PROVIDER WELLNESS & WORKFORCE SUSTAINABILITY TOOL

Vicarious Trauma & Secondary Traumatic Stress Self-Assessment for Helping Field Providers

KLASEY CONSULTING

Normalizing the Impact of Caring Work: Providers in behavioral health, social services, healthcare, victim advocacy, and crisis response routinely bear witness to human suffering. **Secondary traumatic stress (STS)** reflects acute stress reactions mirroring post-traumatic stress after exposure to others' trauma, while **vicarious trauma (VT)** involves gradual shifts in how you view safety, trust, control, and meaning in the world **(Pearlman & Saakvitne, 1995)**. Experiencing these impacts is an occupational hazard—not a personal weakness—and early recognition protects both provider well-being and ethical care **(NCTSN, 2011)**.

Provider Name & Role: _____	**Date Completed:** _____
Program / Setting: _____	**Check-In Interval:** _____

Instructions & Frequency Scale (Past 30 Days): Reflect honestly on how often you have experienced each indicator over the past month. Check the corresponding score (0–3) for each item and sum your domain subtotals.

0 = Never / Rarely: Almost never occurred in the past 30 days.

1 = Occasionally: Occurred a few times over the past month.

2 = Often: Occurred regularly (several times per week).

3 = Very Often / Almost Daily: Persistent across work and personal life.

Part 1: Vicarious Trauma & Secondary Stress Indicators

The four domains below assess cognitive worldview shifts, emotional/somatic arousal, avoidance/numbing, and professional boundary strain associated with indirect trauma exposure **(OVC, 2017)**.

Provider Experience & Impact Indicator (Past 30 Days)	0	1	2	3
Domain 1: Cognitive & Worldview Shifts (Vicarious Trauma)				
1.1 I feel heightened hypervigilance or worry that danger and harm are everywhere, even when off duty or with loved ones.	☐	☐	☐	☐
1.2 I notice growing cynicism, distrust of others' motives, or pessimism about humanity and systemic change.	☐	☐	☐	☐
1.3 I feel a diminished sense of personal agency, helplessness, or belief that my efforts make little meaningful difference.	☐	☐	☐	☐

Provider Experience & Impact Indicator (Past 30 Days)	0	1	2	3
1.4 I feel disconnected from my core values, sense of purpose, or spiritual/philosophical grounding (Pearlman & Saakvitne, 1995).	☐	☐	☐	☐
Domain 1 Subtotal: ____ / 12				
Domain 2: Intrusion, Emotional Arousal, & Somatic Stress				
2.1 Unwanted images, stories, or sensory details from clients'/participants' trauma histories intrude into my thoughts outside of work.	☐	☐	☐	☐
2.2 I experience sleep difficulties (trouble falling asleep, waking at night, or distressing dreams) linked to work stressors.	☐	☐	☐	☐
2.3 I feel easily startled, physically tense, irritable, or emotionally on edge with colleagues, family, or friends.	☐	☐	☐	☐
2.4 I notice chronic somatic symptoms—such as headaches, jaw/shoulder tension, gastrointestinal distress, or deep exhaustion (NCTSN, 2011).	☐	☐	☐	☐
Domain 2 Subtotal: ____ / 12				
Domain 3: Avoidance, Emotional Numbing, & Disconnection				
3.1 I feel emotionally numb, detached, or "on autopilot" when listening to difficult disclosures or traumatic narratives.	☐	☐	☐	☐
3.2 I dread or avoid certain appointments, case notes, phone calls, or trauma-related topics because I feel emotionally depleted.	☐	☐	☐	☐
3.3 I withdraw from personal relationships, hobbies, or joyful activities because I lack the energy to connect outside of work.	☐	☐	☐	☐
3.4 I rely more heavily on numbing behaviors (e.g., endless scrolling, overworking, alcohol, or food) to shut off work stress.	☐	☐	☐	☐
Domain 3 Subtotal: ____ / 12				
Domain 4: Role Boundaries, Overload, & Professional Sustainability				
4.1 I feel guilty taking breaks, using paid time off, or leaving work on time when those I serve are still in crisis.	☐	☐	☐	☐
4.2 I find myself over-functioning, rescuing, or taking on responsibilities outside my professional role and scope.	☐	☐	☐	☐
4.3 I carry personal trauma reminders that are being activated by my current caseload without adequate consultation or support.	☐	☐	☐	☐
4.4 I lack regular reflective supervision, peer debriefing, or leadership support to process the emotional weight of my role (SAMHSA, 2014).	☐	☐	☐	☐
Domain 4 Subtotal: ____ / 12				

Part 2: Scoring Summary & Wellness Interpretation Guide

Add your four domain subtotals (maximum 48 points) to gauge your current level of indirect trauma impact and identify supportive next steps **(OVC, 2017)**.

Total Score Range	Impact Level	Recommended Self-Care & Organizational Actions
0 – 12 Points *(Your Score: _____ / 48)*	**Low / Sustainable**	Your current coping rituals, boundaries, and support systems are buffering work stress effectively. Continue protective routines, reflective supervision, and proactive rest.
13 – 24 Points	**Mild to Moderate**	Early signs of secondary stress or worldview fatigue are emerging. Re-establish end-of-day transition rituals, protect lunch/rest breaks, and debrief heavy cases with a peer or supervisor.
25 – 36 Points	**Elevated / High**	Indirect trauma is significantly affecting your nervous system, sleep, or outlook. Collaborate with supervision on caseload pacing, schedule dedicated time off, and consider individual therapy.
37 – 48 Points	**Acute / Critical Strain**	You are carrying a heavy, unsustainable trauma load. Prioritize immediate restoration—seek clinical/medical support, adjust workload or duties temporarily, and lean on trusted personal and professional networks.

Part 3: Personal & Professional Sustainability Plan

Select one concrete, compassionate commitment in each area below to support your nervous system over the next 30 days.

Sustainability Area	My Concrete Action Step & Support Needed
1. Somatic & Daily Transition Ritual (How I release work stress at day's end)	
2. Workplace Boundary or Caseload Adjustment (Breaks, scheduling, or role clarity)	
3. Reflective Supervision & Connection (Peer support, consultation, or personal joy)	

Sources & Clinical References

1. Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the Therapist: Countertransference and Vicarious Traumatization in Psychotherapy with Incest Survivors*. W. W. Norton & Company.
2. National Child Traumatic Stress Network (NCTSN), Secondary Traumatic Stress Committee. (2011). *Secondary Traumatic Stress: A Fact Sheet for Child-Serving Professionals*. National Center for Child Traumatic Stress / SAMHSA.
3. Office for Victims of Crime (OVC). (2017). *The Vicarious Trauma Toolkit: Organizational Readiness Guide & Provider Wellness Resources*. U.S. Department of Justice.
4. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach* (HHS Publication No. SMA 14-4884). U.S. Department of Health and Human Services.

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