing when you are struggling.

**Activity 3: Validating our Strengths and Good Qualities**
Take a moment to consider what strengths and good qualities you have both in general and in the context of peer support/mentorship.

**Activity 4: Protecting/Providing Yourself as a Mentor**

1. What would you normally do in this situation? How would it make you feel?

2. What could you do to protect yourself or meet your needs in this situation?

**Activity 5: Motivating Yourself as a Mentor**
Sticking with the context of peer support/mentorship, what are actions you can do as a mentor that represent motivating self-compassionate acts?

**Independent Practice Session 1** – Choose and try whatever option over the next week (some options add on to the previous one). If you want, you can reflect on the experience in your workbook.

Option 1: Ask yourself: What do I need?

Option 2:

- If you need the yin aspect of self-compassion: Identify one thing you could say/do to comfort, soothe, or validate yourself.
- If you need the yang aspect of self-compassion: Identify one thing you could say/do to provide, protect, or motivate yourself.

Option 3: Say or implement the yin or yang self-compassionate words/act

**Independent Practice Reflection – Discuss your experience**

- What did you like/dislike?
- How can you see this as beneficial for your mentoring? Life in general?
- Other thoughts?

**Please write down any other reflections you may have based on this session.**

**SCI Peer Mentor Self-Compassion Program: Session 2 Speaking Notes**

**Slide: Review from last week**

- I hope from last week, you went away open to the idea of relating to yourself with self-compassion.
- A reminder that in our last session we were introduced to the concept of self-compassion and its three components including self-kindness (vs. self-judgement), mindfulness (vs. over-identification), and common humanity (vs. isolation).
- We also discussed some research on the benefits of self-compassion for our psychological well-being and its potential role in helping you in your mentor role.
- Lastly, we discussed the major reservations of being self-compassionate such as thinking it is a form of laziness, complacency, self-pity, and then talking about why these are misconceptions.

**Slide: Reflection from last week's independent practice (10 min group discussion)**

- How is this all sitting with you at this point? Any thoughts, questions, shares from last week?
- Did you catch yourself being critical with yourself? If you did, that is great as catching yourself is the first step. If you did not, that is okay too as everyone moves at a different pace with self-compassion.

**Slide: The Yin and Yang of Self-Compassion**

- This week we will be talking about the two sides of self-compassion: the yin and yang
- In last week's discussion, the reservation came up a few times that self-compassion is something that will make us unmotivated or less self-accountable
- The reason self-compassion gets this reputation is because there is a soft, gentle side to it. But what people don't know is that in equal weight, there is also a fierce, action-oriented side to self-compassion.

**Slide: Quote**

**Slide: In this session, you will learn about…**

- These two sides of self-compassion in more detail
- Ways to be self-compassionate that fit within both these sides
- The physiology of self-compassion
- How you can continue to apply self-compassion to your role as a mentor and life in general

**Slide: The Yin and Yang of Self-Compassion**

- To fully understand self-compassion, we can draw upon ancient Chinese philosophy and the idea of Yin and Yang. The yin and yang is a representation of a duality where opposite things, such as dark and light are actually complementarity This idea sees that one side of the duality is not complete without the other.
- As defined by Kristin Neff, who helped bring the concept of self-compassion into western culture, the yin side involves more of being with ourselves, whereas the yang side is needed when acting in the world

- In more detail, the YIN represents the gentler side of self-compassion – the caring, nurturing and validating side. This may be finding a way to sooth or comfort yourself when you are struggling
- The YANG side can take the form of protecting, providing and motivating ourselves. This may be protecting yourself through saying no to other commitments to free up time for yourself
- As we go through this session, we will learn about each of these aspects of the yin and yang
- I want to note that you may find that one of these two aspects resonates with you more or you may be at a point in your life where you need one more than the other– and that is okay. It is not always that you will need both equally all the time.
- I encourage you to try to stay open to the value of both the yin and the yang – as they are interdependent – but it's okay if one feels better for you.
- The most important question I want you to be able to ask yourself after this session is "What do I need right now?"

**Slide: Yin: The physiology of self-criticism and self-compassion**

- Before getting into the specifics about the yin and yang of self-compassion, I wanted to briefly talk about the physiology of self-criticism and self-compassion to help you understand how interconnected the body and mind are
- I've been telling you that it's not helpful to criticize yourself – but why? Well self-criticism has effects on the body and I'm going to briefly describe those effects.
- As you may know, the body has a natural system when it comes to defending against threats in our environment. When we are faced with a threat, our body goes into that "fight or flight" system to try to survive the threat. This fight or flight system is accompanied with a whole chain of physiological responses in the body. For one, our body releases adrenaline and a stress hormone called cortisol which helps us respond quickly to the threat. The thing is this response was very good for our ancestors who were in a lot of physical danger such as being hunted by wild animals all the time. However, we don't often have bears coming at us every day. The threats that we face today are much more psychological in nature – such as threats to our self-esteem, our confidence, our identity.
- But the thing is even with these psychological threats, the same fight or flight response gets activated in the body. And even though this response can be helpful in the moment, repeated physiological stress takes a toll on our bodies and well-being over time.
- Luckily, this is not the only natural response system in our bodies.

**Slide: Our Care System**

- In addition to that fight or flight system we have, we also have a care system in the body. As humans, we are mammals and caring for our young was adaptive for us. There was a lot of value in being caring and nurturing for our young.
- Since caring was adaptive for humans, our bodies kept this caring system and, in a sense, rewarded us for using and receiving it. What this means is that when we care for others or receive care, we experience positive feelings. Just like with the stress response, our body releases chemicals when receiving care. Some of these chemicals you might have heard

of are oxytocin (the love hormone) and endorphins (the feel-good hormones). These hormones help to reduce stress and increase feelings of safety and security.

- Overall, self-criticism is a reliable way to elicit the stress system and self-compassion is a way to elicit the care system.
- And the great thing is, we can access this care system whenever we want! You have the power to activate it and we will learn how with the yin of self-compassion.

**Slide: Yin: Comforting**

- The first aspect of yin is comforting ourselves
- Comforting: refers to helping a suffering person feel better, especially by providing support for their emotional needs. We may be more familiar with comforting others, but we can direct this comforting inward.
- I am going to bring you through an example of how we can access self-compassion through offering ourselves comforting words or actions.

**Slide: Yin: Comforting cont.**

- Here are some examples of self-compassionate words and acts

IN CLASS ACTIVITY (5 min)
Think of a situation in your life that is causing you stress, related to mentoring or in general. Try to think of something moderately challenging for this example as we want to ease into using self-compassion gradually.

4. What would your inner critic say if you uncaged it?
5. What could you say to yourself that would be kinder or more accepting? If you are having trouble, think about what your friend would say to you. Or, ask yourself, "what do I need to hear right now? Choose one or two self-compassionate phrases that provide you with kindness or represent what you need to hear right now.
6. What little things or actions could you do to comfort yourself. Write down some things that bring you comfort when you are struggling.

SHARE IF COMFORTABLE

**Slide: Yin: Soothing**

- Soothing is also a way to help a person feel better and it refers particularly to helping a person feel physically calmer. It may involve finding a way to soothe yourself physically.
- I want you to find a way that you feel comfortable with that allows you to sooth yourself, if available through touch. This may feel foreign to you – or even uncomfortable. I encourage you to stay open minded and try it out. If you don't like it that's okay but it may take some experimentation before you know if this will work for you. After considering the possible ways to offer yourself soothing touch, please write this down in your workbook.
- Once you find a form of soothing that you feel the most comfortable with, you can always use this when you are in a moment of struggle, or as a way to counteract when you catch yourself being self-critical. If it feels strange – remember, you are just accessing a physiological system in your body.

**Slide: Yin: Validating**

- The final Yin aspect of self-compassion is Validating: This aspect of self-compassion involves making someone feel better by understanding very clearly what they are going through and saying it in a kind and tender way.
- One way to be self-compassionate is to validate our strengths. Just as everyone fails and has faults, everyone also has good qualities – it's part of being human. Just like it is important to try to see the good in others, it is important to be aware of good qualities in ourselves rather than taking them for granted and part of being kind to ourselves is to express appreciation for those good qualities – just as we would to a kind friend.

**Slide: Mentor Quote**

- In the study we previously conducted with the mentors, a common theme was that mentors often downplayed their strengths and progress when with their client as to not make their client feel bad. Other mentors thought they were bragging when they talked to others about something good they did.
- Specifically, this mentor said that (read quote).
- Do you ever feel that you must downplay your strengths/abilities when with your client or speaking about mentoring successes? *Give the group the opportunity to share.
- This is not to say we need to run around bragging about ourselves. It is more that we don't have to downplay our strengths and successes or play small. We can acknowledge when we do something well. You "playing small" does not serve your clients and people around you. Your success or strength could ignite inspiration, hope, encouragement in someone else so why would we want to stop that?

**Slide: IN CLASS ACTIVITY**

1. Take a moment to consider what strengths and good qualities you have both in general and in the context of mentorship. Please write this down in your workbook.
2. Share with the group if comfortable – share in the chat.

**Slide: The Yang of Self-Compassion**

- While the YIN involves offering ourselves comfort and kindness when things are rough, the YANG of self-compassion involves looking out for ourselves, and taking action that is in our best interest.
- Think of a mama bear who protects her cubs from danger or a friend who sticks up for another one in need. These are all actions of compassion – but we can turn this action-oriented compassion inward and do what is in our best interest to protect ourselves, provide for ourselves and take action that will lead to positive things for us.

**Slide: Yang: Protecting and Providing**

- One way to show the YANG of self-compassion is to take protective action.
- This really involves recognizing and doing what we can to meet our own needs.
- For example, Saying "no" to things that pull us away from what is good for us, protecting ourselves from things and people that are hurting us, and figuring out what we need and providing it for ourselves.

**Slide: Mentor Quote**

- You could protect yourself by protecting your time. This may involve setting a mentoring schedule, being clear about expectations with your client, and respectfully saying "no" to the client.
- This may seem mean and selfish, however if you didn't say no and didn't have time for self-care, how effective of a mentor would you be the following week? How present and engaged would you be with your clients if you felt emotionally exhausted?

