

PTSD

DSM-V definition: After a trauma (the experience, threat, or witnessing of physical harm, e.g., rape, hurricane), the person has each of the following key symptoms for over a month, and they result in decreased ability to function (e.g., work, social life): intrusion (e.g., flashbacks, nightmares); avoidance (not wanting to talk about it or remember); negative thoughts and mood; and arousal (e.g., insomnia, anger).

Simple PTSD results from a single event in adulthood (DSM-V symptoms); Complex PTSD is not a DSM term but may result from multiple traumas, typically in childhood (broad symptoms, including personality problems)

Rates: 10% for women, 5% for men (lifetime, U.S.). Up to 1/3 of people exposed to trauma develop PTSD.

Treatment: if untreated, PTSD can last for decades; if treated, people can recover. Evidence-based treatments include cognitive-behavioral-- coping skills training and exposure, i.e., processing the trauma story.

Substance Abuse

"The compulsion to use despite negative consequences" (e.g., legal, physical, social, psychological). Note that neither amount of use nor physical dependence define substance abuse.

DSM-V term is "substance-related and addictive disorder", which can be mild, moderate, or severe.

Rates: 35% for men; 18% for women (lifetime, U.S.)

It is treatable disorder and a "no-fault" disorder (i.e., not a moral weakness)

Two ways to give it up: "cold turkey" (give up all substances forever; abstinence model) or "warm turkey" (*harm reduction*, in which any reduction in use is a positive step); *moderation management*, some people can use in a controlled fashion-- but only those not dependent on substances, and without co-occurring disorders).

The Link Between PTSD and Substance Abuse

About PTSD and substance abuse

Rates: Of clients in substance abuse treatment, 12%-34% have current PTSD. For women, rates are 33%-59%.

Gender: For women, typically a history of sexual or physical childhood trauma; for men, combat or crime

Drug choice: No one drug of choice, but PTSD is associated with severe drugs (cocaine, opioids); in 2/3 of cases the PTSD occurs first, then substance abuse.

Treatment issues

Other life problems are common: other Axis I disorders, personality disorders, interpersonal and medical problems, inpatient admissions, low compliance with aftercare, homelessness, domestic violence.

PTSD does not go away with abstinence from substances; and, PTSD symptoms are widely reported to become worse with initial abstinence.

Splits in treatment systems (mental health versus substance abuse).

Fragile treatment alliances and multiple crises are common.

Treatments helpful for either disorder alone may be problematic if someone has both disorders (e.g., emotionally intense exposure therapies, benzodiazepines), and should be evaluated carefully prior to use.

Recommended treatment strategies

Treat both disorders at the same time. Research supports this and clients prefer this.

Decide how to treat PTSD in context of active substance abuse. Options: (1) Focus on present only (coping skills, psychoeducation, educate about symptoms) [safest approach, widely recommended]. (2) Focus on past only (tell the trauma story) [high risk; works for some clients] (3) Focus on both present and past

Diversity Issues

Respect cultural differences and tailor treatment to be sensitive to historical prejudice. Recognize that terms such as *trauma*, *PTSD*, and *addiction* may be interpreted differently based on culture. Cultures also have protective factors (religion, kinship) that may prevent or heal trauma / addiction.

Seeking Safety

About Seeking Safety

✧ A present-focused model to help clients (male and female) attain safety from PTSD and substance abuse.

✧ Up to 25 topics that can be conducted in any order, doing as many as time allows:

- Interpersonal topics: Honesty, Asking for Help, Setting Boundaries in Relationships, Getting Others to Support Your Recovery, Healthy Relationships, Community Resources
- Cognitive topics: PTSD: Taking Back Your Power, Compassion, When Substances Control You, Creating Meaning, Discovery, Integrating the Split Self, Recovery Thinking
- Behavioral topics: Taking Good Care of Yourself, Commitment, Respecting Your Time, Coping with

Triggers, Self-Nurturing, Red and Green Flags, Detaching from Emotional Pain (Grounding)

- Other topics: Introduction/Case Management, Safety, Life Choices, Termination

✧ Designed for flexible use: can be conducted in group or individual format; for women, men, or mixed-gender; using all topics or fewer topics; in a variety of settings; and with a variety of providers (and peers).

