

**Trauma-informed and
Trauma-specific ACT
Services**

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Why Should CMHs Address Trauma?
(Falot & Harris, 2009)

- ▶ Trauma is widespread
- ▶ The impact of trauma is broad and touches multiple life domains
- ▶ The impact of trauma is often deep and life-altering
- ▶ Violent trauma is often self-perpetuating
- ▶ Trauma is insidious and preys particularly on the most vulnerable among us
- ▶ Trauma affects the way people approach potentially helpful relationships
- ▶ Trauma has often occurred in the service context itself

Trauma is widespread



- ▶ 55-90% lifetime exposure to ≥ 1 traumatic event (and an average of 5 traumatic events)
 - Trauma is the expectation, rather than the exception, among a majority of the populations referred to CMH services
- ▶ The dual diagnosis of PTSD and substance abuse is surprisingly common
 - PTSD rates have been found to be between 30%-59% for females receiving substance abuse treatment

The impact of trauma is broad and touches multiple life domains

› Trauma exposure increases the incidence of mental and emotional health disorders, substance use disorders, physical health problems, struggles in interpersonal relating, and self-harmful urges and behaviors.



› Additionally individuals with co-occurring PTSD and substance use disorders are at higher risk for maltreatment of their children, custody battles, homelessness, HIV risk, and domestic violence.

The impact of trauma is often deep and life-altering

› Trauma can be fundamentally life-changing, especially for those who have faced complex trauma in which abuse was repeated and prolonged, or when the violence was perpetrated by those in the roles of caretakers. Violence may become the central reality around which profound neurobiological and psychosocial adaptations occur. Trauma survivors may come to see themselves as fundamentally flawed, and to perceive the world as a pervasively dangerous place.

› Additionally, treatment outcomes for individuals with co-occurring PTSD and substance use disorders are far worse than for other dually diagnosed populations, or for those with substance use disorder alone



Violent trauma is often self-perpetuating



› Victims of violence are at increased risk of becoming perpetrators of violence themselves - intergenerational transmission of violence is predictable, and well documented.

› Community violence is often built around cycles of retaliation. Many of our institutions (criminal justice settings, schools, hospitals and religious institutions) are too frequently places where violent trauma is perpetuated rather than eliminated.

› Furthermore, individuals with co-occurring PTSD and substance use disorders are vulnerable to repeated traumas, and to a greater extent than those with substance use disorders alone.

Trauma is insidious and preys particularly on the most vulnerable among us

- ▶ People who are impoverished, who are homeless, who have been diagnosed with severe mental health problems, who struggle with alcohol or drug abuse, or who have developmental disabilities - all of these groups are at increased risk of traumatic victimization
- ▶ *Various subpopulations have higher rates of co-occurring PTSD and substance use disorders, including combat veterans, inmates, victims of domestic violence, the homeless, and adolescents*



Trauma affects the way people approach potentially helpful relationships

- ▶ Not surprisingly, individuals with histories of abuse are often reluctant to engage in, or quickly drop out of, many social services. Hypervigilance and suspicion are often important and thoroughly understandable self-defense mechanisms in coping with trauma exposure - yet they make it difficult to engage in services that may be needed.



Trauma has sometimes occurred in the service context itself

- ▶ Involuntary and physically coercive practices, as well as many other activities that trigger trauma-related reactions, are still too common in some of our centers of help and care.
- ▶ *Unintentional retraumatization is still retraumatizing!*



Aftereffects of Trauma



- ▶ Feelings of self-condemnation, self-hatred, shame, isolation, secrecy
- ▶ Feelings of depression, helplessness, unresolved grief, suicidality
- ▶ Struggles with compulsive behaviors or addictions, control issues
- ▶ Resentment or bitterness, acting-out anger, difficulties with forgiveness
- ▶ Problems with figures of authority (bosses, law enforcement, God)
- ▶ Difficulties with trust or intimacy in relationships, sexual difficulties
- ▶ Denial, minimization, memory lapses, flashbacks
- ▶ Irrational or paralyzing fears, night terrors, nightmares, phobias, hypervigilance, exaggerated startle response
- ▶ Damaged boundaries, difficulties assessing and managing risk
- ▶ Self-alienation, dissociation, depersonalization, distorted self-image
- ▶ Difficulty laughing or having fun, humorlessness, extreme solemnity
- ▶ Over-responsibility / perfectionism or under-responsibility & justification

Aftereffects of Trauma

▶ Posttraumatic stress symptoms manifest in 3 general areas;

- INTRUSIVE symptoms
- AVOIDANT symptoms
- HYPER-AROUSAL symptoms



Intrusive Symptoms

▶ Intrusive memories and emotions interfere with normal thought processes and social interactions.



