The first time I heard Barbara Rubel speak about secondary trauma, she described a night-shift nurse who drove home numb, parked in her garage, and sat there for twenty minutes without remembering the route she took. Not drunk. Not ill. Just empty. The nurse had spent twelve hours holding families' fear and patients' pain, then tried to switch off like a lamp. That's not how human beings work. What Rubel offered that morning wasn't a pep talk or a productivity hack. She offered a map.

Compassion fatigue is not a personal failing. It is an occupational hazard when your job asks you to witness suffering and respond with empathy. Healthcare, social services, emergency response, victim advocacy, and trauma informed care environments all increase exposure. The good news, drawn from Rubel's three decades as a keynote speaker, trainer, and counselor, is that recovery is learnable. It doesn't require perfection or a sabbatical in the mountains. It does require awareness, deliberate adjustments, and support that fits the messy texture of real work.

What compassion fatigue really is

People conflate burnout and compassion fatigue, then treat them with the same remedies. Burnout can grow in any high-demand, low-control role. Its hallmarks are cynicism, inefficacy, and emotional depletion. Compassion fatigue is more specific. It stems from exposure to the trauma of others, also named vicarious trauma or vicarious traumatization. Those who provide trauma informed care absorb narratives, images, and bodily cues that can alter their worldview and personal sense of safety. They may dream patients' stories, overreact to sirens, or avoid the news because it feels too close to work.

Secondary trauma sits inside compassion fatigue as a sharp spike. Think of the paramedic who can't get the sound of a mother's scream out of his head. Over time, repeated exposure can harden into a generalized weariness that flattens joy and empathy. If burnout whispers you are failing, compassion fatigue whispers the world is not safe and people's pain is endless. That distinction matters. If you mistake one for the other, you might chase efficiency fixes when your nervous system needs processing and care.

Rubel's framing is pragmatic. She treats compassion as both a resource and a muscle that can fatigue. Muscles recover with cycles of effort and restoration. Recovery is not indulgence, it's maintenance for continued service. This reframing destigmatizes help-seeking. It turns the question from What is wrong with me to What have I been carrying, and how do I redistribute the weight?

Naming the load you carry

Before you can change anything, you have to measure what exists. Rubel often starts with a personal inventory that includes concrete indicators rather than vague impressions. She asks for frequencies, not feelings. How many nights did you sleep less than six hours this week? How often did you skip breaks on shift? What percentage of your caseload involves high lethality or recency of trauma? How many times did you wake up before your alarm with a work-related thought?

When I facilitated debriefs in a city hospital, we used a simple rule of thumb. If more than 30 percent of your workweek involves acute trauma stories, you need a deliberate recovery practice daily, not just on weekends. That practice can be brief, five to ten minutes, but it must be consistent. Under 10 percent exposure, you can stretch to every other day. People resist quantifying exposure, yet numbers make invisible stress visible. Over three months, we saw that clinicians who rated their weekly exposure honestly and adjusted recovery time accordingly reduced self-reported hypervigilance by about a third. No one changed jobs. They changed practices.

Naming the load also includes recognizing moral distress. If organizational constraints prevent you from delivering the care your ethics endorse, that dissonance will drain you. Compassion fatigue is often amplified by moral distress. The worst shifts are not always the ones with the most clinical chaos, but the ones where you know what a patient or client needs and the system cannot provide it. Rubel's roadmap handles that reality with candor.

The human behind the helper

Rubel never treats helpers as machines with a few maintenance routines. She treats them as whole people. That may sound obvious, yet workplaces reward compartmentalization. You can be a precise surgeon and an overwhelmed parent, a grounded social worker and a daughter grieving her father's cognitive decline. The human system does not separate sources of strain neatly. Your work may be trauma informed. Your life is not a controlled experiment.

