Pre-Training Questionnaire On Secondary Traumatic Stress Reactions

To help in evaluating the effectiveness of this training, we would like to gather some information on secondary traumatic stress reactions you have experienced. Please check any of these secondary traumatic stress reactions you are experiencing now or have experienced in the past as a consequence of your work. Code numbers (bottom right of each page) will be provided at the training and are in place to protect anonymity.

	Secondary Traumatic Stress Reactions	✓
1	Persistent trauma imagery	
2	Diminished concentration	
3	Sleep disturbances or nightmares	
4	Isolating from family or friends	
5	Frequent or increased illness	
6	Lessened ability to tolerate strong emotions	
7	Sense of helplessness	
8	Increased cynicism	
9	Increased self criticism	
10	Increased anger	
11	Loss of belief in a safe world	
12	Alienation	
13	Over-identification with clients/patients	
14	Blaming clients for their traumas.	
15	Depression	
16	Thoughts of self-harm	
17	Shift in outlook from optimism to pessimism	
18	Intrusive thoughts	
19	Increased anxiety	
20	Loss of purpose	
21	Decrease in energy	
22	Episodes of sadness	
23	Overindulgences (food, drink, drugs, sex, purchases)	
24	Mistrust of others	
25	Increased startle reactions	
26	Increased suspiciousness	
27	Sense of depletion	
28	Fearfulness	
29	Perseverating about clients/patients	
30	Avoidance of client/patient's traumatic experiences	
31	Emotional roller coaster	
32	Loss of confidence in self	
33	Thoughts of harming others	

Has your professional effectiveness been compromised by these stress reactions?	Have you ever considered leaving your profession in response to these stress reactions?		
[] Yes [] No	[] Yes [] No		
	CODE:		

Participant Profile

Which of these best describes where you work as a victim advocate or caregiver or someone who works with the traumatized: [] In a police or sheriff department [] In a court system [] In a community agency [] In a state agency or coalition [] In a hospital, hospice, or public health context [] In a psychotherapy practice [] In alcoholism or substance abuse treatment [] Other. What? How long have you done this work? Do you do this work: (Include time in previous related jobs.) [] On a voluntary basis [] On a paid basis [] 1 year or less [] Between 1 and 3 years [] Between 3 and 5 years [] Between 5 and 10 years [] 10 or more years Have you personally been a victim of serious crime or abuse? [] Yes [] No If yes, how important was that in deciding to do your work? [] Very Important [] Somewhat important [] Not important If you answered yes, does your work: [] Help you heal from your own trauma. [] Re-traumatize you in various ways. [] Both help in your healing and re-traumatize you. [] Feel unrelated to your own trauma. CODE:

A Look Back at Your Secondary Traumatic Stress Reactions One Month Following the Training

One month after the conclusion of the *Secondary Trauma Resiliency Training* you will be asked to take "a look back" at your secondary traumatic stress reactions. Please take a moment and copy your answers from the first page of this questionnaire into the form below. Please bring this to the training, along with the first two pages of this document.

	Secondary Traumatic Stress Reactions	✓	1 Mo Later
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CODE:	
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