Key principles of *Seeking Safety*

- ☞ Safety as the goal for first-stage treatment (later stages are mourning and reconnection)
- ☞ Integrated treatment (treat both disorders at the same time)
- ☞ A focus on ideals to counteract the loss of ideals in both PTSD and substance abuse
- ☞ Four content areas: cognitive, behavioral, interpersonal, case management
- ☞ Attention to clinician processes: balance praise and accountability; notice your own emotional responses (fear, wish to control, joy in the work, disappointment); all-out effort; self-care

Additional features

- * Trauma details not part of group therapy; in individual therapy, assess client's safety and monitor carefully (particularly if has history of severe trauma, or if client is actively using substances)
- * Identify meanings of substance use in context of PTSD (to remember, to forget, to numb, to feel, etc.)
- * Optimistic: focus on strengths and future
- * Help clients obtain more treatment and attend to daily life problems (housing, AIDS, jobs)
- * Harm reduction model or abstinence
- * 12-step groups encouraged, not required
- * Empower clients whenever possible
- * Make the treatment engaging: quotations, everyday language
- * Emphasize core concepts (e.g., "You can get better")

Evidence Base

Seeking Safety is an evidence-based model, with over 45 published research articles and consistently positive results. For all studies, go to www.seekingsafety.org, section Evidence. Studies include pilots, randomized controlled trials, multi-site trials.

Resources on *Seeking Safety*. All below are available from www.seekingsafety.org and/or from the order form at the end of this packet of handouts.

- ✧ **Implementation / research articles**: all articles related to Seeking Safety can be freely downloaded.
- ✧ **Training**: training calendar and information on setting up a training (section Training).
- ✧ **Consultation**: on clinical implementation, research studies, evaluation projects.
- ✧ **Fidelity Scale**: free download (section Assessment).
- ✧ **Book**: *Seeking Safety: A Treatment Manual for PTSD and Substance Abuse*. Has the clinician guide and all client handouts. Also available in **Spanish, French, German, Swedish, Dutch, Polish, Chinese, Vietnamese, Portuguese, Italian, and Greek**. Upcoming: Japanese and Arabic will also become available.
- ✧ **DVD training series**: four videos provide training on Seeking Safety. (1) *Seeking Safety* (two hour training video by Lisa Najavits); (2) *Asking for Help* (one-hour demonstration of a group session with real clients); (3) *A Client's Story* (26 minute unscripted life story by a male trauma survivor) and *Teaching Grounding* (16 minute example of the grounding script from Seeking Safety with a male client); (4) *Adherence Session* (one hour session that can be rated with the Seeking Safety Adherence Scale).
- ✧ **Online learning**
- ✧ **Teaching Guide to Introduce Seeking Safety to your agency**
- ✧ **Engagement materials**: card deck, poster, magnets, wallet card, key chain of the safe coping skills; in English, Spanish, French.

Contact Information

Contact: *Treatment Innovations*, 28 Westbourne Road, Newton Centre, MA 02478; 617-299-1610 [phone]; info@treatment-innovations.org [email]; www.seekingsafety.org or www.treatment-innovations.org [web]

We can add you to the Seeking Safety website to list that you conduct Seeking Safety. If desired email info@seekingsafety.org your basic information. *Example*: Boston, MA: Karen Smith, LICSW; group and individual Seeking Safety; private practice with sliding scale. 617-300-1234. Karensmith@netzero.com.