**Slide: Mentoring Scenario**

- I wanted to show a scenario that often comes up with mentoring, the friendship boundary
- My colleagues George Shi and Jacques Comeau created this story and comic strip to outline clients crossing friendship boundaries
- Let's watch this video first and then discuss what you would do in this situation

**Activity 4**

- What would you do in this situation? How would it make you feel? What could you do to protect yourself or meet your needs in this situation?

**Slide: Radical Selfishness**

- The yang side of self-compassion relates to another idea that I wanted to share: radical selfishness
- The idea is that when we become radically selfish, we become inherently *devoted* to and caring *deeply* for your well-being
- It really comes back to the phrase of "filling your own cup first". Once we build a reserve for yourself, you will have more to genuinely give to others
- I like how with this idea it gives you some cues to notice how you are making progress

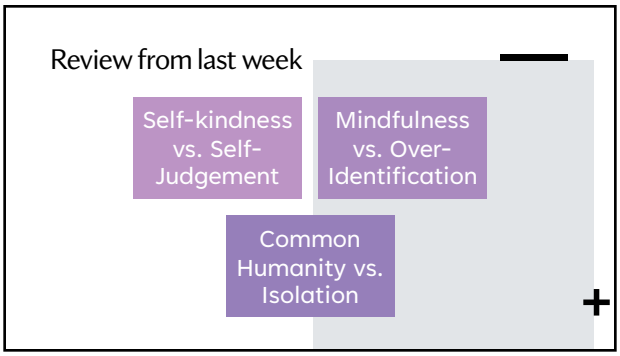
**Slide: Yang: Motivating**

- Often when we are dissatisfied, frustrated or fearful and anxious about something we are actually aware, on some level that we are not living in accord with what we truly value in life or that is in our best interest. When we discover that we are in this place, It's time to remember what is important to us and how we can take action to do what aligns with our values or is in our best interest.
- What is an action you can strive to do that represents a self-compassionate act, that is in your best interest and who you want to be?
- We can create vows or set goals to help us remember those YANG self-compassionate actions we can take in pursuit of who we want to be and what is best for us.
- Also write down a vow of one thing you can do this week that aligns with the YANG of self-compassion – something that protects, provides or motivates.

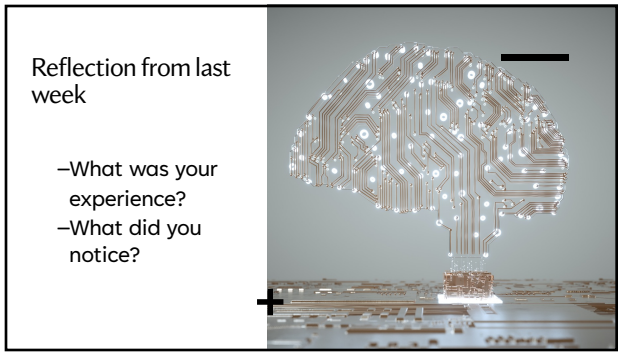
**Slide: Independent Practice**


SCI Peer Mentor Self-Compassion Program
Online Group Session 2
SPINAL CORD INJURY ONTARIO
LÉSIONS MÉDULLAIRES ONTARIO
Spinal Cord Injury BC
McGill

1


Review from last week
Self-kindness vs. Self-Judgement
Mindfulness vs. Over-Identification
Common Humanity vs. Isolation

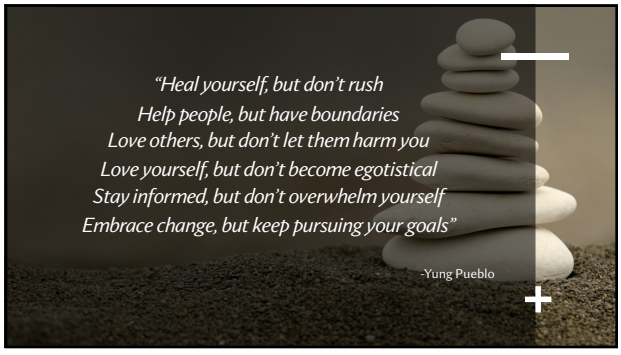
2


Reflection from last week
–What was your experience?
–What did you notice?

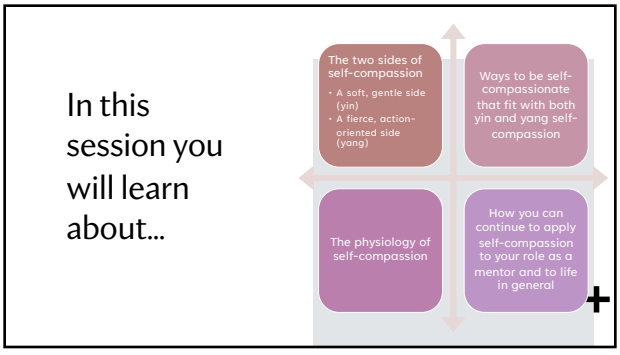
3


The Yin and Yang of Self-Compassion

4


"Heal yourself, but don't rush
Help people, but have boundaries
Love others, but don't let them harm you
Love yourself, but don't become egotistical
Stay informed, but don't overwhelm yourself
Embrace change, but keep pursuing your goals"
-Yung Pueblo

5


In this session you will learn about...
The two sides of self-compassion
A soft, gentle side (yin)
A fierce, action-oriented side (yang)
Ways to be self-compassionate that fit with both yin and yang self-compassion
The physiology of self-compassion
How you can continue to apply self-compassion to your role as a mentor and to life in general

6

**YIN: BEING WITH OURSELEVES**
Comforting (e.g., kind words)
Soothing (e.g., touch)
Validating (e.g., self-appreciation)

**YANG: ACTING IN THE WORLD**
Protecting (e.g., saying "no")
Providing (e.g., meeting our needs)
Motivating (e.g., taking action towards our goals)

7

With increasing **mindfulness** and **self-awareness** of our thoughts/emotions, we become better at **identifying what we need.**

8

## The Physiology of Self-Criticism

FIGHT OR FLIGHT SYSTEM

Cortisol (stress hormone)

9

## The Physiology of Self-Compassion

CARE SYSTEM

Oxytocin (love hormone)

Endorphins (feel-good hormone)

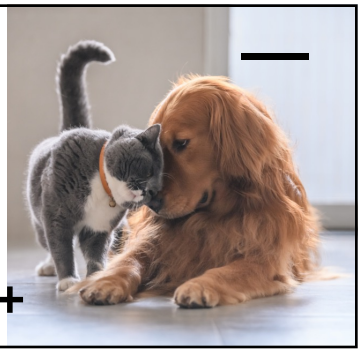
10

**YIN: BEING WITH OURSELEVES**
Comforting (e.g., kind words)
Soothing (e.g., touch)
Validating (e.g., self-appreciation)

11

## Yin: Comforting

- Providing support for emotional needs
- Helping a suffering person feel better



12

## Yin: Comforting

*What would a good friend say or do for me right now? What do I need to hear or do right now?*

| Self-Compassionate Talk | Self-Compassionate Acts |
|---|---|
| One day at a time | Being with a pet |
| May I accept the things I can't control | Engaging in a hobby (e.g., reading) |
| May I give myself space right now | Meditating |
| May I forgive myself | Spending time with a friend |
| One day at a time | Listening to music |

13

Workbook Activity 1

## Practice: Self-Compassionate Words/Acts

- What would your inner critic say if you uncaged it?
- What could you say to yourself that would be kinder or more accepting?
- What little things or actions could you do to comfort yourself? Write down some things that bring you comfort when you are struggling.

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## Yin: Soothing

Workbook Activity 2

- Providing physical support to elicit the care system

**Examples:**
- Watching a candle/fire flame
- Square breathing technique
- Taking longer exhales
- Placing your hand/cheek against something warm/soft
- Placing one hand on your cheek
- Comforting acts can be soothing too!

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## Yin: Validating

Being aware of our good qualities (mindfulness)

We all have strengths and good qualities (common humanity)

Validating our strengths; expressing appreciation/gratitude for our strengths (self-kindness)

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## Mentoring

- Mentors from our first study mentioned having to downplay their progress or successes as to not make their clients feel bad
- Do you do this? Do you think this is effective or not?
- What are ways you could acknowledge your strengths or successes in mentoring?

**I hide myself** a little bit to my client or **feel guilty about my accomplishments** that I've made.

17

**YANG: ACTING IN THE WORLD**
Protecting (e.g., saying "no")
Providing (e.g., meeting our needs)
Motivating (e.g., taking action towards our goals)

18

## Yang: Protecting and Providing

Recognizing and doing what we can to **meet our own needs.**

1. Saying "no" to things that pull us away from what is good for us.
2. Protecting ourselves from things and people that are hurting us.
3. Figuring out what we need and providing it for ourselves.

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## Mentor Quote

What I have done now is, I've really **given myself X hours a week to do peer support**. That's all that I will give of my time [to provide peer support]. I **won't answer** any messages or calls if it's **not** allotted in that time anymore.

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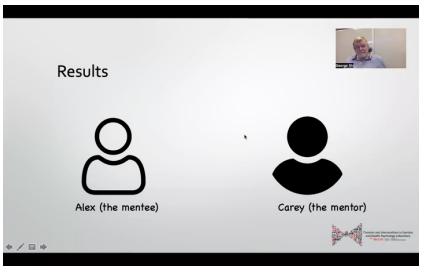
## Mentoring Scenario: Boundaries

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Workbook Activity 4

## Protecting/Providing for Yourself as a Mentor

- What would you normally do in this situation? How would it make you feel?
- What could you do to protect yourself or meet your needs in this situation?

22

## Radical Selfishness

- Being inherently *devoted* to and caring *deeply* for your well-being
- The idea that if you build a reserve for yourself, you will have more to genuinely give to others

How you know you are making progress?

1. You're able to put yourself first
2. You find that you need less from others
3. You attract others who already know how to be selfish
4. You feel more independent, less "pulled" by your roles
5. You find yourself being more generous, because you can afford to be
6. You get a lot more of what you want, more often
7. You embrace the notion that "if it's good for me, it's probably going to benefit others."