▶ Flashbacks feature auditory and visual hallucinations and can be triggered by ordinary stimuli such as the sound of an airplane flying overhead (combat), violent scenes on TV, the smell of a certain cologne.



Intrusive Symptoms

- ▶ Nightmares and night terrors also feature aspects of the traumatic event (*often literal, but can be figurative*).

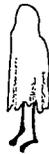


- ▶ Dissociative symptoms include psychic numbing, depersonalization and amnesia.



Avoidant Symptoms

- ▶ Avoiding emotions
- ▶ Avoiding relationships
- ▶ Avoiding responsibility to and for others
- ▶ Avoiding situations that are reminiscent of the traumatic event.



- *People with PTSD commonly avoid stimuli and situations that remind them of the traumatic event because they trigger symptoms.*



Hyper-arousal Symptoms

- ▶ Sleep disturbance
- ▶ Explosive outbursts
- ▶ Irritability
- ▶ Panic symptoms
- ▶ Extreme vigilance
- ▶ Exaggerated startle response



- *People experiencing hyper-arousal (constant "fight or flight") are always on the alert for danger or threat, and are easily startled.*

Principles of trauma-informed services

- ▶ Safety
- ▶ Trustworthiness
- ▶ Choice
- ▶ Collaboration
- ▶ Empowerment



Principles of trauma-informed services: SAFETY . . .

- ▶ . . . addresses both physical and emotional safety, and endeavors to support those elements in all aspects of service activities and settings



Principles of trauma-informed services: TRUSTWORTHINESS . . .

- ▶ . . . seeks to optimize trustworthiness through clarity of communication, consistency of practice, and appropriate interpersonal boundaries



Principles of trauma-informed services: CHOICE . . .

- ▶ . . . attempts to maximize the control and choices of service recipients in how services are provided



Principles of trauma-informed services: COLLABORATION . . .

- ▶ . . . supports the sharing of power and coordination/cooperation between staff and service recipients



Principles of trauma-informed services: EMPOWERMENT . . .

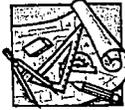
- ▶ . . . places a premium on the growth of service recipients in building skills and confidence



Critical components of trauma-specific services

- ▶ Trauma Recovery and Empowerment Model (TREM) and Men's Trauma Recovery and Empowerment Model (M-TREM) - *Harris, Fallot et al*

- http://www.nrepp.samhsa.gov/program/fulldetails.asp?PROGRAM_ID=87



- ▶ Seeking Safety - *Lisa Najavits et al*

- http://www.nrepp.samhsa.gov/program/fulldetails.asp?PROGRAM_ID=69

Screening /Assessing for Trauma

- ▶ Approach as a treatment engagement opportunity
- ▶ Start with a simpler instrument, such as the 17-item PTSD Checklist (*Weathers, et al*)
- ▶ If positive screen, move to use of a more detailed instrument that can better inform treatment planning and delivery, such as the 40-item Trauma Symptom Checklist (*Briere & Runtz*)

Screening /Assessing for Trauma

- ▶ PREVALENCE
 - *Of those screened so far*, 94% of female clients (17/18), and 73% of male clients (29/40) were positive for trauma symptoms (46/58 total = 79%)
 - 21 clients declined screening
 - 106 have yet to be screened

Treating Trauma

- ▶ TREM / M-TREM and Seeking Safety were found to be the best-fitting models for ACT populations served at CSTS
- Mild adaptations included:
 - Going slower
 - Going shorter
 - Simplifying some language
 - Always having 2 or more facilitators

TREM / M-TREM

(Maxine Harris & Roger Fallois; Community Connections. Washington DC)

- ▶ The Trauma Recovery and Empowerment Model (TREM) is a fully manualized group-based intervention designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse.
- ▶ *Drawing on cognitive restructuring, psychoeducational, and skills-training techniques, the gender-specific 24-29 session group emphasizes the development of coping skills and social support. It addresses both short- and long-term consequences of violent victimization, including mental health symptoms, especially posttraumatic stress disorder (PTSD) and depression, and substance abuse.*
- ▶ TREM has been successfully implemented in a wide range of service settings (mental health, substance abuse, criminal justice) and among diverse racial and ethnic populations, as well as with men.