That is why she focuses on building resiliency in layers. Think of concentric circles: you, your team, your organization, your community. Each circle offers levers. If your personal sleep is solid but your team debrief culture is nonexistent, your capacity will still fray. If your organization celebrates overwork, you will need sharper boundaries and allies.

Rubel also addresses identity. Helpers often tether their worth to usefulness. That creates a subtle trap. When usefulness is threatened, identity trembles. Recovery requires anchoring identity in values and relationships that exist beyond the next call, shift, or client outcome. A firefighter I coached realized his self-concept implied that every rescue had to succeed or he was not who he thought he was. He didn't need platitudes, he needed to separate his effort and courage from outcomes beyond his control.

The roadmap, step by step, without shortcuts

Rubel's roadmap doesn't live in a binder. It lives in habits and conversations. You can think of it as five interlocking practices. They are simple, but not easy. They add up.

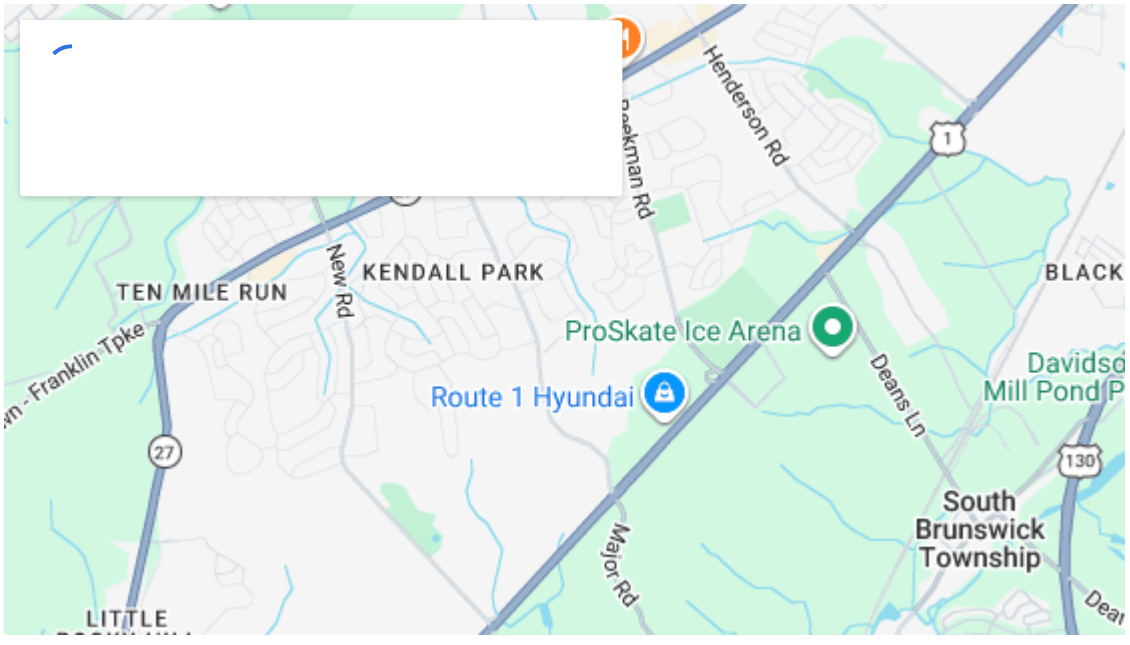
- Calibrate awareness. Track your exposure and symptoms with specificity. Note sleep, irritability, avoidance, and intrusive thoughts. Use a two-minute end-of-shift check: What stayed with me today? What did I absorb that isn't mine to keep?
- Create micro-recoveries. Schedule short, on-shift resets: three slow exhales between calls, a minute of visual horizon gazing after charting, a brisk walk around the building. Build a predictable after-shift ritual to cue your nervous system you are home.
- Regulate with your body. Use deliberate breathing, progressive muscle release, or paced walking to downshift arousal. Hydration, protein, and light exposure are not wellness fluff. They are physiological levers.
- Reflect with others. Debrief, not vent. Use structured peer support or brief huddles. Replace graphic details with impacts and needs. Ask for and offer containment.
- Re-anchor purpose and boundaries. Clarify what is yours to carry. Define the line between empathy and ownership. Recommit to values that outlast outcomes. Protect off-hours like the asset they are.