Based on the work of Tomas Leonard (www.dianachapman.com)

23

## Yang: Motivating

Taking action to do something that is:

- In our best interest
- In line with who we want to be

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Workbook Activity 5

How can you motivate yourself in your role as a mentor?

| 01 | 02 | 03 |
|---|---|---|
| Seek out more information about a client. | Take time after each client to do something that helps manage any stress or complex emotions. | Talk to other mentors about your experiences. |

25

Thoughts, shares, questions?

26

Unlike self-criticism, which asks if you're good enough, self-compassion asks: **what's good for you?**

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## Independent Practice Options

1. **Option 1:**
   - Take a moment to yourself and ask: What do I need in this moment?
2. **Option 2:**
   - If YIN: Identify one thing you could say/do to comfort, soothe, or validate yourself.
   - If YANG: Identify one thing you could say/do to provide, protect, or motivate yourself.
3. **Option 3:**
   - Say or implement the self-compassionate words/act

*If you are comfortable with these options and have been implementing self-compassionate words/acts for while, consider things that might be getting in the way.

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## Session 3 Workbook & Speaking Notes: Mindfulness & Resistance

**Activity #1: Mindfulness in Daily Life**
What are ways you could be mindful in your daily life (e.g., eating breakfast, drinking tea, engaging in a hobby)?

**Activity #2: What are your signs of resistance?**

**Independent Practice – Choose and try whatever option over the next week. If you want, you can reflect on the experience in your workbook.**

**Option 1: Mindfulness Meditation**
Try a 2–5-minute meditation once or twice over the next week (guided or not).

The guided one we did in the session (you can find others here too):
https://soundcloud.com/jaisa-sulit/allowing-yourself-to-just-be

**Option 2: Daily Sensory Experiences**
Choose one or two daily experiences to explore in the activity, such as the taste of your coffee, the sounds you hear. When doing the activity, commit to paying attention to that or those sensory experiences as fully and completely as you can.

- For example, if you choose to be mindful while you drink coffee, you could choose the sensation of touch and smell and commit to paying attention fully to the feeling of warm coffee in your mouth. Imagine you are having coffee for the first time. Can you dissect the experience as much as possible? When you notice that your mind has wandered away from the sensory experiences of the activity you have committed to, just bring the mind back to those sensations. It is very normal for the mind to flip into default mode – the practice is noticing this and bringing your attention back to the thing you decided to focus on.

**Option 3: Working through resistance with INTO Tool**
Over the week, see if you can notice any small moments when you are resisting something unpleasant – especially those that have to do with mentoring. When you notice resistance occurring, try to use the LSSA technique as many times as needed.

1. **Identify:** Can you identify what you are feeling and resisting? Label the emotion if possible.
2. **Notice:** Do you feel this emotion physically? If so, how, and where? Can you try to soften the feeling (e.g., unclenching the jaw, relaxing the eyebrows).
3. **Tend to:** How can you make it easier to be with this pain through offering yourself self-compassion (e.g., comforting, soothing, validating techniques)? What can you do or say?
4. **Open to acceptance:** How can you be mindful of any pain that the situation brings in a non-judgmental manner? Here I am asking you to observe what you are thinking or feelings in an objective manner.

**Independent Practice Reflection – Discuss your experience**

- What did you like/dislike?
- How can you see this as beneficial for your mentoring? Life in general?
- Other thoughts?

I chose option _____

**Please write down any other reflections you may have based on this session.**

**Session 3 Speaking Notes – Mindfulness & Resistance**

**Side – Review from last week**

**Slide – Reflection from last week's independent practice**

**Slide – Session Outline**

**Slide – Your experience with mindfulness**
What do you know about mindfulness? What has been your experience so far, if any? How do you practice mindfulness?

**Slide – Mindfulness & Self-Compassion**
Mindfulness is the foundation of self-compassion because in order to treat ourselves with kindness, we need to go outside our mind and the stories we tell ourselves in order to accurately see a situation.

*Mindfulness* involves being aware of the present moment and accepting it for what it is. It is also paying attention to what is happening right now, using your senses.

- One thing that can help us distinguish mindfulness from *mindlessness* is to recognize that usually our experience of the world is filtered through the thoughts that are going on at that moment. In any given moment, it is common for our minds to have a continual string of thoughts going on – so as you eat breakfast you may be sitting there thinking about what your day is going to be like, how you didn't sleep well last night, etc. You may finish your entire breakfast and not really remember eating it because you were lost in thought. If you were mindful in that moment, you would focus your attention on that moment directly – the taste of your food, see what it looks like, hear the sounds in the room, smell the odors around you.

ACTVITY (2 mins or so):
Take a few moments to explore your space around you using whatever senses. (give one minute).

**Slide – The Default Mode Network**
When I was referring to the ongoing chain of thoughts that we have in our head using the example of breakfast, I was referring to something neuroscientists call the Default Mode Network. This is a connection of brain regions that becomes highly active when our mind is not focused on anything or at rest. A more everyday way of describing it would be the experience of being "lost in thought"

Being lost in thought can be okay and even enjoyable but it also can be distressing because one of the things that the default mode network does is look for problems and threats – which can be adaptive - but can also be a rather unpleasant way to live if, anytime we are not actively focused on a task, we are searching for problems.

When we are operating in the default mode, we are often struggling but we don't have the presence of mind to *know* we are struggling. When we are mindful, we remove ourselves and

become aware of the default mode network – and the stories it may be spinning – and just being aware of what is going on may prevent us from getting as swept away by the default process.

Does what I have said so far resonate with anyone? Do you find yourself getting stuck in this default mode network often?

**Slide – What does mindfulness offer**
Mindfulness offers us a way to become aware of the default mode network - to go outside of it for a moment – and to decide if we want to let the default mode network continue (as may be the case if you are thinking ahead to your vacation) or respond in some different way (as may be the case if you find yourself worrying about something that is out of your control).

One of the choices we might make about responding differently is to respond with self-compassion.

But because the default mode network IS our default, most of us have to work at being mindful so we can make choices about how we want to be in a given moment.

**Slide – Practicing Mindfulness**
There are two ways to practice mindfulness that we will discuss. The first is what people generally think of, taking time to meditate. Formal practice is very beneficial but not as realistic and easy to practice. The other is a bit more informal and involves us being mindful in the daily experiences that we have. We will now discuss both in detail.

**Slide - Mindfulness Meditation**
Mindfulness meditation is an exercise that trains the mind to be more present by increasing our ability to focus and calm the mind. The more we practice is, the better we get at training our focus, which is very helpful for dealing with anxiety, worry, or stress.

Mindfulness mediation, such as breathing mediation is becoming more and more popular because of its recognized benefits for mental and physical health (note a few from the list).

How many people have tried some form of meditation before? What has your experience been?

**Slide - How to Meditate**
Stop what you are doing, unplug from technology. Create a space that is right for you (turning all noise off, adding in nature sounds, going outside). Then once you are comfortable find an anchor for your attention. Some people like the breath, you can also look at a candle flame, or video of nature. The anchor is what will ground you when you lose attention. Once you begin, you will notice your mind start to wander. When you notice this, gently acknowledge that you've wandered and guide yourself back to your anchor. Try not to be critical or evaluate yourself here, it is human to have a wandering brain (as we have learned with the default mode network). The

The act of bring your attention back to your breath does not mean you are failing – the act of noticing you are lost in thought – that is noticing that the default mode network is back in action

– and bringing your attention back to your breath IS the act of mediation. Failing over and over again IS the purpose here.

**Slide – Tips on Meditation**
See slide

**Slide – Optional Meditation**
I encourage you to try this out and be open-minded, especially if you have never done it before. You can turn your camera off or close your eyes. Choose whatever feels comfortable.
https://soundcloud.com/jaisa-sulit/allowing-yourself-to-just-be

**Slide - Mindfulness in Daily Life**
Informal practices can be much easier to attain during out busy schedules and throughout the day as they take less time compared to formal meditation. They can be applied to anything we do and can still give us the same great benefits of formal meditation.

I encourage you to try to find times in your day when you can be mindful as you go through your daily activities instead of just letting the default mode network do its thing. Here are some examples of daily activities where mindfulness can be applied.

WORKBOOK ACTIVITY – Take a moment to think about what activities you would apply mindfulness to in your daily routine and during mentoring.

**Slide – Mindfulness & Resistance**
So far, we have talked about mindfulness as involving paying attention to what is happening in the present moment. Another aspect of mindfulness is that it involves paying attention in a **very certain way** – with acceptance and without judgment of whether what is happening in this moment is good or bad – that is – without RESISTANCE.

**Resistance** is the struggle that occurs when we believe that our moment-to-moment experience should be something other than it is.

Imagine you have a client that doesn't want to listen to anything you have to say, that's the experience. **Resistance** to this experience could sound like you saying to yourself: "Ah this is terrible, I failed again. Why am I not a good mentor? Why couldn't I have done that differently? Why do I have such bad luck?

- In this example, resistance is taking the form of amplifying or making an already less than ideal situation worse. **Resistance** can also take the form of denial, when we see a situation and ignore it because we don't want to face the reality of it

Acceptance is letting the experience be the experience. In this same mentoring situation could sound like: "I had a client who was not very responsive. This is not a reflection on me as a mentor or person. Getting upset is certainty not going to improve this situation. It is what it is. Maybe before my next session I can talk with another mentor to see what they would do."

**Slide – Why is resistance harmful?**

Resistance may help us in the short term – allow us to vent our anger, or avoid negative feelings but in the long term, it's not very helpful.

When we resist unpleasant experiences, it does little to make them go away – rather it usually makes them worse. A meditation teacher by the name of Shinzen Young created a formula for suffering which is that suffering is the product of pain and resistance (pain being more psychological in this scenario). Pain is inevitable. Life will present us with painful experiences. When we resist those experiences and the pain they bring, we create suffering. With acceptance instead of pain, we suffer less.

Let's return to our mentoring example. We have no choice in how our client may respond. Do we want to suffer twice by spending our entire night resisting and judging ourselves about it? It is this reaction and not the experience that worsens how we feel.

