

Vicarious Trauma Assessment and Prevention

Many public health workers have direct contact with participants and their lives. As you may have found, your compassion for those you work with can affect you in positive and negative ways. Below are some questions about your experiences as a public health worker adapted from the [Professional Quality of Life Scale and the PTSD Checklist – Civilian Version](#). Your responses will allow you to assess your level of burnout and vicarious trauma, as well as reflect on key areas that may be contributing to these levels. The results should inform next steps and necessary personal and professional changes in your life (see NASTAD's [Workplace Wellness Strategies](#) resource for ideas). Organizations can also leverage this assessment to inform necessary cultural shifts and organizational practices to better support staff with their healing.

Disclaimer: this is not a clinical diagnostic assessment. This tool should be used for self-assessment and reflection. Additionally, some of the statements in this assessment may be triggering. Please be mindful of your well-being; take breaks as needed as you complete this assessment.

INSTRUCTIONS

Consider each of the following questions about you and your current work situation. Select the number below that honestly reflects how frequently you have experienced each prompt in the last 30 days; be sure to respond to every question.

1 Never **2** Rarely **3** Sometimes **4** Often **5** Very Often

1. I feel overwhelmed by the thought of going to work each day.
2. I feel exhausted from the moment I get to work.
3. I am unable to stop thinking about a particular situation I worked on.
4. I have little motivation when I am at work.
5. I have a difficult time not thinking about work when I am home.
6. I am startled easily by loud noises.
7. I am easily irritated and have a harder time re-centering once I am irritated.
8. I feel like I have little to no control over my day-to-day life.
9. I feel as though I am experiencing the trauma of someone else (I have helped).
10. I am preoccupied with wanting to follow-up with specific participants I have interacted with.
11. I feel overwhelmed by the system I work within.
12. I have a difficult time seeing any good in the work I have done.
13. I feel trapped by my work.
14. I am having a difficult time falling asleep.

INSTRUCTIONS

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15. I have headaches which only occur when I am at work.
16. I have had a change in appetite.
17. I no longer find pleasure in the things I used to do for fun.
18. I do not want to attend supervision.
19. I am avoiding my colleagues.
20. I have begun to procrastinate more.
21. I no longer find joy in my work.
22. I have little to no compassion for the clients I engage with.
23. I feel distant or cut off from other people.
24. I feel emotionally numb or feel unable to have loving feelings for those close to me.
25. I am having trouble staying asleep.
26. I have difficulty concentrating.
27. I am “super alert” or watchful/on guard.
28. I am feeling jumpy.
29. I feel as if my future will somehow be cut short.
30. I am having angry outbursts.

 **SCORE**

What does your score mean?

Score	Score Classification	What to do (i.e., for the individual, supervisor, or organization)
30-33	No signs of burnout	<p>INDIVIDUAL: make note of how you are doing and what your day-to-day looks like to determine if there are any shifts for you in the future and how to address them before you begin to feel burnt out.</p> <p>SUPERVISOR: check-in at 1:1 meeting to assess if staff feel burnt out even if there are no clear signs. Supervisors can be proactive with their response rather than waiting for burnout to occur. The identification of these signs should never rest solely with the employee—that shifts responsibility to be communal/relationship-based, rather than one person needing to state that personally.</p>
34 - 62	Low risk of burnout unless some factors are particularly severe.	<p>SUPERVISOR: supervisors should be touching base to determine the best ways to support you, ensuring increased levels of burnout do not occur. This can and should include decreased workload and/or additional time off, as well as connection to clinical supervision (i.e., supervision with someone who has a therapeutic background/credential), if possible.</p>
63 - 75	High risk of burnout	<p>In addition to the recommendations listed under the low risk of burnout,</p> <p>INDIVIDUAL AND SUPERVISOR: steps put in place for those beginning to experience burnout should be continued and tweaked as necessary. Additional time off, change in work schedule, and workload should be discussed and implemented.</p> <p>SUPERVISOR: taking responsibility and advocating on behalf of their staff to make the organization aware that the risk of burnout is high so that organizational change can start occurring and additional support can be offered to staff before burnout has occurred.</p>
76 - 90	Burnout	<p>In addition to the recommendations listed under the low and high risk of burnout,</p> <p>INDIVIDUAL: those falling into this category should provide their organization feedback so the organization can gain understanding of what led to burnout to be addressed at a structural level.</p> <p>SUPERVISOR AND ORGANIZATION: ensure staff who are burnt out have additional time off either each day or can end their week early.</p> <p>ORGANIZATION: provide access to free or low-cost counseling, e.g., employee assistance program (EAP), online counseling services, and insurance plans inclusive of accessible mental health benefits.</p>
90 - 150	Vicarious trauma	<p>In addition to the recommendations listed under the low, high-risk, and burnout,</p> <p>ORGANIZATION: to address and heal from vicarious trauma, having a substantial amount of time away from work may be necessary to re-center. Ongoing clinical supervision and connection to peers can also be helpful in addressing and dealing with vicarious trauma. Organizations should prepare and implement protocols to prevent vicarious trauma that include necessary time off with job security.</p>

Key Definitions

PROFESSIONAL BURN-OUT

“Burn-out is a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed. It is characterized by three dimensions: feelings of energy depletion or exhaustion; increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and, reduced professional efficacy.” ([WHO](#))

VICARIOUS TRAUMA

“The profound shift in worldview that occurs in helping professionals when they work with individuals who have experienced trauma: helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.” ([Pearlman & Saakvitne, 1995](#))

Practices at different levels to prevent workforce burnout or vicarious trauma:

ORGANIZATION:

1. Be employee centered.
2. Incentivize taking time off.
3. Provide free counseling for staff who have most direct contact with clients.
4. Have clear and transparent job descriptions.
5. Lead by example.
6. Create a pool of time off so that some staff who may not utilize or need their personal time off as much can provide it for colleagues that do.
7. Provide ongoing options for working from home. Consider working hours that account for each individual’s learning style, personal lifestyle, and lived experiences (i.e., flex hours).
8. Create a support group for supervisors.
9. Utilize NASTAD’s [Workplace Wellness Strategies](#) resource.

SUPERVISOR:

1. Provide space within supervision for individuals to process work-related stress and any triggering interactions they may have had.
2. Recognize that hearing about a colleague’s trauma might cause you to experience vicarious trauma. Ensure these experiences are addressed by tapping into the organization’s support mechanisms for staff and supervisors specifically.
3. Have options available for individuals to adjust their workload as and provide time off as needed.
4. Be proactive when engaging with supervisees to help prevent burnout or reduce its impact prior to the supervisee precipitating to the point of vicarious trauma.

COLLEAGUES:

1. Check-in with your colleagues, ask how they are doing.
2. Share your own experiences. Lean into vulnerability.
3. Offer to talk through scenarios with colleagues that may be helpful for them.
4. Fill out and share the above section of this form with colleagues. Use it to check-in with one another.

INDIVIDUAL:

1. Practice [self-compassion](#).