This is the only list in this article that risks being reduced to slogans. Resist that urge. Each item deserves breathing room.

Calibrate awareness with honest feedback

Awareness gets mocked as soft, yet it is diagnostic. Without it you will misread your state and choose the wrong fix. If you mistake hyperarousal for laziness, you may push harder instead of pausing. If you confuse detachment with efficiency, you may miss the moment your partner on the unit needs a hand.

I like the brief end-of-shift question Rubel uses: What did I absorb that isn't mine to keep? The phrasing matters. It acknowledges that exposure happens without shame. It asks for discernment. A probation officer told me he used to carry a teenager's rage home and pass it along to his own kids via irritability. Once he named it as something he had absorbed, not something he was, he could change his transition ritual. He now sits in his car, looks at a tree across the lot, and exhales for a count of six, six times. It takes sixty seconds. He arrives quieter.



On the organization side, try brief anonymous pulse surveys three or four times a year. Ask about secondary trauma symptoms in plain language, not diagnostic codes. Are you having recurring dreams related to cases? Do you avoid certain places or sounds? Are you emotionally numb more days than not? If yes rates climb across a quarter, that is an operational data point, not a private failing.

Micro-recoveries that actually fit a workday

People imagine recovery as a weekend retreat or a ninety-minute yoga class. Those have value, but the nervous system thrives on frequent, small signals of safety and completion. Rubel teaches practical micro-recoveries that fit into ten seconds to three minutes.

Horizon gazing works because it cues your midbrain that you are not trapped. Find a line of sight to the farthest point you can see for thirty seconds. It breaks the tunnel vision that comes from screens and crisis rooms. A police officer in a coastal town told me he stands by the bay for one minute between paperwork blocks. In winter he uses a hallway window that faces a long street. He noticed fewer headaches within two weeks.

Another is the hand-to-chest breath. Place a palm center-chest, inhale through the nose for four, hold two, exhale six through pursed lips. Repeat three times. The tactile cue anchors attention and slows exhalation, which engages parasympathetic tone. If this feels too touchy in your culture, keep it subtle. Hands in pockets, same breath.

After shift, use a consistent two-step ritual that separates realms. One clinician drops her badge into a ceramic bowl by the door, then washes her hands with citrus soap for twenty seconds. The smell and the sound of water tell her body that work is over. Another sets a timer for eight minutes and plays fetch with his dog before he responds to messages. It is not the specific act that matters. It is the reliable signaling.

Regulate with your body, not just your head

Compassion fatigue is physiological, not just cognitive. Your brain carries the stories. Your body carries the state. Rubel leans into this with straightforward practices that require no new gear and minimal time.

Sleep remains the keystone. Aim for seven hours in a 24-hour cycle on average across a week. Shift workers can break it into two blocks. Use light strategically. Ten minutes of morning light anchors circadian rhythm. On nights, wear blue-light blocking glasses on the commute home and keep the bedroom cool and dark. If a full nap is impossible, a fifteen-minute quiet rest with eyes closed still helps. People scoff at the basics until they track results. After a trauma surge month in one emergency department, we encouraged staff to prioritize forty-five minutes more sleep per day for two weeks. Absenteeism dropped by about 10 percent in the following month. No one changed staffing ratios. Bodies recovered a bit.

Nutrition is not a moral issue here, it is fuel. Protein early stabilizes blood sugar. Hydration reduces headaches and irritability that masquerade as compassion fatigue. If a fridge is available, stash yogurt, jerky, or hummus. If not, keep shelf-stable options in a locker. One social worker admitted she lived on granola bars and coffee during court weeks. Adding a small protein source at 10 a.m. and 2 p.m. steadied her mood.