**Slide - Discussion**
Discussion: Can anyone think of and share an example of when they resisted something thereby making a bad or not optimal situation worse?

**Slide – Signs of Resistance**
Discovering our signs or indicators of resistance is extremely helpful for us. Once we know how we resist, we can then move forward in dealing with this resistance instead of getting stuck in it.

These are some common signs of resistance that individuals report. Are there any others not on here that you do?

WORKBOOK ACTIVITY – Take a moment to write down your signs of resistance.

**Slide – Resistance towards complex emotions**
One thing that we often resist are complex emotions such as guilt, fear, anxiety, shame, anger. Mindfulness and self-compassion are resources that give us the safety we need to meet difficult experiences and complex emotions with less resistance.

With mindfulness we can focus on acceptance of a difficult experience AS IT IS by asking ourselves, "what am I experiencing right now?" , and to do so without judgement.

- Let's use another example: Last night when I went to bed I had the intention of getting up early and doing some work done. I set my alarm for 6am but when it went off, I turned it off and went back to bed until 7:30. I woke up feeling angry at myself – so this was a moment of struggle. To apply mindfulness to this situation I could ask myself, "what am I experiencing right now? "disappointment, regret," - that's the awareness piece of mindfulness.

Remember that mindfulness also involves being aware without judgment – so I have to try to not judge myself for being disappointed in myself – instead, I try to just observe the emotions I am feelings and the thoughts that I am having in a very objective way.

The other tool I have at my disposal to prevent resistance and promote acceptance is to apply self-compassion. Here I focus on caring for the experiencer. In this example, I may say, ”what do I need right now?” or how can I be kind to myself as I experience these emotions?” This may be to talk to myself as I would a friend and say something like, “Hey, the day is young. I didn’t get off to the start I wanted but I have many hours left in the day”. And/or “so I didn’t follow through with my goal of getting up early and being productive. What can I do tonight to make it more likely that I will succeed? I could go to bed at an earlier time.”

…There is this misconception that SC will take our pain away completely. That’s not what is intended – it is to help us support ourselves through our suffering. Think of when a friend or partner has the flu. You can’t make the flu go away – but you can make the experience of it easier by offering them support and care – such as bringing them a drink of water or showing our concern.

**Slide – Tool for Acceptance**
To give you a tangible tool for dealing with resistant towards complex emotions we will discuss the INTO tool. This tool was created using previous research and mindfulness practices, but a previous mentor who took the program came up with the pneumonic. This tool takes into account some of the practices and things we’ve talked about so far in the program

**Slide – INTO Tool**
Identify- Naming or labeling difficult emotions can give us a bit of space and freedom from the emotions so that we don’t become lost in the emotion or carried away by it.
There is neuroscience that supports the value of labelling emotions. When we label difficult emotions the amygdala – a part of the brain that signals danger – becomes less active and less likely to trigger a stress reaction.

Once you have come up with a label, the next step is to identify how you experience the emotion.

Notice - Here is the theory behind this step: Emotions have both metal and physical symptoms. For example, if you are feeling angry about something, we may spend a lot of time thinking about it, but we also start to embody our feelings. For example, clenching our jaw, frowning the eyebrows, or just feeling uneasy, Our thoughts are complex and it’s hard to not get carried away by them.

The physical is relatively slow compared to our racing thoughts so bodily reactions are an easier target to locate and work with when trying to face our emotions. So, step 2 is to find the actual physical sensations of emotions.

Once you have *labelled* and *felt* your complex emotion in your body, allow the area(s) of your body that are holding that feeling to soften (try imagining that part relaxing. You’re not trying to change the feeling, just holding it in a tender way. For example, if you feel tension in the jaw, unclenching the jaw and releasing the tongue from the roof of your mouth.

Tend to- The first two steps of meeting difficult emotions involve mindfulness. The third step involves applying self-compassion. Facing complex emotions can be painful or uncomfortable.

But we can make them pass by faster and more easily if we face them with self-compassion – or in an accepting and loving way. When we face them with fear, the experience can be intolerable. But when we bring tenderness and warmth to the experience, we give ourselves the strength and resilience to feel the emotions until they pass.

Going back to session 2, we discussed soothing techniques that go with the YIN of self-compassion. This is where we can apply some of those techniques like telling ourselves validating or comforting words or using other things to soothe us such as having some tea, reading, knitting.

Open up to acceptance - Finally, we try to allow the discomfort to exist, knowing that you don't need to make it go away. Again, we are not getting rid of the emotion but coming alongside it and letting it ride out.

It's important to acknowledge that this technique is not always an easy fix. Sometimes, you can repeat the cycle as many times if you like. At any point, you can stop. You don't want to cause yourself too much discomfort so if you are finding it too challenging, try doing something else soothing for a bit (or a mundane task to get your mind off of it) and then come back to it when you feel ready.

**Slide – Quotes & Wrap-up**
Over the last couple of weeks, we have spent a lot of time learning how to be mindful and use self-compassion to help us develop a healthy relationship with our emotions. Managing our emotions with these tools is important as difficult emotions can get in the way of our well-being. It would be unfortunate if negative emotions that you feel about mentoring are too painful and cause you to move away from your role as a mentor. If you instead can meet your emotions and manage them with mindfulness and self-compassion, you should be in a better place to take actions to manage your emotions and continue providing high quality mentorship.

Reflection: Some people feel a bit vulnerable after doing this exercise. Letting go of resistance means opening up to pain and that's hard to do. It may involve admitting that we don't have as much control over things as we would like. This is where we need to give ourselves great kindness and compassion. If you are feeling at all upset after doing this exercise, think of the soothing or comforting self-compassionate acts we talked about last week. Also, ask yourself what you would say to a friend who is feeling like you are in this moment? Can you try saying something similar to yourself?

**Slide – Independent Practice Options (see more details in workbook)**
1. Formal mediation
2. Mindfulness in daily life
3. Using the INTO tool

# SCI Peer Mentor Self-Compassion Program

Online Group Session 3

1

## Review from last week

- The two sides of self-compassion
  - A soft, gentle side (yin)
  - A fierce, action-oriented side (yang)
- Ways to be self-compassionate that fit with both yin and yang self-compassion
- The physiology of self-compassion
- How you can continue to apply self-compassion to your role as a mentor and to life in general

2

## Independent Practice Options

1. Option 1:
   - Ask yourself: What do I need?
2. Option 2:
   - If YIN: Identify one thing you could say/do to comfort, soothe, or validate yourself.
   - If YANG: Identify one thing you could say/do to provide, protect, or motivate yourself.
3. Option 3:
   - Say or implement the self-compassionate words/act

*If you are comfortable with these options and have been implementing self-compassionate words/acts for while, consider things that might be getting in the way.

3


4

## In this session you will learn about...

- Default mode network
- What mindfulness offers us
- Ways to practice mindfulness
- Mindfulness & Resistance

5

## Your experience with mindfulness

- What is everyone's experience with mindfulness, if any? What do you know about it?
- How do you practice mindfulness?

6

## Mindfulness and Self-Compassion


**Mindfulness is a foundation of self-compassion**

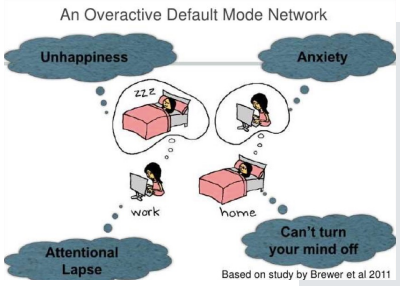
- Awareness and acceptance of the experience of the present moment
- Noticing what is happening while it is happening, using your senses
- Experiencing the world directly, not filtered through the lens of our thoughts

7

## Mindfulness and Self-Compassion


Take a moment to be mindful! Look around you. What do you see, hear, smell, feel?

8




## The Default Mode Network

9

## What does mindfulness offer us?

**Freedom and choice**

- Do I want to be carried away by my default mode network? Will it help me in this situation? Do I need to try to move on from it?
- How do I want to respond to this situation?

**Deactivation of the default mode network**

**Opens the door for self-compassion**

10

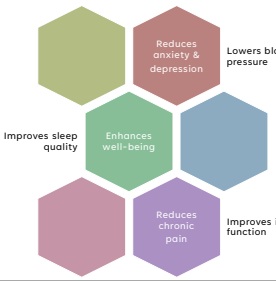
## Practicing Mindfulness

FORMAL MEDITATION

MINDFULNESS IN DAILY LIFE

11

## Mindfulness Meditation




Who has tried formal meditation before? How was your experience?

12

## How to Meditate

| | |
|---|---|
| Stop | Stop doing. |
| Unplug | Unplug from technology & social media. |
| Create | Create the right environment (silence, comfortably posture, no to minimal interruptions). |
| Attention | Bring your attention on one "anchor" (e.g., the breath, the flame of a candle). |
| Notice | Notice when your mind is distracted and bring yourself back to the anchor. |

13

## Tips on Meditation

- Meditation is **NOT about controlling the mind** or getting rid of your thoughts (this is a common misconception and impossible)
- **Let go of expectations and perfectionism** – be very kind to yourself in the process. It will not always be easy, and every day is different. Let yourself be as you are,
- Let go of **evaluation commentary**: "Am I doing this right?" or "It was better last time"
- Add a **playfulness** to it; try not to be too serious or rigid.
- Setting up a **consistent practice** is key, even if it a minute long each day or a few breaths. Schedule it in! Be preventative and build up a reserve for yourself
- When you feel the **most tension/stress in your mind** is often an indication that you need it the most.

14

## Optional Meditation (5 min)

https://soundcloud.com/jaisa-sulit/allowing-yourself-to-just-be

15

Workbook Activity #1

## Mindfulness in Daily Life

– Eating breakfast
– Drinking your tea or coffee
– Knitting
– Doing a hobby

*Pretend it is the first time you are experiencing the activity. Be curious about it! If you become distracted, that is OK. Use the same principles as in meditation that we discussed.



