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The Concise ProQOL Manual

Beth Hudnall Stamm, PhD

Proqol.org

BethHudnallStamm.com and
CompassionSatisfactionAndCompassionFatigue.com

THE CONCISE MANUAL FOR THE PROFESSIONAL QUALITY OF LIFE SCALE

THE ProQOL

The Concise ProQOL Manual, 2nd Edition

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SECTION 1: COMPASSION SATISFACTION AND COMPASSION FATIGUE

Professional quality of life is the quality one feels n relation to their work as a helper. Both the positive and negative aspects of doing one's job influence ones professional quality of life. People who work in helping professions may respond to individual, community, national, and even international crises. Helpers can be found in the health care professionals, social service workers, teachers, attorneys, police officers, firefighters, clergy, airline and other transportation staff, disaster site clean-up crews, and others who offer assistance at the time of the event or later.

Professional quality of life incorporates two aspects, the positive (Compassion Satisfaction) and the negative (Compassion Fatigue). Compassion fatigue breaks into two parts. The first part concerns things such like exhaustion, frustration, anger and depression typical of burnout. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma. Some trauma at work can be direct (primary) trauma. In other cases, work-related trauma be a combination of both primary and secondary trauma.

FIGURE 1: DIAGRAM OF PROFESSIONAL QUALITY OF LIFE
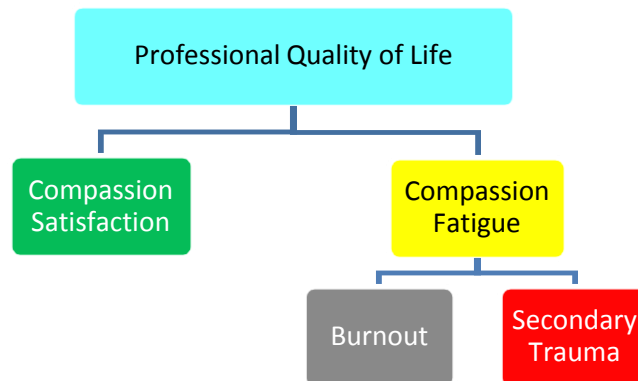
BACKGROUND

Professional quality of life for those providing care has been a topic of growing interest over the past twenty years. Research has that shown those who help people that have been exposed to traumatic stressors are at risk for developing negative symptoms associated with burnout, depression, and posttraumatic stress disorder. In this body of literature, typically known as secondary traumatization or vicarious traumatization, the positive feelings about people's ability to help are known as Compassion Satisfaction (CS). The negative, secondary outcomes have variously been identified as burnout, countertransference, Compassion Fatigue (CF) and Secondary Traumatic Stress (STS), and Vicarious Traumatization (VT).

While the incidence of developing problems associated with the negative aspects of providing care seems to be low, they are serious and can affect an individual, their family and close others, the care they provide, and their organizations. The positive aspects of helping can be viewed as altruism; feeling good that you can do something to help. The negative effects of providing care are aggravated by the severity of the traumatic material to which the helper is exposed, such as direct contact with victims, particularly when the exposure is of a grotesque and graphic nature. The outcomes may include burnout, depression, increased use of

substances, and symptoms of posttraumatic stress disorder.

In 1995, three books introduced the concepts of the negative effects on caregivers who provide care to those who have been traumatized.[1][2][3] The terminology was at that time, and continues to be, a taxonomical conundrum. However, since that time, Figley, Stamm, and Pearlman together have produced over 50 additional scientific writings on the topic. Casting a broad net across the topic, over 500 papers, books and articles have been written, including nearly 200 peer-reviewed papers, 130 dissertations along with various unpublished studies. Among which there are and a hundred research papers using a type of measurement of the negative effects of secondary exposure to traumatic stress. Research has been conducted across multiple cultures worldwide, and across multiple types of traumatic event exposures.