TREM: Part I

(Maxine Harris & Roger Fallois; Community Connections. Washington DC)

- ▶ **Empowerment**
 - Introductory Session
 - What It Means to Be a Woman
 - What Do You Know and How Do You Feel About Your Body?
 - Physical Boundaries
 - Emotional Boundaries: Setting Limits and Asking for What You Want
 - Self-Esteem
 - Developing Ways to Feel Better: Self-Soothing
 - Intimacy and Trust
 - Female Sexuality
 - Sex with a Partner
 - Transition Session from Empowerment to Trauma Recovery

TREM: Part 2

(Maxine Harris & Roger Fallot; Community Connections. Washington DC)

▶ **Trauma Recovery**

- Gaining an Understanding of Trauma
- The Body Remembers What the Mind Forgets
- What Is Physical Abuse?
- What Is Sexual Abuse?
- Physical Safety
- What Is Emotional Abuse?
- Institutional Abuse
- Abuse and Psychological or Emotional Symptoms
- Trauma and Addictive or Compulsive Behavior
- Abuse and Relationships

TREM: Parts 3 & 4

(Maxine Harris & Roger Fallot; Community Connections. Washington DC)

▶ **Advanced Trauma Recovery Issues**

- Family - Myths and Distortions
- Family Life: Current
- Decision Making: Trusting Your Judgment
- Communication: Making Yourself Understood
- Self-Destructive Behaviors
- Blame, Acceptance, and Forgiveness
- Feeling Out of Control
- Relationships
- Personal Healing

▶ **Closing Rituals**

- Truths and Myths About Abuse
- What It Means to Be a Woman
- Closing Ritual

M-TREM's Theoretical Basis

- ▶ Shame-----Self-Esteem-----Grandiosity
- ▶ Vulnerability-----Self-Protection-----Invulnerability
- ▶ Rigid Self-Control----Self-Direction-----Impulsivity
- ▶ Dependence-----Mutuality-----Independence
- ▶ Under-Responsibility--Responsibility--Over-Responsibility

M-TREM: Part 1

(Maxine Harris & Roger Falot; Community Connections, Washington DC)

Male Messages, Emotions and Relationships

- Introduction
- Male Messages
- Trust
- Anger and Behavior
- Anger and Thinking
- Fear
- Hurt and loss
- Hope
- Shame
- Sex
- Intimacy

M-TREM: Parts 2 & 3

(Maxine Harris & Roger Falot; Community Connections, Washington DC)

Trauma Recovery

- Gaining an Understanding of Trauma
- What Is Emotional Abuse?
- What Is Physical Abuse?
- What Is Sexual Abuse?
- Abuse and Psychological or Emotional Symptoms
- Trauma and Addictive or Compulsive Behavior
- Abuse and Relationships

Recovery Skills

- Revenge, Acceptance and Forgiveness
- Negotiating Family Relationships
- Communication Skills
- Positive Problem Solving: Overcoming Self-defeating Behaviors
- Managing Feeling Out of Control / Self-soothing
- Realistic Goals and Empowerment

Seeking Safety

(Lisa Najavits, et al; Harvard Medical School)

- Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse.
- Seeking Safety focuses on coping skills and psychoeducation and has five key principles:
 - (1) safety as the overarching goal (helping clients attain safety in their relationships, thinking, behavior, and emotions);
 - (2) integrated treatment (working on both PTSD and substance abuse at the same time);
 - (3) a focus on ideals to counteract the loss of ideals in both PTSD and substance abuse;
 - (4) four content areas: cognitive, behavioral, interpersonal, and case management; and
 - (5) attention to clinician processes (helping clinicians work on countertransference, self-care, and other issues).