Resources on Substance Abuse and Trauma

a) Substance abuse	
National Clearinghouse for Alcohol and Drug Information	800-729-6686; www.health.org
National Drug Information, Treatment & Referral Hotline	800-662-HELP; http://csat.samsha.gov
Alcoholics Anonymous	800-637-6237; www.aa.org
SMART Recovery (alternative to AA)	www.smartrecovery.org
Addiction Technology Transfer Centers	www.nattc.org
Harm Reduction Coalition	212-213-6376; www.harmreduction.org
b) Trauma / PTSD	
International Society for Traumatic Stress Studies	708-480-9028; www.istss.org
International Society for the Study of Dissociation	847-480-9282; www.issd.org
National Centers for PTSD (extensive literature on PTSD)	802-296-5132; www.ptsd.va.gov
National Child Traumatic Stress Network	310-235-2633; www.nctsn.org
National Center for Trauma-Informed Care	866-254-4819; mentalhealth.samhsa.gov/nctic
National Resource Center on Domestic Violence	800-537-2238; www.nrcdv.org
Department of Veterans Affairs	800-827-1000; www.ptsd.va.gov
EMDR International Association	866-451-5200; www.emdria.org
Community screening for PTSD and other disorders	www.mentalhealthscreening.org
Sidran Foundation (trauma information, support)	410-825-8888; www.sidran.org

Educational Materials

Books on PTSD

- Herman J. L. (1992). Trauma and Recovery. New York, Basic Books.
- Fallot, R.D. & Harris, M. (2001). Using Trauma Theory to Design Service Systems. San Francisco: Jossey-Bass.
- Briere, J.N. & Scott, C. (2006). Principles of Trauma Therapy: A Guide to Symptoms, Evaluation, and Treatment. Thousand Oaks, CA: Sage.
- Hoge, C. C. (2010). Once a Warrior--Always a Warrior: Navigating the Transition from Combat to Home--Including Combat Stress, PTSD, and mTBI. GPP Life Press.
- van der Kolk (2014). The Body Keeps the Score: Brain, Mind and Body in the Healing of Trauma. New York: Viking.
- Levine, P. (2015). Trauma and Memory. Berkeley, CA: North Atlantic Books.
- Evans, A. (2017). Trauma-Informed Care: How Neuroscience Influences Practice: Routledge.

Books on Substance Abuse

- Beck A. T., Wright J., et al. (1993). Cognitive Therapy of Substance Abuse. New York: Guilford.
- Miller, W. R., Zweben, A., et al. (1995). Motivational Enhancement Therapy Manual (Vol. 2). Rockville, MD: U.S. Department of Health and Human Services. Free from www.health.org.
- Fletcher, A. (2001). Sober for Good. Boston: Houghton Mifflin.
- Najavits L. M. (2002). A Woman's Addiction Workbook. Oakland, CA: New Harbinger.
- Alter, A. (2017). Irresistible: The rise of addictive technology and the business of keeping us hooked: Penguin.

Books on PTSD and Substance Abuse

- Najavits L. M. (2002). Seeking Safety: A Treatment Manual for PTSD and Substance Abuse. New York: Guilford.
- Mate, G. (2010). In the Realm of Hungry Ghosts. Berkeley, CA: North Atlantic Books.
- Ouimette, P. & Read, J. (2013) Trauma and Substance Abuse: Causes, Consequences, and Treatment of Comorbid Disorders (2nd edition). Washington, DC: American Psychological Association Press.
- Black, C. (2017). Unspoken Legacy: Addressing the Impact of Trauma and Addiction within the Family. Las Vegas: Central Recovery Press.
- Najavits, L. M. (2017). Recovery from Trauma, Addiction or Both: Finding Your Best Self. New York, NY: Guilford Press.