As noted above, there are issues associated with the various terms used to describe negative effects. There are three accepted terms: compassion fatigue, secondary traumatic stress, and vicarious trauma. There do seem to be nuances between the terms but there is no delineation between them sufficient to say that they are truly different. There have been some papers that have tried to ferret out the specific differences between the names and the constructs.[4] These papers have been largely unsuccessful in identifying real differences between the concepts as presented under each name. The three terms are used often, even in writing that combines Figley (compassion fatigue), Stamm (secondary traumatic stress) and Pearlman (vicarious traumatization). The various names represent three converging lines of evidence that produced three different construct names. As the topic has matured, reconfiguration of the terms seems timely.

In general, looking beyond issues of taxonomy, there has been little negative critique of the topic as a whole. Nonetheless, there are articles that question in its entirety the concept of secondary negative effects due to work with people who have been traumatized.[5][6] Both articles point to a lack of research, perhaps allowable in some part given the nascent nature of the construct, particularly in the Arvay paper, which was published in 2001. Four years later, at the core of Kadambi & Ennis' (2005) suggestion to re-examine the credibility of the topic are measurement issues, that is, refined definitions of the characteristics and reliable and valid measures of the constructs. These critiques seem well earned at the point that they were written. Whether in response to the critiques, or as natural evolution, over half of the research articles that exist were written after these critiques reviews were conducted. In addition, as the authors pointed out, there were varied means of assessing the negative effects.

Based on experience and some research, organizational prevention programs are believed to help maximize helpers' well-being (CS) and reduce the risks for developing compassion fatigue and secondary trauma. At a minimum, organizational programs show the worker that they have formally addressed the potential for the

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[1] Figley, C. R. (Ed.) (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. New York: Brunner/Mazel.

[2] Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivorsNew York: Norton.

[3] Stamm, B. H. (.Ed) (1995). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators. Maryland: Sidran Press: Lutherville.

[4] cf Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. Counselling Psychology Quarterly, 19(2), 181-188.

[5] Kadambi, M. A., & Ennis, L. (2004). Reconsidering vicarious trauma: A review of the literature and its' limitations. Journal of Trauma Practice, 3(2), 1-21.

[6] Arvay, M. J. (2001). Secondary traumatic stress among trauma counsellors: What does the research say? International Journal for the Advancement of Counselling, 23(4), 283-293.

work to affect the worker. Good programs do not identify to other workers or supervisors, specific information about the worker's professional quality of life unless the information is shared by the worker. In some cases, supervisors address performance issues that they believe may be negative aspects of helping but in those cases, the principals of organizational human resources suggest that these performance issues should be handled as such, not as a flaw in the character of the employee, but a performance issue.

The overall concept of professional quality of life is complex because it is associated with characteristics of the work environment (organizational and task-wise), the individual's personal characteristics and the individual's exposure to primary and secondary trauma in the work setting. This complexity applies to paid workers (e.g. medical personnel) and volunteers (e.g. Red Cross disaster responders).

The diagram below helps illustrate the elements of Professional Quality of Life. In the center of the diagram are compassion satisfaction and compassion fatigue. Compassion Satisfaction is the positive aspects of helping others and Compassion Satisfaction are the negative one. As can be seen, one work environment, client (or the person helped) environment and the person's environment all have a roll to play. For example, a poor work environment may contribute to Compassion Fatigue. At the same time, a person could feel compassion satisfaction that they could help others despite that poor work environment. Compassion Fatigue contains two very different aspects. Both have the characteristic of being negative. However, work-related trauma has a distinctive aspect of fear associated with it. While it is more rare than overall feelings of what we can call burnout, it is very powerful in its effect on a person. When both burnout and trauma are present in a person's life their life can be very difficult indeed. The diagram below shows a theoretical path analysis of positive and negative outcomes of helping those who have experienced traumatic stress.