16

## Mindfulness & Resistance

**Mindfulness:** Paying attention to what is happening in the present moment…

**Resistance:** The struggle that occurs when we want the present moment to be different than it is.

**Acceptance:** Acknowledging what is happening and, if we don't like it, letting go of that dislike.

17

## Why is Resistance Harmful?

**So what if we resist?**

–Resistance makes the problem worse (adds fuel to the fire)

Suffering = Pain x Resistance

18

## Why is Resistance Harmful?

**So what if we resist?**

– Resistance makes the problem worse (adds fuel to the fire)

Can anyone think of a situation where they may have resisted a situation and made a bad or not optimal situation worse?

19

Workbook Activity #2

## Signs of Resistance

- Distraction
- Avoidance
- Worry and rumination
- Over-working
- Overeating/Substance use
- Anger or irritation

20

## Dealing with Resistance Towards Complex Emotions

Mindfulness and self-compassion can help you with your resistance to complex emotions.

**Mindfulness**

Focuses on acceptance of the **experience**.

*e.g. "What am I experiencing right now?"*

**Self-Compassion**

Focuses on caring for the **experiencer**.

*e.g. "What do I need right now? What can I do?"*

21

## Tool for Acceptance: Moving INTO your Emotions

**I**dentify

**N**otice

**T**end

**O**pen

22

## Move INTO your Emotions

1. **Identify** or label the emotion and what you are experiencing.
2. **Notice** where you feel the emotion and how it is affecting you (e.g., shallow breathing).
3. **Tend to** the emotion using soothing/comforting strategies we have previously discussed (e.g., take a deep exhale, use supportive touch).
4. **Open up to** the emotion by using acceptance.

23

"We observe ourselves; we accept what we find without judgement, we let it go, and the actual release causes our transformation"

- Yung Pueblo

24

## Independent Practice Options

1. **Option 1: Formal** Mindfulness meditation
   - Try 2-5 minutes once/twice a week or more
2. **Option 2:** Mindfulness in everyday life: Exploring your sensory experiences on a daily activity.
3. **Option 3:** Working through resistance with the INTO tool.

25

**Session 4 Workbook & Speaking Notes: Embracing the Good**

**Activity #1: Joy**

a) **What brings you joy? Identify your top 1-3 that you cannot live without.**

b) **How often do you practice what brings you joy? Do you intentionally make time for it?**

c) **What are the things that might be getting in the way of you practicing these things?**

**Activity #2: Where can you regularly schedule in your joy ingredients?**

**Activity #3: What mentoring experiences are you grateful for?**

**Independent Practice Reflection – Choose and try whatever option over the next week. If you want, you can reflect on the experience in your workbook.**

**Option 1: Joy ingredients**
Schedule in your 1-2 joy ingredients and practice them over the week.

**Option 2: Set an Intention to Savour**
Look back at the examples you wrote in your workbook/heard about in class and set an intention to savor that experience. That is, you are making the intention now to be more mindful of how that experience feels – you will notice the good. Try to find something within the context of mentoring. If you cannot think of a mentoring example, think of something in your daily life. You can also make it a double whammy and set an intention for both!

**Option 3: Practicing Gratitude**
Once a week, in the morning or before bed, reflect on 3-5 things that you are grateful for.

**Independent Practice Reflection – Discuss your experience**

- What did you like/dislike?
- How can you see this as beneficial for your mentoring? Life in general?
- Other thoughts?

I chose option _____

**Please write down any other reflections you may have based on this session.**

# Session 4 Speaking Notes: Embracing the Good

**Slide – Review from last week**
Last week we discussed mindfulness in more detail and how it involves paying attention to the present moment, which allows for us to offer ourselves kindness. We talked about different ways to be mindful such as formal meditations and informal practices such as being mindful during daily activities. Lastly, we talked about how mindfulness and acceptance can help us when we are resisting certain situations by using the INTO technique.

**Slide – Reflection from last week's independent practice**

**Slide – Overview**
In this session today we will discuss embracing joy using self-compassion. In specific, we will discuss the negativity bias, how to cultivate positive emotions, and then things that help to amplify our positive emotions such as gratitude and savouring.

**Slide – SC can help us see the good**
Over the last few weeks we have talked a lot about how SC can help us cope with negative experiences. This is important but we also want to emphasize that self-compassion can help you cultivate positive experiences and emotions too.

**Slide – Negativity Bias**
One of the best ways SC can help us cultivate positive emotions is by noticing our negativity bias. As species, I've mentioned our brains are hardwired to search for threats in our environment. More specifically, our brain goes into the default mode which is the never-ending process of thinking. Specifically, when in this default mode, our brains have a negativity bias. This means that we tend to focus more on the negative instead of positive, and this is in order to problem solve and work through the negative so that we can survive.

Think about your typical day. We do have generally have many positive interactions where people were kind to us, but we tend not to focus on these but rather the one "bad" encounter we had.

Does anyone feel this way or do you think you are generally good at focusing on the positive? And if so, how do you do it?

**Slide – Why focus on the good?**
Given our brain's natural tendency to pay attention to the negative, we have to be ACTIVE in cultivating positive emotions. Research shows that focusing on the good helps us decrease our well-bring and decrease worry, stress, and anxiety.

It actually fills our energy reserve so that when we do go through more tough times, we feel more energized and thus resilient in the end.

**It is not about being unrealistically positive or getting rid of our negative emotions, it is about intentionally seeking positive experiences and amplifying them.

**Slide - Barriers to Joy**
When we get busy or stressed out, the things we enjoy in our spare time are often the first things we drop. However, it is important to note that these are essential to our well-being and well-functioning. Most people often have things that make them joy but they don't prioritize them or regularly schedule them in their calendars.

**Slide – Activity 1**

**Slide – Activity 2**

**Slide – Cultivating Positive Emotions**
There are many ways to cultivate joy and I encourage you to stick with your joy ingredients. I did want to discuss two evidence-based ways we can cultivate positive emotions through self-compassion, which are through savoring and gratitude.

*Really emphasize that people can have different ways to practice joy and they might not find these helpful. They are worth a try but find what works best for you.

**Slide – Savouring**
*Savoring* uses the mindfulness aspect of self-compassion to pay attention to positive experiences. It's being fully in the moment so that you notice and take time to fully experience the good things that happen in our day – big or small.

Research tells us that savoring can have many benefits. These include a higher sense of well-being, life satisfaction, happiness, and optimism and have less worry and anxiety.

Once you identify something – really dig deep into the experience – give yourself the experience as if it were the only thing that existed in the world – then after you feel you have sensed the sensation fully, let it go and look for the next little bit of good.

I encourage you to practice savoring all good things in your day. And to help you do this, I first want you to think about all the things in your day that are good/enjoyable that you could savour to get more out of these experiences.

DISCUSS EXAMPLES
A warm or cold drink
Sunshine
The sound of loved one's voice
The comfort of our bed
The taste of a favourite food
A smile directed our way
The lush greenery of a tree or plant
A happy or joyful moment

**Slide – Savouring and Mentoring**

Let's return to the topic of savouring and apply it specifically to mentoring, which you might not have thought about. Savouring can amplify the positive interactions and experiences that you have with a client or during your workday. If you have negative interactions, you might tend to focus on those, which may overshadow any good. Instead we can try to think of what good happened and instead try to hold onto that experience and allow it to fuel you for other conversations you might have.

**Slide - Mentor quote**
In the previous study we conducted with experienced peer mentors, we found that those who were better able to cope with their experienced, did this exact thing. When mentors experienced something positive, they would use this experience to carry them through the rest of their week. One of the mentors said they were "on a roll" and carried that with them to their next client, as you can see in this quote

Has anyone had a similar experience to this or want to comment?

**Slide – Gratitude**
*Gratitude* is acknowledging or giving thanks the big and little blessings in our lives.
The difference between savouring and gratitude is that savouring is about experiencing something and gratitude is reflecting on or thinking about and appreciating something – it involves wisdom.

Gratitude can be aimed at big things such as our friends/family or health or small things such a good book.

Can anyone provide any examples of things in their life that they are grateful for or how you experience gratitude. What does it look like for you?

*We recommend that you consider doing this practice either when you wake up in the morning or go to bed at night – even if its just 3 things you are grateful for. Afterall, isn't it better to fall to sleep thinking about all you have to be grateful for than all you have to worry about?

It may feel "nice" to do these gratitude practices but doing them is more than a "feel good thing". It is WELL documented through research that gratitude has many physical and psychological benefits. As can be seen from the findings from this research-based editorial the benefits are wide-reaching. It can even support good functioning of your immune system.

**Slide – Activity**
Think about mentoring again, what are things you are grateful for on your mentoring journey? Write a few down.

**Slide – Gratitude Extended Inwards**
Earlier in this course we talked about self-appreciation or validation being a form of extending the YIN of self-compassion to ourselves. I just want to take a moment to remind you that a way to focus on the positive through SC is to focus on and be grateful for the good qualities we possess. Self-compassion can allow us to do this in three ways (see slide)

Please take a moment to think about (and you can write it down on page X question X of your workbook) if there are any people who have helped you cultivate these qualities and extend some gratitude to them.

**Slide – Final Notes**
A few things I wanted to mention. One is that I want you to place the same emphasis/priority in your life to cultivating positive emotions. It is great to be able to cope with negative emotions and this is essential for our functioning, but it is equally important to experience positive emotions. Positive emotions can really bring us from surviving in life to thriving. You are a human, and you are worthy of experiencing all joyful things!

Along the same lines, try not to squander joy. There is absolutely no prerequisite for experiencing joyful activities. We often think we need to accomplish this or that or feel a certain way to feel joy, but this is the furthest thing from true. You have the tools to access joy whenever, even if it is from the more "simple things".

**Slide - Independent Practice**

**Option 1:** Pick your top 1-2 and schedule it into your calendar once/twice over the next week.

**Option 2: Set an Intention to Savour**
Look back at the examples you wrote in your workbook/heard about in class and set an intention to savor that experience. That is, you are making the intention now to be more mindful of how that experience feels – you will notice the good. Try to find something within the context of mentoring. If you cannot think of a mentoring example, think of something in your daily life. You can also make it a double whammy and set an intention for both!