Videos

- Najavits, L.M. (2006). Video training series on Seeking Safety; www.treatment-innovations.org.
- Najavits, L.M., Abueg F, Brown PJ, et al. (1998). Nevada City, CA: Cavalcade [800-345-5530]. Trauma and substance abuse. Part I: Therapeutic approaches [For professionals]; Part II: Special treatment issues [For professionals]; Numbing the Pain: Substance abuse and psychological trauma [For clients]

Clinically-Relevant Articles

1. Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2005). Lifetime prevalence and age of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 593-602.
2. Najavits, LM, Schmitz, M, Johnson, KM, Smith, C, North, T et al. (2009). Seeking Safety therapy for men: Clinical and research experiences. In Men and Addictions. Nova Science Publishers, Hauppauge, NY.
3. Hien, D. A., Levin, F. R., Ruglass, L. M., López-Castro, T., Papini, S., Hu, M.-C., et al. (2015). Combining Seeking Safety With Sertraline for PTSD and Alcohol Use Disorders: A Randomized Controlled Trial. Journal of Consulting and Clinical Psychology, 83(2), 359-369.
4. Najavits, L. M., Hien, D.A. (2013). Helping vulnerable populations: A comprehensive review of the treatment outcome literature on substance use disorder and PTSD Journal of Clinical Psychology 69: 433-480.
5. Marsh, T., Young, N., Meek, S., Najavits, L.M., Toulouse, P. (2016). Impact of Indigenous Healing and Seeking Safety on Intergenerational Trauma and Substance Use in an Aboriginal Sample. Journal of Addiction Research & Therapy 7(3): 1-10.
6. Lenz AS, Henesy R, Callender K. (2016). Effectiveness of Seeking Safety for co-occurring posttraumatic stress disorder and substance use. Journal of Counseling & Development. 94(1):51-61.
7. Najavits, L. M., Hyman, S. M., Ruglass, L. M., Hien, D. A., & Read, J. P. (2017). Substance use disorder and trauma. In S. Gold, J. Cook, & C. Dalenberg (Eds.), *Handbook of Trauma Psychology* (pp. 195-214): American Psychological Association.
8. Knight, C. (2018). Trauma-informed supervision: Historical antecedents, current practice, and future directions. The Clinical Supervisor: 1-31.

Pubmed (medical literature): <http://www.ncbi.nlm.nih.gov/entrez/>

Treatment Innovations
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 617-701-1295 (fax)
 orders@treatment-innovations.org (email)

Seeking Safety

www.treatment-innovations.org
 www.seekingsafety.org

It's simplest to use the Store at www.treatment-innovations.org, but if you prefer you can fill out this form or call in a phone order (617-299-1670).