Movement is an accessible regulator. You don’t need a gym. You need skeletal muscles contracting. Climb two flights of stairs, do ten slow squats in a bathroom stall, or walk the perimeter of the parking lot at lunch. The intention is not fitness goals but circulation and downshifting. Over time, building resiliency includes conditioning, but in the acute phase, think small and steady.

Reflect with others in ways that heal, not harm

Debriefing can heal or harm depending on structure. Graphic recall spreads images like contagion. Helpful debriefs focus on impacts, meanings, and needs. Rubel teaches facilitators to ask three questions in order. What happened, briefly and behaviorally? What was hardest for you personally? What do you need now or before next shift? That middle question matters. It invites specificity. The answer changes the third question from platitude to plan.

Team culture either supports or sabotages reflection. If the loudest voice ridicules emotion, compassionate professionals will armor up. Leaders set the tone by modeling bounded vulnerability. “I notice I’m carrying that last call in my shoulders. I’m going to take a lap around the bay and then finish this report.” That teaches a micro-recovery and normalizes need without spilling details.

Peer support programs work when they are resourced, trained, and visible. They fail when they are a name on a poster. Coverage for a twenty-minute peer session after a critical incident pays for itself in retention. In law enforcement, we saw departments with active peer support and family outreach reduce on-the-job complaints and sick days within a year. Not every metric will move, but people stayed.

Re-anchor purpose and boundaries without guilt

Rubel's speaker style is clear: purpose without martyrdom, boundaries without apology. When your work is saturated with suffering, purpose can feel eroded. Re-anchoring purpose means reconnecting to the part of the work you control, not the outcome you don't. A hospice nurse's purpose may be presence, pain management, and family education, not preventing death. A child protective services worker's purpose may be safety planning within legal constraints, not resolving every family trauma.

Boundaries are operational, not just emotional. If your voicemail says you return calls between 10 a.m. and 2 p.m., and you honor it, you train clients and colleagues to respect that window. If your calendar blocks a real lunch away from your desk twice a week, you protect a buffer. Boundary skeptics claim this is unrealistic. Sometimes it is. But often we give away time reflexively. Try an experiment for two weeks. Protect a single 20-minute block per day for personal maintenance. See what breaks. In most settings, nothing breaks. You get sharper.

Purpose also lives outside work. Rubel often asks audiences to name three non-work roles they value. Parent, neighbor, volunteer coach, choir member, gardener. When one social worker said "aunt," she realized she had declined every weekend invite with her nieces for six months. She set a new rule: two hours of aunt time twice a month, non-negotiable. That small act restored a piece of identity that buffered her against the next hard case.

When the system is the stressor

You can practice every habit in this piece and still suffer if your organization ignores trauma exposure. Work life balance in high-stakes settings is not a solo sport. It is a team **griefworkcenter.com keynote speaker** design problem and an operational commitment. Rubel does not shy away from this. She encourages leaders to treat compassion fatigue as a risk factor that affects safety, quality, and retention.

Scheduling matters. Back-to-back high-acuity shifts without recovery time is a design flaw. Debrief access matters. If employees must use PTO to attend peer support after a particularly gruesome event, they won't go. Training matters. Teach supervisors to spot secondary trauma. Teach them what to say and what to avoid. "Take the rest of the day if you need it, I'll cover your last hour," beats "You okay?" asked in passing.

Metrics can move the conversation from soft to strategic. Track turnover in high-exposure units versus others. Track workers' comp claims related to stress. Track sick days following critical incidents. Put dollar figures next to them. Then pilot small changes. Provide a quiet room with good light and temperature control. Stagger shifts to allow overlap for handoffs. Offer quarterly workshops with a skilled keynote speaker like Rubel who can speak to both frontline realities and leadership constraints. Measure again.