**Option 3: Practicing Gratitude**
Once a week, in the morning or before bed, reflect on 3-5 things that you are grateful for.


1

## Review from last week

- Mindfulness – paying attention to the present experience
- Mindfulness practice – formal (meditation) and informal (mindfulness in daily life)
- Acceptance and resistance with moving INTO your emotions

2

## Independent Practice Options

- Mindfulness meditation (5-10 minutes)
- Mindfulness in everyday life: Exploring with senese
- Working through resistance with INTO tool

3


4

## In this session you will learn about...

- Negativity Bias
- Cultivating Positive Emotions
- Savouring
- Gratitude

5

Self-compassion doesn't just help you cope with negative emotions

It helps you cultivate *positive emotions*

6

## Negativity Bias

We tend to focus on what is *wrong* more than what is *right* in our lives

Sometimes, it takes extra work/effort to focus on the good

The brain is like Velcro for bad experiences and Teflon for good ones

7

## Why focus on the good?

- Research shows that focusing on our positive experiences **decreases anxiety and worry** and **increases well-being.**
- Focusing on the positive is NOT just for touchy-feely people – it is linked with resilience **and helps us through the tougher times.**
- Focusing on what brings us joy **fills our energy reserve**!

*It is NOT about being unrealistically positive in tough situations, it is about intentionally seeking positive experiences and amplifying them.*

8

## Barriers to Joy

Things that bring us joy are often the first thing we drop when we are busy or struggling (especially if they are seen as 'smaller things') - however they are **ESSENTIAL to our well-being.**

Most people do not regularly schedule in time for joy or make it a priority.

9

Workbook Activity #1

## How do you cultivate positive emotions?

What brings you joy i.e., your "joy Ingredients"?

How often do you practice what brings you joy?

What are the things that might get in the way of you practicing joyful activities?

10

Workbook Activity #2

## Intentionally Scheduling in Joyful Activities

- Think about where you can regularly schedule in your joy ingredients to help build your energy reserve.

11

## Evidence-Based Strategies for Cultivating Positive Emotions

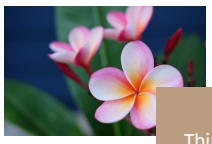
1

**Savoring**

- Being mindful of positive experiences
- Experiential practice

12

## We can SAVOUR every day.



Think about things you enjoy savouring.

13

## Savoring and Mentoring

Savouring can amplify the positive experiences/interactions you have with clients

Something that experienced mentors do

14

## Savouring and Mentoring: Quote

"I use a **positive experience** that I had with my client and try to take that with me to another one. Sort of a **"I am on a roll" mindset**…I went and approached other clients to listen to how they are doing. It gave me **fuel to want to be the best version of myself** for the rest of the afternoon."

15

## Evidence-Based Strategies for Cultivating Positive Emotions

1 **Savoring**

–Being mindful of positive experiences

–Experiential practice

2 **Gratitude**

–Recognizing, acknowledging and extending thanks for the good in our lives

–Wisdom practice

16

## Gratitude

For the big things (e.g., relationships)

For the small things (e.g., a good book)

What does gratitude look like for you? Do you practice it and how so?

17

Workbook Activity #3

## Gratitude & Mentoring

–What mentoring experiences are you grateful for? How can you incorporate gratitude into mentoring?

18

## Extending Gratitude Inward: Validation

**01**

**Common Humanity:** When we remember that as with having weaknesses, having good qualities is part of being human. We can acknowledge our strengths without feeling isolated or better than others.

**02**

**Self-Kindness:** Part of being kind to ourselves involves expressing appreciation for our good qualities, just as we would do with a good friend.

**03**

**Mindfulness:** To appreciate ourselves, we need to pay attention to (be mindful of) our good qualities rather than taking them for granted.

19

## Final Notes

- As important as it is to address our more difficult emotions and cope with them, it is **equally important to cultivate positive emotions**
- **Don't squander joy** - There is **NO prerequisite for experiencing joy** (e.g., I have to feel a certain way to do this joyful activity, I don't deserve joy right now"). You can access it whenever you want and is especially important in challenging times.

20

## Independent Practice

- **Option 1:** Schedule your 'joy ingredients' into your calendar once/twice (or more) over the next week.
- **Option 2:** Set an intention to savour something this week (during mentoring or in general).
- **Option 3:** Practicing gratitude (pick a time this week and reflect on 3-5 things you are grateful for as a mentor or in general).

21

**Session 3 Workbook: Self-Compassion & Compassion Fatigue**

**Activity #1: Setting Boundaries**

1. What does setting boundaries in your mentorship role mean to you? What does it look like?
    - Examples: Setting aside only 1 hour on the weekend to do work, only taking on X amount of clients

2. What abilities/limitations are you already aware of when it comes to mentorship?
    - How much stress can you generally handle? How many clients can you take on before experiencing burnout? What other work/life demands of you have outside of mentoring?

**Activity #2: Acceptance**

What does acceptance look like for you? How do try to accept situations?

**Independent Practice – Choose and try whatever option over the next week. If you want, you can reflect on the experience in your workbook.**

**Option 1:** Option 1: Pick one boundary and try to put it into practice this week.

**Option 2:** Pick an acceptance mantra and try using it when you experience a complex mentoring situation beyond your control.

**Independent Practice Reflection – Discuss your experience**

- What did you like/dislike?
- How can you see this as beneficial for your mentoring? Life in general?
- Other thoughts?

I chose option _____

**Please write down any other reflections you may have based on this session.**

# Session 5 Speaking Notes

**Slide: Review from last week**

**Slide: Reflection from last week's independent practice (5-10 min)**

1. What was your experience like?
2. What did you notice?

**Slide: Overview of Today**

Thus far we have inserted applications of self-compassion into the mentoring context but today we are really going to dive into how self-compassion can be a helpful tool for you as a mentor. In order to do that we are going to discuss something that is common among caring roles/positions, compassion fatigue. We are also going to discuss empathy and compassion and how we can set boundaries around the type of empathetic response we have towards our clients.

**Slide: Opening Discussion**

1. What are some challenging/complex experiences you have had as a mentor?
2. Have you experienced burnout?
3. What did you do to manage these experiences?

**Slide: Compassion Fatigue & Burnout**

As a mentor, you are in a position where you are helping others and providing a lot of compassion daily. Though having compassion is what brings you to your role as a mentor, it can also cause you to burnout quickly when we don't have boundaries around it. Speaking of burnout, I wanted to provide a few definitions.

*Burnout* is a state of emotional, physical and mental exhaustion caused by excessive and prolonged stress. *Compassion fatigue* is a type of burnout but occurs as one is exposed to suffering and stress of others.

**Slide: Consequences of Compassion Fatigue**

Unfortunately, research shows that there are a lot of consequences to experiencing compassion fatigue as you can see here. Consequently, it is associated with reduced compassion, and we begin to dread work and seeing our clients.

**Slide: Mentor Quote**

Do these symptoms resonate with anyone?

**Slide: What leads to CF?**

There are a few things that could lead to CF. Being exposed to a client's suffering or stress automatically puts you at risk, however there are many other things that play a role. One example is your shared lived experience. Even though having shared lived experience is

essential to your role as a mentor and can promote trust and rapport, mentors mentioned that it can sometimes cause distress because one is reminded of their own past difficult experiences.

**Slide: Mentor Quotes**

**Slide: Focusing on what we can control**
Unfortunately, in caring roles we cannot control the suffering and stress that our client experiences, but we can control our response and reactions

To understand what we can control I think it's important to understand the subtle difference between empathy and compassion and what happens when we are exposed to other's experiences.

**Slide: Empathy & Compassion**
To break this down I want to describe the difference between empathy and compassion since I have been using them interchangeably. Empathy is the ability to notice when an individual is suffering. Compassion extends empathy by giving us a desire or motivation to alleviate the other's suffering.

**Slide: Compassion & Equanimity**
Another term that I wanted to bring up that is important within the context of caring roles and mentoring is equanimity. Equanimity is is our ability to stay calm in the face of stress. It can help us accept difficult situations. As we develop mindfulness, we build our ability to stay grounded when faced with stress.

**Slide: Empathy 1**
As you can see when we are exposed to other's experiences, whether positive or negative, we often take on what they are feeling before we come up with a response.

**Slide: Empathy** 2
The first thing that we have SOME control over is the exposure to client suffering. Even though this is the least modifiable because we cannot control our clients' experiences, we can modify a few things.

Using the mindfulness that we've been developing over the past few weeks; we can increase our self-awareness of our abilities and limitations. Using this awareness, we can set boundaries with our clients and within our workplace. For example, within the expectations that your organization has for you, you can begin to ask yourself what is a good number of clients you can take on to minimize burnout, or what are your optimal work hours on weeknights or on weekends if any?

**Slide: Workbook Activity 1**
I want you to begin reflecting on these things so take a few moments in your workbook.

*Setting boundaries with our clients and within work can help us, but we need to take our efforts a step further and set boundaries with ourselves.

**Slide: Empathy & Compassion: Responding to Suffering**
One way we can do that is being intentional about the type of thoughts and empathy we invest our energy into. When I say type of empathy, there are actually two ways we can experience it and each type has a different relationship with burnout.

**Slide: Empathy: Friend or Foe?**
There is debate whether empathy is something that leads to or reduced burnout. Research has begun to say that it can do both, it just depends on the type of empathy you are experiencing.

Depending on the situation your client is experiencing, you will experience positive or negative empathy. Negative empathy is …. Positive empathy is ……

A recent study showed that positive empathy is associated with reduced burnout. This is promising because we can train ourselves to focus on the positive experiences of our clients and try to let go of the negative. One thing that can help us as we discussed last week is embracing the good or savouring. When we experience a positive situation, we can try to focus our attention on that instead of ruminating on more negative ones.

However, sometimes it is the case where we experience our client suffering or struggling, and we need to come up with a response to help them. We can continue our boundary setting into the empathetic response.

**Slide: Empathetic Response**
We can do this by asking ourselves these questions.

*Again, I wanted to note that choosing to respond with boundaries and self-compassion doesn't get rid of feelings of hurt that we experience when being exposed to someone suffer but it does make going through our emotions a bit easier and help us manage our responses so that we are doing what is best for the client AND ourselves. At the end of the day, if we do not learn to manage our reactions then we will burnout and not be able to be there for our clients in the best way that we can be.