✧ Seeking Safety Clinical Resources ORDER FORM ✧

	Each	Number	Total
✧ TRAINING DVDs ✧			
Set of all 4 Seeking Safety training DVDs below (one each of #1, 2, 3, 4)	\$ 352	X _____	= \$ _____
DVD #1 – <i>Seeking Safety</i> (2 hours)	\$ 127	X _____	= \$ _____
DVD #2 – <i>Therapy Session: Asking for Help</i> (1 hour)	\$ 127	X _____	= \$ _____
DVD #3 – <i>A Client's Story / Example of Grounding</i> (36 mins.)	\$ 68	X _____	= \$ _____
DVD #4 – <i>Adherence Session: Healthy Relationships</i> (1 hour)	\$ 68	X _____	= \$ _____
VHS tapes are available at 50% lower cost than DVDs—email if interested If preferred, videos can be rented; see website Store			
✧ POSTER ✧			
Safe Coping Skills poster with scenic design (English, Spanish) # of English _____ Spanish _____	\$ 18.50	X _____	= \$ _____
✧ CARD DECKS 112 cards, can play as a game ✧			
Card Deck of Safe Coping Skills (English, Spanish) # of English _____ Spanish _____	\$ 18.50	X _____	= \$ _____
✧ BOOKS AND TRANSLATIONS ✧			
<i>Seeking Safety</i> (English language)	\$ 60	X _____	= \$ _____
<i>Seeking Safety</i> HIV Guide	\$ 36	X _____	= \$ _____
<i>Seeking Safety</i> (Spanish translation of entire book)	\$ 60	X _____	= \$ _____
<i>Seeking Safety</i> (Spanish client handouts only)	\$ 30	X _____	= \$ _____
<i>Seeking Safety</i> (Chinese translation of entire book)	\$ 50	X _____	= \$ _____
Other translations-- see website or email if interested			
<i>A Woman's Addiction Workbook</i> (English language)	\$ 22	X _____	= \$ _____
NEW! <i>Recovery from Trauma, Addiction or Both: Finding Your Best Self</i> (self-help or counselor-led model)	\$ 16.95	X _____	= \$ _____
✧ CLIENT ENGAGEMENT -- all have free shipping in U.S. ✧			
Grounding Skills Key Chain (English, Spanish) # English _____ Spanish _____	\$ 5.50	X _____	= \$ _____
Safe Coping Skills Magnet: Flowers (English)	\$ 4.75	X _____	= \$ _____
Safe Coping Skills Magnet: Rainbow (English, Spanish) # English _____ Spanish _____	\$ 4.75	X _____	= \$ _____
Wallet-size card of the Safe Coping Skills (English)	\$ 1.25	X _____	= \$ _____
1-page reminder list of Safe Coping Skills (English, Spanish, French) # English _____ Spanish _____ French _____	\$ 1.75	X _____	= \$ _____
✧ TEACHING GUIDES ✧			
For description of the Teaching Guides and materials, see website Store			
Teaching Guide to Introduce <i>Seeking Safety</i> to Your Agency	\$ 85	X _____	= \$ _____
Teaching Guide to Introduce <i>A Woman's Path to Recovery</i> to Your Agency	\$ 75	X _____	= \$ _____
✧ ONLINE COURSES ✧			
For course descriptions and number of CEUs, see website Store			
All Online Learning for Seeking Safety (Courses #1-#6) with CEUs	\$ 173	X _____	= \$ _____
All Online Learning for Seeking Safety (Courses #1-#6) without CEUs	\$ 122	X _____	= \$ _____

a) Add sales tax only if your address is in Massachusetts (add 6.25% or fax us your tax exempt certificate) Plus MA tax, if applicable: \$ _____
 b) Subtract discount (50-99 units of same item, subtract 5%; 100-249 of same item, 10%; 250 or more of same item, 15%). Minus discount: \$ _____

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- If shipping 50 items or more to 1 address, take 15% off the shipping charge. Free-shipping items do not count toward the 50.

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\$7 first item, \$1.25 each additional item. For example, 1 item=\$7; 2 items=\$8.25; 3 items=\$9.75, etc.
- (a) All listed as "client engagement" above have free shipping in the U.S.
- (b) If you are ordering the full set of videos (or DVDs), count that as 1 item, not 4.
- (c) Per postal rules, media mail does not include packing slip.

Priority mail takes 2-3 days
\$14 first item, \$2.50 each additional item. For example, 1 item=\$14; 2 items=\$16.50; 3 items=\$18, etc.

\$ _____

For shipment to an INTERNATIONAL ADDRESS

\$ _____

- (a) Books only: \$18 first book plus \$8 each additional book.
- (b) Books plus other items: \$17 first book plus \$7 each additional book, and \$3 each additional non-book item.
- (c) Posters only: \$13 first item, \$2 each additional item.
- (d) All other items: \$7 first item, \$1 each additional item.

TOTAL COST in US funds \$ _____

Please note:

1. If using a credit card, your statement will say "Treatment Innovations."
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 3. All orders are sent within 5 business days; posters ship separately in mailing tube. Please allow several weeks if you select *media mail*.
 4. All items are shipped with delivery confirmation, which allows verification that the item was delivered.
 5. Institutions: for a completed W-9 and/or FEIN, download it from www.treatment-innovations.org, click *Order*, then *Information for Institutions*. You will also find terms, and business and tax information (no tax charged if you have an address outside of Massachusetts or are tax exempt).
 6. We do not routinely confirm that orders are received. If you want confirmation that your order arrived, please email us.
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 9. To reach us regarding an order, email is best (orders@treatment-innovations.org) but you can call with questions or place a phone order (617-299-1670). We appreciate your interest in these materials. Contact us if you have any questions or feedback.
- Return policy:** DVDs cannot be returned for refund; exchanges only if defective, within 45 days of shipping. The poster, card deck, and books cannot be returned for refund. If any item arrives damaged, please contact us immediately so we can resolve it.
- Privacy policy:** Your information will never be shared with anyone or sold to any list. It is only used to process your order.