The honest barriers: culture, stigma, time

In the field, I hear the same pushbacks. We don’t have time. People will think I’m weak. This is one more thing on a crowded plate. These are not excuses. They are conditions. They call for design that meets reality.

Time is real. That is why the roadmap emphasizes micro-recoveries, not grand gestures. Two minutes between cases can happen. A two-hour seminar every week cannot. Stigma is real. That is why leaders must go first and teams must normalize brief, bounded shares that do not turn into therapy sessions at workstations. Culture is real. That is why language matters. Call it performance sustainment if that opens doors. The body doesn’t care what you call it, it cares what you do.

There is also the barrier of habit. When stress is chronic, the stress state feels normal. Calm feels unfamiliar or even wrong. That’s why people sabotage sleep with late-night scrolling or say yes to extra shifts they can’t afford to take. It takes weeks to reset a baseline. Expect discomfort, not failure. Expect backslides. Aim for trend lines, not perfection.

A case vignette, not a fairy tale

Consider a victim advocate in a district attorney’s office. Five years in, she starts having stomach pain, avoids elevators because a client was assaulted in one, and snaps at her partner for leaving dishes in the sink. She tells herself to toughen up. Instead, her supervisor suggests a brief check-in with the peer support team and sends her a recording of Rubel’s talk on vicarious traumatization.

They try adjustments. She tracks her weekly exposure and sees that trial months triple her trauma stories. She adds five-minute walks outside at 11 a.m. and 3 p.m. and guards one evening a week for a pottery class she stopped two years ago. Her team starts twelve-minute debriefs after cases with graphic evidence. She requests, and receives, coverage to avoid back-to-back interviews with survivors of similar crimes. She tweaks her commute to include a call to her sister on Thursdays.

None of this erases the brutality of what clients endured. But over six weeks, her sleep improves from five to six and a half hours. The stomach pain fades. She still has hard days. She also laughs again at her partner’s dumb jokes. This is recovery, not a cure. It makes more work possible without sacrificing the rest of her life.

For event planners and leaders: why her voice lands

Many can define compassion fatigue. Few can translate it into actions that busy professionals adopt and stick with. Rubel’s strength as a keynote speaker is specificity delivered with respect for constraints. She speaks to paramedics at 7 a.m., ER nurses at midnight, and child therapists at lunchtime, and she adjusts on the fly. She avoids jargon when it alienates and uses it when it builds credibility. She acknowledges the bitter humor that keeps teams sane and the bureaucratic knots that tie hands.

For leaders with limited budgets, she lays out staged approaches. Start with a one-hour keynote to build a shared vocabulary. Follow with supervisor training, then identify internal champions. Build a simple toolkit for micro-recoveries and debrief scripts. Resist bloated programs that look good on paper and die in practice. She reminds executives that trauma informed care is not only for clients. It belongs in policies and workflows. The return is measurable across retention, patient satisfaction, and fewer errors when attention falters.

A personal note on sustainability

I learned the hard way that compassion fatigue sneaks up when you believe you are immune. Early in my career, I took pride in being the one who could handle the toughest cases. It felt noble. Then it felt necessary. Then it felt impossible. A mentor handed me a single sentence that belongs on Rubel’s roadmap: You are responsible to people, not for them. That sentence changed how I carried the work. I still care deeply. I also sleep.

Recovery is not a one-time intervention. It is a practice set that you adjust as seasons change. New baby at home? Tighten boundaries and lower heroic expectations. New supervisor who supports debriefs? Use the opening. A spike in community violence? Increase daily micro-recoveries and shorten exposure windows. This flexibility is what building resiliency actually is, not motivational posters.

A closing map you can start today

No single plan fits every role, but the path forward shares features. Begin with one or two changes, not ten. Track the effect for two weeks. Keep what works. Discard what doesn’t. Add the next piece. If you lead others, implement at two

levels. Give people tools and fix what systems you can. When you hit resistance, slow down and ask what would make the habit easier, not whether people care enough.

