Trauma Informed Worksheet
The Inevitable Impact of Trauma Work September 2019

There are legal and ethical guidelines that clearly state the responsibility of the agency together with the professional to conduct themselves to high standards. Both the agency and the individual worker have responsibility to prepare for the inevitable impact of trauma work, intervene when it is happening, and address the needs of those negatively impacted by the work.

Activity: Conduct an observational assessment of yourself and workplace.

In the past week, have you recognized some of the symptoms in yourself? Put the highest of the possible scores on each symptom and tally the total.

- Yes, personally as recently as this week. (4)
- Yes, personally as recently as the past month. (3)
- Once in a while, but no more than usual for me, personally. (2)
- Not really, more than anything I see it affecting my colleagues. (1)
- No, this is a very rare situation for both me and my colleagues. (0)

<table>
<thead>
<tr>
<th>Physical</th>
<th>Emotional</th>
<th>Mental</th>
<th>Spiritual</th>
<th>Behavioral</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhaustion</td>
<td>Feeling overwhelmed</td>
<td>Negativity</td>
<td>Inability to engage</td>
<td>Decline in performance</td>
<td></td>
</tr>
<tr>
<td>Headaches</td>
<td>Depression</td>
<td>Self-doubt</td>
<td>Wounded ideals</td>
<td>Boredom</td>
<td></td>
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<tr>
<td>High blood</td>
<td>Emotional fragility</td>
<td>Blame</td>
<td>Cynicism</td>
<td>Irritability</td>
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<tr>
<td>pressure</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Insomnia</td>
<td>Helplessness</td>
<td>Mental apathy</td>
<td>Apathy</td>
<td>Increased addictions or dependencies</td>
<td></td>
</tr>
<tr>
<td>Dreams</td>
<td>Hopelessness</td>
<td>Foggy thinking</td>
<td>Disillusionment</td>
<td>Reckless behavior</td>
<td></td>
</tr>
<tr>
<td>Chronic tension-linked pain</td>
<td>Anxiety</td>
<td>Lack of insight into reduced capacity to function well</td>
<td>Neglecting one’s own safety and physical needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Back pain</td>
<td>Emotional exhaustion</td>
<td>Reduced sense of accomplishment and purpose</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stomach complaints</td>
<td>Mistrust of colleagues &amp; supervisors</td>
<td>Feeling unappreciated or betrayed by the organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exhaustion</td>
<td>Interpersonal difficulties</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Total points:
Agency’s duty to create trauma-informed environments, policies and processes

The agency is the workplace and the employer or contractor or otherwise funded organization to provide services paid for in part or whole by the taxpayer. It is the primary responsible party for the implementation of ethical practices within the agency’s scope of practice, including trauma-informed services.

While we all agree that agencies that engage corrupt, abusive, or controlling actions or allow for those behaviors to be engaged in are obviously not going to be places of safety and healing. When agencies are blind to these behaviors even in miniature, they might be as disbelieving of their employees’ and clients’ complaints and concerns as victims are disbelieved when reporting what has happened or is happening.

Bringing in an assessment, internally or externally, can help agencies see their own blind spots and have an effective action plan to make thing better. Sometimes the system cannot see itself clearly enough to assess itself and outsiders are needed to assess practice and provide recommendations.

Clear actions from the agency speak the loudest. Agencies can, as documented by Voss et al., (2011), commit to any of the following organizational preventive measures:

- Reduce clinicians’ caseload size
- Divide responsibility for trauma patients between multiple providers
- Allow clinicians autonomy in scheduling
- Provide appropriate resources (e.g., manuals, test materials, etc.)
- Provide support staff to manage administrative issues
- Encourage discussion and healthy debate among team members
- Offer peer-support groups for staff
- Provide training related to trauma-specific issues and evidence-based practices
- Provide supervision opportunities for all clinicians (regardless of licensure)
- Encourage diversity in staff responsibilities (e.g., supervision, research, etc.)
- Provide opportunities for staff development
- Regularly reward staff successes
- Encourage intake interviews prior to clinician assignment

For agencies to become trauma-informed, a written statement of commitment to the values of being trauma informed. While these values might seem new or different, they are deeply imbedded in ethical practices since the beginning of professional codes of conduct. Many times
agencies see the trauma-informed values as clear markers to develop skills for both staff and clients.