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Please either: (1) email this form to orders@treatment-innovations.org (paste it into the email or send as an attachment) OR (2) fax it to 617-701-1295 OR (3) mail it to Treatment Innovations, 28 Westbourne Rd, Newton Centre MA 02459.

ProQOL R-IV
PROFESSIONAL QUALITY OF LIFE SCALE

Compassion Satisfaction and Fatigue Subscales—Revision IV

Helping people puts you in direct contact with their lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. We would like to ask you questions about your experiences, both positive and negative, as a helper. Consider each of the following questions about you and your current situation. Select the number that honestly reflects how frequently you experienced these characteristics in the *last 30 days*.

0=Never	1=Rarely	2=A Few Times	3=Somewhat Often	4=Often	5=Very Often
_____	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 losing sleep over traumatic experiences of a person I help.			
_____	9.	I think that I might have been “infected” by the traumatic stress of those I help.			
_____	10.	I feel trapped by my work 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 as a result of my work as a helper.			
_____	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.	Because of my work as a helper, I feel exhausted.			
_____	20.	I have happy thoughts and feelings about those I help and how I could help them.			
_____	21.	I feel overwhelmed by the amount of work or the size of my casework load I have to deal with.			
_____	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 sensitive person.			
_____	30.	I am happy that I chose to do this work.			

Copyright Information

© B. Hudnall Stamm, 1997-2005. *Professional Quality of Life: Compassion Satisfaction and Fatigue Subscales, R-IV (ProQOL)*. <http://www.isu.edu/~bhstamm>. This test may be freely copied as long as (a) author is credited, (b) no changes are made other than those authorized below, and (c) it is not sold. You may substitute the appropriate target group for *helper* if that is not the best term. For example, if you are working with teachers, replace *helper* with *teacher*.

Disclaimer

This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a health problem without consulting a qualified health or mental health care provider. If you have concerns, contact your health care provider, mental health professional, or your community health center.

Self-scoring directions, if used as self-test

1. Be certain you respond to all items.
2. On some items the scores need to be reversed. Next to your response write the reverse of that score (i.e. 0=0, 1=5, 2=4, 3=3). Reverse the scores on these 5 items: 1, 4, 15, 17 and 29. Please note that the value 0 is not reversed, as its value is always null.
3. Mark the items for scoring:
 - a. Put an **X** by the 10 items that form the **Compassion Satisfaction Scale**: 3, 6, 12, 16, 18, 20, 22, 24, 27, 30.
 - b. Put a **check** by the 10 items on the **Burnout Scale**: 1, 4, 8, 10, 15, 17, 19, 21, 26, 29.
 - c. **Circle** the 10 items on the **Trauma/Compassion Fatigue Scale**: 2, 5, 7, 9, 11, 13, 14, 23, 25, 28.
4. Add the numbers you wrote next to the items for each set of items and compare with the average scores below.

Compassion Satisfaction Scale. The average score is 37 (SD 7; alpha scale reliability .87). About 25% of people score higher than 42 and about 25% of people score below 33. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 33, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout Scale. The average score on the burnout scale is 22 (SD 6.0; alpha scale reliability .72). About 25% of people score above 27 and about 25% of people score below 18. If your score is below 18, this probably reflects positive feelings about your ability to be effective in your work. If you score above 27 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Trauma/Compassion Fatigue Scale. The average score on this scale is 13 (SD 6; alpha scale reliability .80). About 25% of people score below 8 and about 25% of people score above 17. If your score is above 17, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

If you have any concerns, you should discuss them with a health care professional