Seeking Safety

(Lisa Najavits, et al: Harvard Medical School)

- ▶ The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential).
- ▶ Seeking Safety consists of 25 topics that can be conducted in any order

Seeking Safety

(Lisa Najavits, et al: Harvard Medical School)

- | | |
|--|---|
| 1. Introduction/Case Management | 14. Discovery |
| 2. Safety | 15. Integrating the Split Self |
| 3. PTSD: Taking Back Your Power | 16. Recovery Thinking |
| 4. When Substance Control You | 17. Taking Good Care of Yourself |
| 5. Honesty | 18. Commitment |
| 6. Asking for Help | 19. Respecting Your Time |
| 7. Setting Boundaries In Relationships | 20. Coping with Triggers |
| 8. Getting Others to Support Your Recovery | 21. Self-Nurturing |
| 9. Healthy Relationships | 22. Red and Green Flags |
| 10. Community Resources | 23. Detaching from Emotional Pain (Grounding) |
| 11. Compassion | 24. Life Choices |
| 12. Healing From Anger | 25. Termination |
| 13. Creating Meaning | |

Treating Trauma

- ▶ SERVICE PENETRATION RATES
 - Of those clients who screened positive so far:
 - 28% of female clients (5/18) are actively engaged in treatment
 - 23% of male clients (9/40) are actively engaged in treatment

Tracking Progress

- ▶ Shorter-term
 - Session Rating Scales

- ▶ Longer-term
 - Quarterly administration of the Trauma Symptom Checklist (*Briere & Runtz*), with results fed back to staff and consumers

Supporting Clinical Staff

- ▶ Double-facilitation of groups
- ▶ Weekly debriefing opportunity
- ▶ Monthly clinical peer supervision
 - As-needed consultation in between scheduled sessions
- ▶ Focus on maintaining facilitator health
 - Self-care assessment worksheet (*Saakvitne & Pearlman*)
 - Compassion satisfaction / fatigue self-test for helpers (*Figley*)

Resources

- ▶ SAMHSA's National Registry of Evidence-based Programs and Practices
 - <http://www.nrepp.samhsa.gov/>

- ▶ Seeking Safety website
 - <http://www.seekingsafety.org/>

- ▶ Community Connections website
 - <http://www.communityconnectionsdc.org/>

Additional Resources

▶ Integrated Recovery Resources

www.integratedrecovery.org

- On the PUBLIC DOMAIN TOOLBOX page, there are several linked resources under the heading SUPPORTING TRAUMA RECOVERY, including:
 - **“What Happened to You?” Addressing Trauma with CMH Populations: A Toolkit for Providers** (2009, 161 pages)
 - **Helping Yourself Heal: A Recovering Man's Guide to Coping with the Effects of Childhood Abuse** - (2006, 12 pages)
 - **Enhancing Substance Abuse Recovery Through Integrated Trauma Treatment** - (2004; 13 pages)
 - **Helping Yourself Heal: A Recovering Women's Guide to Coping with Childhood Abuse Issues** - (2003; 8 pages)
 - **Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues** - TIP 36 - (2000, on-line publication)

PTSD CheckList – Civilian Version (PCL-C)

Client's Name: _____

Instruction to patient: Below is a list of problems and complaints that veterans sometimes have in response to stressful life experiences. Please read each one carefully, put an "X" in the box to indicate how much you have been bothered by that problem *in the last month*.

No.	Response	Not at all (1)	A little bit (2)	Moderately (3)	Quite a bit (4)	Extremely (5)
1.	Repeated, disturbing <i>memories, thoughts, or images</i> of a stressful experience from the past?					
2.	Repeated, disturbing <i>dreams</i> of a stressful experience from the past?					
3.	Suddenly <i>acting or feeling</i> as if a stressful experience were <i>happening</i> again (as if you were reliving it)?					
4.	Feeling <i>very upset</i> when <i>something</i> reminded you of a stressful experience from the past?					
5.	Having <i>physical reactions</i> (e.g., heart pounding, trouble breathing, or sweating) when <i>something</i> reminded you of a stressful experience from the past?					
6.	Avoid <i>thinking about or talking about</i> a stressful experience from the past or avoid <i>having feelings</i> related to it?					
7.	Avoid <i>activities or situations</i> because they <i>remind you</i> of a stressful experience from the past?					
8.	Trouble <i>remembering important parts</i> of a stressful experience from the past?					
9.	Loss of <i>interest in things that you used to enjoy</i> ?					
10.	Feeling <i>distant or cut off</i> from other people?					
11.	Feeling <i>emotionally numb</i> or being unable to have loving feelings for those close to you?					
12.	Feeling as if your <i>future</i> will somehow be <i>cut short</i> ?					
13.	Trouble <i>falling or staying asleep</i> ?					
14.	Feeling <i>irritable</i> or having <i>angry outbursts</i> ?					
15.	Having <i>difficulty concentrating</i> ?					
16.	Being " <i>super alert</i> " or watchful on guard?					
17.	Feeling <i>jumpy</i> or easily startled?					