**Activity:** Compare the trauma-informed values (SAMHSA, 2014), the skills needed to develop the SAMHSA principles and the principles of the ancient Hippocratic oath. What is similar? What is different?

<table>
<thead>
<tr>
<th>SAMSHA Trauma-informed Values (2014)</th>
<th>Trauma-informed skills</th>
<th>Hippocratic oath’s principles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety (phys and emo)</td>
<td>Build safe coping skills</td>
<td>Avoiding harm</td>
</tr>
<tr>
<td>Trustworthiness and Transparency</td>
<td>Become more transparent, become known to someone</td>
<td>Confidentiality and informed consent</td>
</tr>
<tr>
<td>Peer Support</td>
<td>Identify safe connections</td>
<td>Avoiding exploitation</td>
</tr>
<tr>
<td>Collaboration and Mutuality</td>
<td>Work on something you care about with other who care about the same thing</td>
<td>Respect</td>
</tr>
<tr>
<td>Empowerment, Voice and Choice</td>
<td>Develop personal power: ability to speak and act autonomously</td>
<td>Competence</td>
</tr>
<tr>
<td>Cultural, Historical, and Gender Issues</td>
<td>Accept messages that help; disregard messages that hurt</td>
<td>Social equity and justice</td>
</tr>
</tbody>
</table>

The principles adapted from the Hippocratic oath in Pope at al., 1987.

**Activity:** Develop a written statement of commitment for your agency:

__________________________________________________________ (Name of agency ) ____________________________________________

__________________________________________________________

__________________________________________________________

Ideas:

- “Commits to creating a environment that is conducive to offering services that are safe, effective and humane.”
- “Commits to embracing the core values of the SAMHSA model (TIP 57): Safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice and choice and historical, gendered and cultural messages.”
- “Acknowledges the widespread impact of trauma on its clients, community, staff and system and commits to increasing physical and emotional safety in all interactions.”
- Add trauma-informed language into job announcements, hiring interviews, job descriptions, performance evaluations.
- Announce the written statement of commitment in newsletters, meetings and other public forums.
The individual’s duty to listen to self and act safely to meet one’s own needs

The individual has a personal responsible to self that no one else shares. Much of what happens on a day-to-day or hour-by-hour basis are things that the individual does for themselves. Should one be a relentless self-destructive force against one’s self, it is clearly impossible to work in this field long term, unless the system itself is similarly destructive. Self-care is an essential prerequisite for one’s own life. It is also the best sign of one’s own personal trauma recovery. As self-destruction is the internalized state of trauma, so self-care is the internalized state of trauma recovery. It does what no one else can do: listen to your own needs.

Step One: Know thyself
- The first step is to listen to own self-care strengths and needs.
- Measure using a validated, objective tool.
- Use objective personal inventory to measure strengths and areas in need of attention.
- Identify an unsafe/unproductive behavior to reduce as a personal measure.

Step Two: Commit to thyself
- Make it part of the job, life, plans and growth.
- Tell a close friend or co-worker about your commitment.
- Write down your commitment and review the commitment every week.

Step Three: Make thy own plan of action
- Identify specific activities.
- Identify people who share these same goals.
- Schedule time in calendar with alerts.
- Notice barriers and problems with compassion.

Step Four: Act on thine plan
- Re-measure using validated tool.
- Change aspects of the plan that are not working.
- Re-commit!
- Write down or artistically journal your entire journey.

