

SA-8. Secondary Traumatic Stress Scale

The following is a list of statements made by persons who have been impacted by their work with traumatized clients. Read each statement then indicate how frequently the statement was true for you in the past **seven (7) days** by circling the corresponding number next to the statement.

NOTE: "Client" is used to indicate persons with whom you have been engaged in a helping relationship. You may substitute another noun that better represents your work such as consumer, patient, recipient, etc.

	0	1	2	3	4
	Never	Rarely	Occasionally	Often	Very Often
1. I felt emotionally numb					
2. My heart started pounding when I thought about my work with clients					
3. It seemed as if I was reliving the trauma(s) experienced by my client(s)					
4. I had trouble sleeping					
5. I felt discouraged about the future					
6. Reminders of my work with clients upset me					
7. I had little interest in being around others					
8. I felt jumpy					
9. I was less active than usual.					
10. I thought about my work with clients when I didn't intend to					
11. I had trouble concentrating					
12. I avoided people, places, or things that reminded me of my work with clients					
13. I had disturbing dreams about my work with clients					
14. I wanted to avoid working with some clients					
15. I was easily annoyed					
16. I expected something bad to happen					
17. I noticed gaps in my memory about client sessions					

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Scoring Instructions

For each subscale below, add your scores for the items listed. Add the three scores in the right hand column for a total score.

Subscale	Items	Score
Intrusion	2 3 6 10 13	
Avoidance	1 5 7 9 12 14 17	
Arousal	4 8 11 15 16	
Total		

Score Interpretation¹⁸

Little or No STS	Mild STS	Moderate STS	High STS	Severe STS
27 or less	28-37	38-43	44-48	49+