PCL-M for DSM-IV (11/1/94) Weathers, Litz, Huska, & Keane National Center for PTSD - Behavioral Science Division

This is a Government document in the public domain.

PTSD CheckList – Civilian Version (PCL-C)

The PCL is a standardized self-report rating scale for PTSD comprising 17 items that correspond to the key symptoms of PTSD. Two versions of the PCL exist: 1) PCL-M is specific to PTSD caused by military experiences and 2) PCL-C is applied generally to any traumatic event.

The PCL can be easily modified to fit specific time frames or events. For example, instead of asking about “the past month,” questions may ask about “the past week” or be modified to focus on events specific to a deployment.

How is the PCL completed?

- The PCL is self-administered
- Respondents indicate how much they have been bothered by a symptom over the past month using a 5-point (1–5) scale, circling their responses. Responses range from **1 Not at All** – **5 Extremely**

How is the PCL Scored?

1) Add up all items for a total severity score

or

2) Treat response categories **3–5** (*Moderately* or above) as symptomatic and responses **1–2** (below *Moderately*) as non-symptomatic, then use the following DSM criteria for a diagnosis:

- Symptomatic response to at least 1 “B” item (Questions 1–5),
- Symptomatic response to at least 3 “C” items (Questions 6–12), and
- Symptomatic response to at least 2 “D” items (Questions 13–17)

Are Results Valid and Reliable?

- Two studies of both Vietnam and Persian Gulf theater veterans show that the PCL is both valid and reliable (Additional references are available from the DHCC)

What Additional Follow-up is Available?

- All military health system beneficiaries with health concerns they believe are deployment-related are encouraged to seek medical care
- Patients should be asked, “**Is your health concern today related to a deployment?**” during all primary care visits.
 - If the patient replies “**yes**,” the provider should follow the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) and supporting guidelines available through the DHCC and www.PDHealth.mil

Trauma Symptom Checklist – 40

(Briere & Runtz, 1989)

How often have you experienced each of the following in the last month? Please circle one number, 0-3.

Symptom	Never ----- Often			
	0	1	2	3
1. Headaches				
2. Insomnia				
3. Weight loss (without dieting)				
4. Stomach problems				
5. Sexual problems				
6. Feeling isolated from others				
7. "Flashbacks" (sudden, vivid, distracting memories)				
8. Restless sleep				
9. Low sex drive				
10. Anxiety attacks				
11. Sexual overactivity				
12. Loneliness				
13. Nightmares				
14. "Spacing out" (going away in your mind)				
15. Sadness				
16. Dizziness				
17. Not feeling satisfied with your sex life				
18. Trouble controlling your temper				
19. Waking up early in the morning				
20. Uncontrollable crying				
21. Fear of men				
22. Not feeling rested in the morning				
23. Having sex that you didn't enjoy				
24. Trouble getting along with others				
25. Memory problems				
26. Desire to physically hurt yourself				
27. Fear of women				
28. Waking up in the middle of the night				
29. Bad thoughts or feelings during sex				
30. Passing out				
31. Feeling that things are "unreal"				
32. Unnecessary or over-frequent washing				
33. Feelings of inferiority				
34. Feeling tense all the time				
35. Being confused about your sexual feelings				
36. Desire to physically hurt others				
37. Feelings of guilt				
38. Feeling that you are not always in your body				
39. Having trouble breathing				
40. Sexual feelings when you shouldn't have them				

Trauma Symptom Checklist – 40

(Briere & Runtz, 1989)

Subscale composition and scoring for the TSC-40: The score for each subscale is the sum of the relevant items.