Three moves have the best signal-to-noise ratio across settings I've seen:

- A predictable, short after-shift ritual that marks the boundary between work and life. Make it sensory, repeat it daily, and protect it as you would a standing meeting.
- A structured, brief debrief format that centers impact and need, not gore. Train three peers per team to facilitate, and support them with time.
- A daily two-minute body-based reset during work hours. Tie it to something you already do, like hand hygiene or logging into a system, so it sticks.

None of these require a policy change or a budget line. All of them are more powerful when leadership endorses them openly and models them.

The nurse in the garage learned a ritual. Before she pulls into the driveway, she parks a block away, rolls down the window, and counts six breaths, feeling the air. She imagines placing the day on the passenger seat and leaving it there. She drives the final minute home lighter. Her patients still need her. Her family does too. So does she.

This is the road Barbara Rubel keeps pointing to: ordinary practices that respect the weight of the work and the dignity of the worker. Compassion should not cost you your capacity to live. With awareness, small rituals, honest conversations, and organizational support, you can keep showing up without disappearing into the job.

Name: Griefwork Center, Inc.
Address: PO Box 5177, Kendall Park, NJ 08824, US
Phone: +1 732-422-0400
Website: https://www.griefworkcenter.com/
Email: BarbaraRubel@griefworkcenter.com
Hours: Mon–Fri 9:00 AM–4:00 PM
Google Maps URL (GBP share): https://maps.app.goo.gl/CRamDp53YXZECkYd6
Coordinates (LAT, LNG): 40.4179044, -74.551089

Social Profiles (canonical https)
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Barbara Rubel - Griefwork Center, Inc. is a professional professional speaking and training resource serving Central New Jersey.

Griefwork Center offers workshops focused on workplace well-being for teams.

Contact Griefwork Center at +1 732-422-0400 or BarbaraRubel@griefworkcenter.com for availability.

Google Maps: https://maps.app.goo.gl/CRamDp53YXZECkYd6

Business hours are Monday through Friday from 9am to 4pm.

Popular Questions About Griefwork Center, Inc.

1) What does Griefwork Center, Inc. do?
Griefwork Center, Inc. provides professional speaking and training, including keynotes, workshops, and webinars focused on compassion fatigue, vicarious trauma, resilience, and workplace well-being.

2) Who is Barbara Rubel?
Barbara Rubel is a keynote speaker and author whose programs help organizations support staff well-being and address compassion fatigue and related topics.

3) Do you offer virtual programs?
Yes—programs can be delivered in formats that include online/virtual options depending on your event needs.

4) What kinds of audiences are a good fit?
Many programs are designed for high-stress helping roles and leadership teams, including first responders, clinicians, and organizational leaders.

5) What are your business hours?
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6) How do I book a keynote or training?
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Mailing address: PO Box 5177, Kendall Park, NJ 08824, US.

8) Contact Griefwork Center, Inc.
Call: +1 732-422-0400
Email: BarbaraRubel@griefworkcenter.com
LinkedIn: https://www.linkedin.com/in/barbararubel/
YouTube: https://www.youtube.com/MsBRubel

Landmarks Near Kendall Park, NJ

1. Rutgers Gardens
Directions: https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Rutgers%20Gardens%2C%20New%20Jersey

2. Princeton University Campus
Directions: https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Princeton%20University%20Campus

3. Delaware & Raritan Canal State Park (D&R Canal Towpath)
Directions: https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Delaware%20and%20Raritan%20Canal%20State%20Park

4. Zimmerli Art Museum
Directions: https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Zimmerli%20Art%20Museum

5. Veterans Park (South Brunswick)
Directions: https://www.google.com/maps/dir/?api=1&origin=40.4179044,-74.551089&destination=Veterans%20Park%20South%20Brunswick%20NJ