Never discourage anyone who makes progress, no matter how slow - Plato
Individual protective measures

- Engage in leisure activities outside of work
- Balance caseload with variety of patients
- Create a strong support system outside of work
- Be aware of posttraumatic stress disorder symptoms in self
- Seek therapy if necessary
- Seek support from other colleagues
- Nurture one’s spiritual self
- Keep abreast of current research on evidence-based practices
- Seek supervision as needed
- Maintain a balanced workload (e.g., engage in activities other than clinical duties, such as research and teaching)
- Participate in professional development activities and continuing education
- Maintain good physical health (e.g., sleep, hygiene, exercise, healthy eating)

<table>
<thead>
<tr>
<th>If you have 2 minutes</th>
<th>If you have 5 minutes</th>
<th>If you have 10 minutes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathe</td>
<td>Listen to music</td>
<td>Evaluate your day</td>
</tr>
<tr>
<td>Stretch</td>
<td>Have a cleansing cry</td>
<td>Write in a journal</td>
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<tr>
<td>Daydream</td>
<td>Chat with a co-worker</td>
<td>Meditate</td>
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<tr>
<td>Take your stress temperature</td>
<td>Sing out loud</td>
<td>Tidy your work area</td>
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<tr>
<td>Laugh</td>
<td>Jot down dreams</td>
<td>Assess your own self care</td>
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<tr>
<td>Doodle</td>
<td>Step outside for fresh air</td>
<td>Draw a picture</td>
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<tr>
<td>Acknowledge one of your accomplishments</td>
<td>Find something beautiful to admire</td>
<td>Dance</td>
</tr>
<tr>
<td>Say no to a new responsibility</td>
<td>Plan and schedule something fun to do this weekend</td>
<td>Listen to soothing sounds</td>
</tr>
<tr>
<td>Complement yourself</td>
<td>Chair yoga</td>
<td>Surf the web</td>
</tr>
<tr>
<td>Look out the window</td>
<td>Have breakfast with your family.</td>
<td>Read a magazine</td>
</tr>
<tr>
<td>Spend time with your pet</td>
<td>Look up a community group you may be interested in joining</td>
<td>Talk to a friend, family member or co-worker about a problem or frustration</td>
</tr>
<tr>
<td>Share a favorite joke</td>
<td></td>
<td>Evaluate your day</td>
</tr>
<tr>
<td>Look at the safe coping skills sheet</td>
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<td>Write in a journal</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Meditate</td>
</tr>
</tbody>
</table>
Recommended reading

- Bill O'Hanlon (2011) Quick Steps to Resolving Trauma
- Babette Rothschild (2010) 8 Keys to Safe Trauma Recovery
- Laura Parnell (2008) Tapping In
- Najavits Finding your best self (2018)

Validated tools to measure aspects of the impact of trauma work on the professional:

- Professional Quality of Life Scale (ProQoL) 33
  - 30 items and represents attempts to combine earlier subscales on compassion satisfaction with compassion fatigue.
- Compassion Fatigue Self-Test for Psychotherapists (CFST)
  - 40-item scale including items on both compassion fatigue (CFST-CF) and burnout (CFST-BO) for a total composite score.
- The Maslach Burnout Inventory
  - 22-item self-report survey with three subscales: the emotional exhaustion (EE) items refer to a clinician being strained mentally and emotionally; the depersonalization (DP) subscale evaluates his or her ability to differentiate self from client experiences; and the personal accomplishment (PA) items assess gratification and sense of efficacy from work.
- Secondary Traumatic Stress Scale (STSS)
  - 17-item self-report measure that specifically assesses symptoms consistent with the DSM-IV criteria of PTSD.

Citations


Pope, Kenneth S., Tabachnick, Barbara G., Keith-Spiegel, Patricia, Ethics of practice: The beliefs and behaviors of psychologists as therapists, American Psychologist, Vol 42(11), Nov 1987, 993-1006

Transforming the Pain: A Workbook on Vicarious Traumatization. Saakvitne, Pearlman & Staff of TSI/CAAP (Norton, 1996)

WHO (Five) Well-Being Index (1998 version)
  o https://www.psykiatri-regionh.dk/who-5/who-5-questionnaires/Pages/default.aspx