Dissociation – 7, 14, 16, 25, 31, 38

Anxiety – 1, 4, 10, 16, 21, 27, 32, 34, 39

Depression – 2, 3, 9, 15, 19, 20, 26, 33, 37

SATI (Sexual Abuse Trauma Index) – 5, 7, 13, 21, 25, 29, 31

Sleep Disturbance – 2, 8, 13, 19, 22, 28

Sexual Problems – 5, 9, 11, 17, 23, 29, 35, 40

TSC Total Score: 1-40

Important Note: This measure assesses trauma-related problems in several categories. According to John Briere, PhD "The TSC-40 is a research instrument only. Use of this scale is limited to professional researchers. It is not intended as, nor should it be used as, a self-test under any circumstances." For a more current version of the measure, which can be used for clinical purposes (and for which there is a fee), consider the Trauma Symptom Inventory – contact Psychological Assessment Resources at 800-331-8378. The TSC-40 is freely available to researchers. No additional permission is required for use or reproduction of this measure, although the following citation is needed: Briere, J.N. & Runtz, M.G. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal Violence*, 4, 151-163. For further information on the measure, go to www.johnbriere.com.

Name _____

Date _____

ID #: _____

Session Rating Scale

Physical & Emotional Safety.

I did not feel safe.



I felt physically and emotionally safe.

Trustworthiness

I do not feel that we worked on or talked about what I wanted to work on and talk about.



I feel that the therapist is trustworthy.

Consumer Choice & Control

I had no choice and no control.



I felt that my choices were respected.

Collaboration & Sharing of Power

I do not feel that power was shared.



I felt that we shared power.

Empowerment & Skill Building

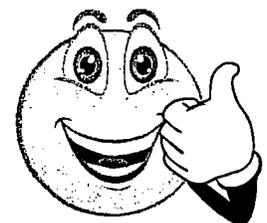
I felt disregarded and did not learn skills.



We worked on empowerment and skill building.



Comments:



TRAUMA RECOVERY GROUP

Date: 7/30/09

Content of Session: Steps to Recovery for Survivors of Abuse

What was most helpful to you today?

What was least helpful to you today?

Do you feel the material presented can help you in the future?

Very helpful	Somewhat helpful	Neither good nor bad	Somewhat poor	Poor
1	2	3	4	5

Material presented:

Very helpful	Somewhat helpful	Neither good nor bad	Somewhat bad	Poor
1	2	3	4	5

Group Discussion:

Very helpful	Somewhat helpful	Neither good nor bad	Somewhat bad	Poor
1	2	3	4	5

I felt safe in the group:

Very safe	Somewhat safe	Neither safe nor unsafe	Somewhat unsafe	Very unsafe
1	2	3	4	5

Staff's knowledge of the topic:

Very informed	Somewhat	Neither good nor bad	Somewhat poor	Poor
1	2	3	4	5

What do you suggest to improve the trauma group?

Self-Care Assessment Worksheet

This assessment tool provides an overview of effective strategies to maintain self-care. After completing the full assessment, choose one item from each area that you will actively work to improve. Using the scale below, rate the following areas in terms of frequency:

- 5 = Frequently
- 4 = Occasionally
- 3 = Rarely
- 2 = Never
- 1 = It never occurred to me

Physical Self-Care

- Eat regularly (e.g. breakfast, lunch and dinner)
- Eat healthy
- Exercise
- Get regular medical care for prevention
- Get medical care when needed
- Take time off when needed
- Get massages
- Dance, swim, walk, run, play sports, sing, or do some other physical activity that is fun
- Take time to be sexual—with yourself, with a partner
- Get enough sleep
- Wear clothes you like
- Take vacations
- Take day trips or mini-vacations
- Make time away from telephones
- Other:

Psychological Self-Care

- Make time for self-reflection
- Have your own personal psychotherapy
- Write in a journal
- Read literature that is unrelated to work
- Do something at which you are not expert or in charge
- Decrease stress in your life
- Let others know different aspects of you
- Notice your inner experience—listen to your thoughts, judgments, beliefs, attitudes, and feelings
- Engage your intelligence in a new area, e.g. go to an art museum, history exhibit, sports event, auction, theater performance
- Practice receiving from others
- Be curious
- Say “no” to extra responsibilities sometimes
- Other:

Emotional Self-Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life

- Give yourself affirmations, praise yourself
- Love yourself
- Re-read favorite books, re-view favorite movies
- Identify comforting activities, objects, people, relationships, places and seek them out
- Allow yourself to cry
- Find things that make you laugh
- Express your outrage in social action, letters and donations, marches, protests
- Play with children
- Other:

Spiritual Self-Care

- Make time for reflection
- Spend time with nature
- Find a spiritual connection or community
- Be open to inspiration
- Cherish your optimism and hope
- Be aware of nonmaterial aspects of life
- Try at times not to be in charge or the expert
- Be open to not knowing
- Identify what is meaningful to you and notice its place in your life
- Meditate
- Pray
- Sing
- Spend time with children
- Have experiences of awe
- Contribute to causes in which you believe
- Read inspirational literature (talks, music, etc.)
- Other:

Workplace or Professional Self-Care

- Take a break during the workday (e.g. lunch)
- Take time to chat with co-workers
- Make quiet time to complete tasks
- Identify projects or tasks that are exciting and rewarding
- Set limits with your clients and colleagues
- Balance your caseload so that no one day or part of a day is "too much"
- Arrange your work space so it is comfortable and comforting
- Get regular supervision or consultation
- Negotiate for your needs (benefits, pay raise)
- Have a peer support group
- Develop a non-trauma area of professional interest
- Other:

Balance

- Strive for balance within your work-life and workday
- Strive for balance among work, family, relationships, play and rest

Compassion Satisfaction/Fatigue Self-Test for Helpers

Adapted with permission from Figley, C.R., (1995). *Compassion Fatigue*, New York: Brunner/Mazel.
© B. Hudnall Stamm, Traumatic Stress Research Group, 1995 -1998 <http://www.dartmouth.edu/~bhstamm/index.htm>.

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(b) no changes are made, & (c) it is not sold.*

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. This self -test helps you estimate your compassion status: This includes your risk of burnout, compassion fatigue and satisfaction with helping others. Consider each of the following characteristics about you and your current situation. Print a copy of this test so that you can fill out the numbers and keep them for your use. Using a pen or pencil, write in the number that honestly reflects how frequently you experienced these characteristics **in the last work week**. Then follow the scoring directions at the end of the self-test.

0 Never	1 Rarely	2 A Few Times	3 Somewhat Often	4 Often	5 Very Often
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Items About You

- ___ 1. I am happy.
- ___ 2. I find my life satisfying.
- ___ 3. I have beliefs that sustain me.
- ___ 4. I feel estranged from others.
- ___ 5. I find that I learn new things from those I care for.
- ___ 6. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
- ___ 7. I find myself avoiding certain activities or situations because they remind me of a frightening experience.
- ___ 8. I have gaps in my memory about frightening events.
- ___ 9. I feel connected to others.
- ___ 10. I feel calm.
- ___ 11. I believe that I have a good balance between my work and my free time.
- ___ 12. I have difficulty falling or staying asleep.
- ___ 13. I have outburst of anger or irritability with little provocation
- ___ 14. I am the person I always wanted to be.
- ___ 15. I startle easily.
- ___ 16. While working with a victim, I thought about violence against the perpetrator.
- ___ 17. I am a sensitive person.
- ___ 18. I have flashbacks connected to those I help.
- ___ 19. I have good peer support when I need to work through a highly stressful experience.
- ___ 20. I have had first-hand experience with traumatic events in my adult life.
- ___ 21. I have had first-hand experience with traumatic events in my childhood.
- ___ 22. I think that I need to "work through" a traumatic experience in my life.
- ___ 23. I think that I need more close friends.
- ___ 24. I think that there is no one to talk with about highly stressful experiences.
- ___ 25. I have concluded that I work too hard for my own good.
- ___ 26. Working with those I help brings me a great deal of satisfaction.
- ___ 27. I feel invigorated after working with those I help.