**Slide – Saying "no"**
Saying "no" is a good skill to learn and is essential for setting boundaries. Do you say "no" often and how do you do so?

**Slide: Accepting/Letting go**
One of the biggest ways self-compassion can help us reduce compassion fatigue is by acceptance or letting go of client suffering. By letting go of suffering, we are not ignoring what our clients are going through but rather we are ensuring that we are psychologically and emotionally at our best to be able to provide the necessary support and care. We have enough

to carry ourselves as humans and the more we take on other's suffering and pain, the heavier we become. Acceptance looks different for everyone and there are different ways to let go.

What are strategies for acceptance that you have?

**Slide: Other ways to Reduce Compassion Fatigue**
Fortunately, there are multiple things that can lower the effects of compassion fatigue or build your resilience towards it.

Social support is a very important. Mentors discussed reaching out to other mentors/colleagues when they needed more work-related support. When it came to emotional support, or needing to vent, mentors either went to a colleague or a relationship outside of mentoring such as a partner, friend, or family member.


1

## Review from last week

- The negativity bias
- Embracing the good with self-compassion
- Gratitude & Savouring
- Finding Joy

2

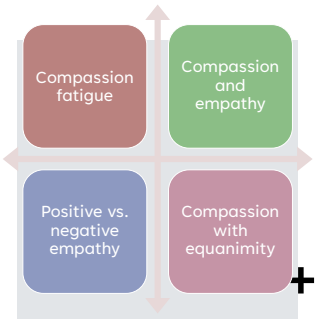
## Independent Practice

- **Option 1:** Make a list of the things that bring you joy. Pick your top 1-2 and schedule it into your calendar once/twice over the next week.
- **Option 2:** Set an intention to savour something this week (during mentoring or in general).
- **Option 3:** Practicing gratitude (pick a time this week and reflect on 3-5 things you are grateful for as a mentor or in general).

3


4

## In this session you will learn about...

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## Opening Discussion

- What are some challenging/complex experiences you have had as a mentor?
- Have you experienced burnout?
- What did you do to manage these experiences?

6

## Compassion Fatigue & Burnout

***Burnout:*** a state of emotional, physical and mental exhaustion caused by excessive and prolonged stress.

***Compassion Fatigue:*** a type of burnout that occurs as one is exposed to the challenges/struggles of others. There may be an element of trauma.

7

## Consequences of Compassion Fatigue

- Depression
- Anxiety
- Anger/irritability
- Dread of working with clients
- Reduced satisfaction with work
- Lower concentration
- Reduced ability to feel compassion

8

I've been feeling fairly **trapped in my position**. I know that I have been going through a lot **emotionally** with my role. I became quite, I don't want to say depressed, but it was just a horrible feeling to really **hate talking to people**. I just didn't even want to talk to anybody…and it's a **horrible feeling.** I didn't ever feel like that. And then I felt really **guilty** because that's what I'm getting paid to do. **That's my job**.

9

## What leads to compassion fatigue?

- Exposure to suffering/stress
- Other work or life demands
- Self-compassion
- Social support
- Detachment from client suffering/stress
- Mentor's own difficult experiences

10

## Compassion Fatigue & Mentoring

I think all mentors know going into mentorship that we're going to share our personal SCI stories, and I'm so used to telling mine that I don't really expect telling it to hurt like it sometimes does.

Even though the experience is positive, it can cause one to reflect on life prior to the SCI and think about all the change and loss of so many things such as career, hobbies and huge impact on family and friends.

11

## Focusing on what we *can* control...

12

## Empathy & Compassion

***Empathy:*** The ability to notice the suffering of another individual and see their perspective.

***Compassion:*** Extends empathy by giving us the desire to alleviate the other's suffering.

13

## Compassion with Equanimity

- ***Equanimity*** is our ability to stay calm in the face of stress. It can help us accept difficult situations.
- Equanimity Meditation (6 min)
  - https://self-compassion.org/wp-content/uploads/2021/08/Compassion-with-Equanimity_Kristin-Neff.mp3

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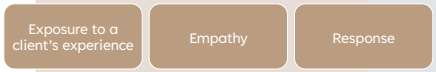
## Empathy

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## Empathy


Setting boundaries within work or with clients (e.g., how many clients you take on, work hours on the weekend)

16

Workbook Activity #1

## Self-Reflection: Workbook Activity 1

1. What does setting boundaries in your mentorship role mean to you? What does it look like?
   - Examples: Setting aside only 1 hour on the weekend to do work, only taking on X amount of clients
2. What abilities/limitations are you already aware of when it comes to mentorship?
   - How much stress can you generally handle? How many clients can you take on before experiencing burnout? What other work/life demands of you have outside of mentoring?

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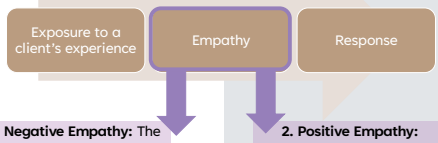
## Empathy: Friend or foe?




**1. Negative Empathy:** The tendency to vicariously experience the negative emotions of another

**2. Positive Empathy:** tendency to vicariously experience the positive emotions of another.

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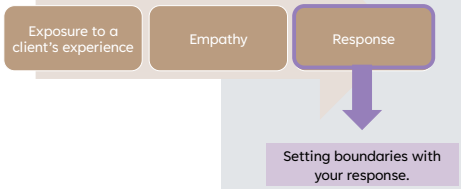
## Empathetic Response

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## Empathetic Response

1. How much energy/time do I have to invest in this right now? Over the next few weeks? What personal things am I also managing?
2. What is (or should be) within *my control* as a mentor to alleviate this client's challenges/struggle?
3. What am I holding onto right now?

20

## Saying "no"

- Do you say no often? How do you say no?

21

Workbook Activity #2

## Accepting/Letting go of Client Suffering & Stress

- What do you do to help accept situations/let go?
- Having a mantra:
  - "Care but don't carry"
  - "One day at a time"
  - "Change takes time"
  - "May I accept this situation for what it is"

22

## Other ways of Reducing Compassion Fatigue

- Other forms of self-care aside from self-compassion:
  - Physical
  - Spiritual
- Social support (supervisors, mentors, friends, family)

23

"Between stimulus and response there is a space. In that space is **our power to choose our response**. In our response lies our growth and freedom."

-Victor E. Frankl

24

## Independent Practice Options

1. **Option 1:** Pick one boundary and try to put it into practice this week.
2. **Option 2:** Pick an acceptance mantra and try using it when you experience a complex mentoring situation beyond your control.

25


1

## Review from last week

- Burnout & compassion fatigue
- Empathy: Positive & Negative
- Setting boundaries within mentoring and with ourselves

2

## Independent Practice Options

1. **Option 1:** Pick one boundary and try to put it into practice this week.
2. **Option 2:** Pick an acceptance mantra and try using it when you experience a complex mentoring situation beyond your control.

3


4

## In this session you will learn about...

- Your core values within and outside mentorship
- Continuing your self-compassion practice

5

## Group Discussion: Looking Back & Forward

- How, if at all, has self-compassion helped you in your role as a mentor or in life?
- How can you see self-compassion helping you with your role as a mentor or in life?

6

## Core Values

- ***Core Values*** are the principles that determine the choices we make in life. They are a thread that runs through our lives.
- Examples of core values are compassion, generosity, honesty, friendship, loyalty, courage, and curiosity.

WHAT DO I NEED?

7

Workbook Activity #1

## Core Values

- What are your core values within/outside mentorship?

8

## Continuing your Self-Compassion Practice

9

Workbook Activity #2

## Reflection on Self-Compassion Practices

- Read through the practices we have done in this program
- Place an X beside the ones you enjoyed, found useful, and can see yourself continuing to use (within and outside of mentoring).

10

Workbook Activity #3

## Continuing your practice...

| |
|---|
| Make your practice as pleasant as possible so you want to keep doing it |
| Start small – short practices can make a big difference |
| Practice during daily life, when you need it most |
| Apply self-compassion when your practice lapses – and just start again |
| Set realistic goals for your practice with a backup plan |
| Tag your practice to another behaviour |
| Identify obstacles to practice and come up with solutions for them |
| Read books on mindfulness and self-compassion |
| Journal about your practice |
| Stay connected with like-minded people or groups |
| Add reminders |

11

## Social Support for Continuing Self-Compassion Practice

- What type of support do you need?
  - Informational support (e.g., asking someone about meditation)?
  - Physical or virtual support (e.g., having someone practice with you)?
  - Emotional support (e.g., talking to a friend)?
  - Encouragement/Validation?
- Who might be the best person to provide that support?

12

## Last Reminders

**01**

Self-compassion looks different for everyone, find what works best for you!

**02**

Self-compassion might cause discomfort at times. Try to apply self-compassion to feelings of discomfort. If you need, step away for a set amount of time before trying again (e.g., 30-60 min)

**03**

Self-compassion will not get rid of you (or your clients) struggles. Its purpose is to support you as you move through your complex feelings and make sure you are better off for your clients.

13

## Thoughts, shares, questions?

14

## Workbook Session 6: Core Values & Continuing Practice

**Activity 1: Core Values**

What core values are expressed in your life? What values do you embody that give your life meaning and satisfaction?

What are the activities that are most important to you? Do these activities connect to a value? If so, which one?

What gives you deep satisfaction, joy, and contentment? What values did you embody when you did these?

Do you have any other values specifically related to your role as a mentor that you wish to add? Please write them down.

*Living in accordance with values:*
Now, please write down any ways you feel you are not living in accord with your core values, or ways in which your life feels out of balance with your values. For example, perhaps you are too busy to spend much quiet time in nature, even though nature is your great love in life.

*If you have several values that feel out of balance, please choose one that is especially important for you to work with for the remainder of this activity.

*External Obstacles:*
Of course, there are often obstacles that prevent us from living in accord with our core values. Some of these may be external obstacles, like not having enough money or time, or having other obligations. If there are, please write down any external obstacles.