Compassion Satisfaction/Fatigue Self-Test for Helpers - CONTINUED

0 Never	1 Rarely	2 A Few Times	3 Somewhat Often	4 Often	5 Very Often
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- ___ 28. I am frightened of things a person I helped has said or done to me.
 - ___ 29. I experience troubling dreams similar to those I help.
 - ___ 30. I have happy thoughts about those I help and how I could help them.
 - ___ 31. I experienced intrusive thoughts of times with especially difficult people I helped.
 - ___ 32. I have suddenly and involuntarily recalled a frightening experience while working with a person I helped.
 - ___ 33. I am preoccupied with more than one person I help.
 - ___ 34. I am losing sleep over a person I help's traumatic experiences.
 - ___ 35. I have joyful feelings about how I can help the victims I work with.
 - ___ 36. I think that I might have been "infected" by the traumatic stress of those I help.
 - ___ 37. I think that I might be positively "inoculated" by the traumatic stress of those I help.
 - ___ 38. I remind myself to be less concerned about the well being of those I help.
 - ___ 39. I have felt trapped by my work as a helper.
 - ___ 40. I have a sense of hopelessness associated with working with those I help.
 - ___ 41. I have felt "on edge" about various things and I attribute this to working with certain people I help.
 - ___ 42. I wish that I could avoid working with some people I help.
 - ___ 43. Some people I help are particularly enjoyable to work with.
 - ___ 44. I have been in danger working with people I help.
 - ___ 45. I feel that some people I help dislike me personally.
- Items About Being a Helper and Your Helping Environment**
- ___ 46. I like my work as a helper.
 - ___ 47. I feel like I have the tools and resources that I need to do my work as a helper.
 - ___ 48. I have felt weak, tired, run down as a result of my work as helper.
 - ___ 49. I have felt depressed as a result of my work as a helper.
 - ___ 50. I have thoughts that I am a "success" as a helper.
 - ___ 51. I am unsuccessful at separating helping from personal life.
 - ___ 52. I enjoy my co-workers.
 - ___ 53. I depend on my co-workers to help me when I need it.
 - ___ 54. My co-workers can depend on me for help when they need it.
 - ___ 55. I trust my co-workers.
 - ___ 56. I feel little compassion toward most of my co-workers
 - ___ 57. I am pleased with how I am able to keep up with helping technology.
 - ___ 58. I feel I am working more for the money/prestige than for personal fulfillment.
 - ___ 59. Although I have to do paperwork that I don't like, I still have time to work with those help.
 - ___ 60. I find it difficult separating my personal life from my helper life.
 - ___ 61. I am pleased with how I am able to keep up with helping techniques and protocols.
 - ___ 62. I have a sense of worthlessness/disillusionment/resentment associated with my role as a helper.
 - ___ 63. I have thoughts that I am a "failure" as a helper.
 - ___ 64. I have thoughts that I am not succeeding at achieving my life goals.
 - ___ 65. I have to deal with bureaucratic, unimportant tasks in my work as a helper.
 - ___ 66. I plan to be a helper for a long time.

COMPASSION FATIGUE ASSESSMENT PROFILE

1. Compassion Satisfaction/Fatigue Self Test (Stamm & Figley, 1998, 1995)

Measures

- ◆ Compassion Satisfaction
- ◆ Compassion Fatigue
- ◆ Burnout

Scoring

- ◆ Circle the following 23 items: 4, 6-8, 12-13, 15-16, 18, 20-22, 28-29, 31-34, 36, 38-40, 44.
- ◆ Put a check by the following 16 items: 17, 23-25, 41-42, 45, 48, 49, 51, 56, 58, 60, 62-65.
- ◆ Put an "X" by the following 26 items: 1-3, 5, 9-11, 14, 19, 26-27, 30, 35, 37, 43, 46-47, 50, 52-55, 57, 59, 61, 66.
- ◆ (Add the numbers you wrote next to the items for each set of items and note:)
- ◆ Add all circled numbers for your *Compassion Fatigue risk factor*: TOTAL = _____
26 or less=extremely low risk; 27-30=low risk; 31-35=moderate risk; 36-40=high risk; 41 or more=extremely high risk.
- ◆ Add all numbers with checks beside them for your *Burnout risk*: TOTAL = _____
36 or less=extremely low risk; 37-50=moderate risk; 51-75=high risk; 76-85=extremely high risk.
- ◆ Total numbers marked "X" for *Compassion Satisfaction factor*: TOTAL= _____
118 and above=extremely high potential; 100-117=high potential; 82-99=good potential; 64-81=modest potential; below 63-0=low potential.

FURTHER INTERPRETATION (Figley, In Press)

Distinguish between changing jobs & changing ways: Look at your 3 sub-scores and the various combinations:

Score	Burnout Level	ComFat* Level	ComSat** Level
High	High Burnout	High CF	High Satisfaction
Medium	Mod Burnout	Mod CF	Mod Satisfaction
Low	Low Burnout	Low CF	Low Satisfaction

Change Careers: High Burnout, High CF, Low Satisfaction
Change Jobs: High Burnout, Low CF, High Satisfaction
Stay & Manage Stress: Low Burnout, High CF, Mod Satisfaction
Change Client: Low Burnout, Low CF, Low Satisfaction

*ComFat: Compassion Fatigue Level

** ComSat: Compassion Satisfaction Level