*Internal Obstacles:*
There may also be some internal obstacles getting in the way of you living in accord with your core values. For instance, are you afraid of failure or is your inner critic getting in the way? Please write down any internal obstacles.

*Could Self-Compassion help?*
Now consider if self-compassion could help you live in accord with your true values. For example, by helping you deal with internal obstacles like your inner critic. Or is there a way self-compassion could help you feel safe and confident enough to take new actions, or risk failure, or to let go of things that are not serving you?

*Compassion for Uncontrollable Obstacles:*
Finally, if there are uncontrollable obstacles to living in accord with your values, can you give yourself compassion for that hardship? And what might enable you to keep your values alive in your heart in spite of the conditions? And if the uncontrollable problem is that you are imperfect, as all human beings are, can you forgive yourself for that, too?

**Activity: Reflecting on Self-Compassion Practices**
Check off which activities you particularly liked or think will be helpful for you.

| Self-Compassion Practices | |
|---|---|
| **Self-Compassion Break**: Addressing the three components of self-compassion when faced with a struggle (self-kindness, mindfulness, common humanity) by thinking about them or writing them down in a journal. | |
| **Being aware of your critical voice** and replacing critical thoughts with more self-compassionate ones. | |
| **Self-Compassionate Words:** Come up with comforting words/phrases to use in times of struggle.<br>E.g., "may I forgive myself" | |
| **Self-Compassionate Acts:** Come up with comforting acts to do in times of struggle.<br>E.g., being with a pet, reading a book, drinking a tea, listening to music | |
| **Soothing Techniques:** Using physical soothing techniques in times of struggle.<br>E.g., square breathing, placing hand/cheek on something soft/warm, petting your dog/cat | |
| **Validation:** Reflecting on one's strengths and good qualities | |
| **Protecting yourself** within/outside of work.<br>E.g., saying "no", setting boundaries with clients and work hours | |
| **Identifying what you need:** Asking yourself "What do I need" and then coming up with a YIN or YANG strategy. | |
| **Formal Meditation** | |
| **Mindfulness in Daily Life**: Taking a moment to be mindful of what you are doing using your senses.<br>E.g., knitting, drinking tea/coffee, being in nature | |
| **Moving INTO your Emotions**: When faced with a struggle and difficult emotions, use the INTO acronym.<br>**Identify** what you are feeling (e.g., anger, sadness)<br>**Notice** how this emotion manifests for you (e.g., jaw clenching)<br>**Tend** to yourself – ask yourself "What do I need" and come up with a YIN or YANG strategy (e.g., comforting or motivating oneself)<br>**Open** up to acceptance – try using acceptance strategies such as a mantra (e.g., "may I accept this situation for what it is") | |
| **Savouring:** Be mindful of and amplify positive experiences that occur within/outside of mentorship.<br>E.g., a positive interaction with a client, walk in nature | |
| **Gratitude:** Expressing gratitude for the things, people, and circumstance within/outside mentorship. | |
| **Self-Appreciation:** Expressing gratitude for your good qualities within/outside mentorship. | |
| **Other Joyful Activities:** Identify other joyful activities and implement them into your daily/weekly schedule.<br>E.g., watching comedy, listening to music, getting outside | |

| | |
|---|---|
| **Other Self-Care Strategies:** Identify other self-care strategies that work for you and implement them into your daily/weekly schedule<br>E.g., talking with friends, spiritual practice | |
| **Positive vs. Negative Empathy:** Trying to intentionally focus on the positive aspects of mentorship and interactions with clients. | |
| **Setting Boundaries with your Empathetic Response:** Asking yourself…<br>1. How much energy/time do I have to invest in this over the next few weeks?<br>2. What is (or should be) within *my control* as a mentor to alleviate this client's challenges/struggle?<br>3. What am I holding onto right now that I need to let go of? | |
| **Acceptance Strategies/Letting Go:** Using different acceptance strategies to let go of situations out of our control.<br>E.g., using an acceptance mantra ("care but don't carry" or "one day at a time") | |

a) What 2-3 practices above do you think will help you the most?

**Activity 3: Identifying Strategies to Help you Continue your Self-Compassion Practice**
What strategies do you think will help you continue the 2-3 practices you listed above? You can select from the examples below or write your own.

Examples:

- Make your practice as pleasant as possible (e.g., adding calming music, doing it outside in the sun)
- Start small with short and informal practices (1-2 minutes a day) and add more when you feel ready
- Practice during daily life, when you need it most
- Apply self-compassion when you lapse or don't reach your goal
- Set realistic goals for your practice (e.g., I will practice 2 times per week, I will learn more about self-compassion)
- Pick a consistent time each day to practice with a backup plan (e.g., at 12pm or 8pm)
- Tag on a self-compassion practice to another behaviour (e.g., mindfulness while eating lunch, meditation before going to bed)
- Schedule self-compassion practice into your calendar (e.g., on Monday/Thursdays at 12pm I will do a mindfulness practice for 10 minutes)
- Add reminders to your phone/computer or use sticky notes

- Ask others to support you in your practice (e.g., asking a partner to give you time alone, asking a friend to meditate with you)
- Stay connected with like-minded people or groups (e.g., join a self-compassion Facebook group)
- Reflect about your practices in a journal
- Take further training/reading on self-compassion (e.g., mindful self-compassion workbook)
- Identify obstacles to your practice and come up with solutions for them (e.g., time is a huge obstacle so I will start with smaller goals OR if a meeting gets scheduled during my practice time, I will have a backup time)

Strategies that will work for me:

**Please write down any other reflections you may have based on this session.**

# Session 6 Speaking Notes

**Slide: Review from last week**

**Slide: Independent Practice Review Discussion**

**Slide: Overview**
This session is going to be very reflective so there will be a lot of discussion and workbook activities rather than me talking the whole time. Reflection is essential considering the various topics we have learned. Hopefully you will be able to decide what was especially useful for you and what you will put effort into continuing as we complete the program. Moving forward after the program will look different for everyone so it's just about finding the right formula that works for you and your life.

**Slide: Discussion**
We have learned a lot about self-compassion over the last several weeks. We hope that you have learned skills to help you be more self-compassionate in general. That is, whatever struggle you face, we hope that you can support yourself through it with your newfound self-compassion tools.

We also hope that you can use these tools to help you in mentoring. Throughout the sessions as we learned about self-compassion, we often discussed how you could apply it to support you in your role as a mentor.

First, how, if at all, have you found that self-compassion can help you in your role as a mentor? How can you see it helping?

**Slide: Core Values as a Mentor**
One of the main things I want to discuss with you today is core values, within and outside of your mentoring role. The starting point of self-compassion training is the question: "What do I need". However, finding an answer to the question, "What do I need?" can be a challenge. Understanding our core values may help us discover our deepest needs.

Core values are the principles that determine the choices we make in life. They are a thread that runs through our lives. Examples of core values are compassion, generosity, honesty, friendship, loyalty, courage, and curiosity.

There is also a difference between core values and goals. Goals can be achieved whereas core values guide us after achieving our goals. Goals are destinations; core values are directions. Goals are something we do; core values are something we are.

When we become confused or even lost, core values can serve as a compass or GPS to guide us home. Even during mentoring, it is often not quick where you see change and you might often doubt your abilities and worth because you don't see immediate change. Coming back to your values and the reason you enjoy mentoring can guide you back to your purpose.

We will now do an exercise in which you can reflect on or discover your core values and identify inner and outer obstacles to living in accord with their values.

Workbook activity 1

Shares on this activity?

*Importantly, the exercise helps you learn how to have self-compassion for that fact that we cannot always live in accord with our core values, and explore how self-compassion help us nourish and sustain our values even when they are difficult to manifest in our lives

**Slide: Continuing your self-compassion practice**
We've learned a lot in this course and you will not necessarily find everything useful and continue to use it. Our hope with this program is that you have a toolbox now of self-compassion strategies and practices that you can use when you need them. You may not find one practice helpful but one day you might and it's good that you'll have this workbook to go back to, to remind you of what you learned.

Go to your workbook activity 2 and read through the activities we have done in this program. Place an X beside the ones you enjoyed, found useful, and can see yourself continuing to use (within and outside of mentoring). Then identify and then write down 2-3 strategies (as listed on the slide) that you think will help you the most.

*Invite them to share & discuss (5 min)

**Slide: Continuing your self-compassion practice**
As we wrap up this course, we've learned a lot about self-compassion generally and how we can apply it to our lives – with some specific focus on the application of mentoring. So, what's next? I hope that self-compassion is a skill that you can apply to any aspect of your life whenever you struggle or are challenged – or even to savor and be grateful for the good! And I hope that you have learned to use it to help you cope with the challenges of mentoring.

On this slide we offer some tips for continuing to practice self-compassion.

Are there others you don't see here that you would add or have helped you in the past stick to certain behaviours?

Reflect in workbook

**Slide: Social Support**
One behaviour change strategy for continuing your self-compassion strategies that I wanted to elaborate on a bit is social support. I wanted to make you aware that when it comes to seeking support from others there are different types of support you can receive based on your needs. These can include the following (read slide). Therefore, it's important when you ask yourself what you need and if that's social support, try to be specific about the type you are seeking to appropriately meet your needs.

As humans, we can't do everything alone so it's important to identify people who can help us within and outside your mentoring role to support you when you're going through challenging or difficult times. In your workbook you will find an activity to have two people who you know you can call when you are struggling. Having the person's name and number in a tangible place like our workbook can remind us that we can lean on them when we need support.

**Slide: Last Reminders**

1. Self-compassion looks different for everyone, find what works best for you!
2. Self-compassion might cause discomfort at times. Try to apply self-compassion to feelings of discomfort. If you need, step away for a set amount of time before trying again (e.g., 30-60 min)
3. Self-compassion will not get rid of you (or your clients) struggles. It's purpose is to support you as you move through your complex feelings and make sure you are better off for your clients.

So, everyone that is it for the group sessions! Congratulations, you have made it through all 6 weeks. We hope you were able to learn a lot from these sessions and that maybe you are able to teach others what you learnt as well.