FIGURE 2: THEORETICAL PATH ANALYSIS
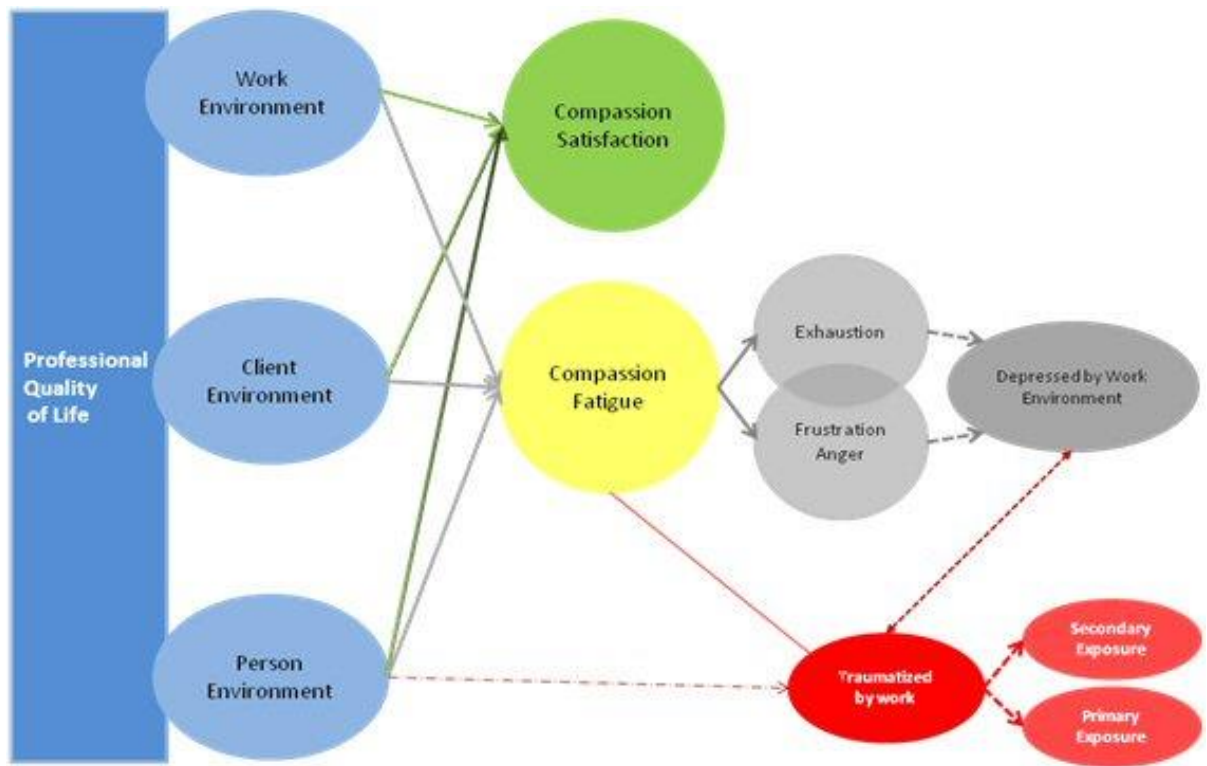
Four scales emerged in the early research. Two of them (the Impact of Event Scale and the Traumatic Stress Institute Belief Scale) were not specific to secondary exposure. They were used equally for people who were the direct victims of trauma as well as for those who were secondarily exposed in their role as helpers.[7][8] Two measures emerged as specific measures for secondary exposure. The Compassion Fatigue Test in its various versions [9][10][11][12] and the Secondary Traumatic Stress Scale.[13]

The Professional Quality of Life Scale, known as the ProQOL, is the most commonly used measure of the positive and negative effects of working with people who have experienced extremely stressful events. Of the 100 papers in the PILOTS database (the Published Literature in Posttraumatic Stress Disorder), 46 used a version of the ProQOL. The measure was originally called the Compassion Fatigue Self Test and developed by Charles Figley in the late 1980s Stamm and Figley began collaborating in 1988. In 1993, Stamm added the concept of compassion satisfaction and the name of the measure changed to the Compassion Satisfaction and Fatigue Test, of which there were several versions. These versions in the early 1990s were Figley and Stamm, then Stamm and Figley. Through a positive joint agreement between Figley and Stamm the measure shifted entirely to Stamm in the late 1990s and was renamed the Professional Quality of Life Scale. The ProQOL, originally developed in English, is translated into Finnish, French, German, Hebrew, Italian, Japanese, Spanish, Croat. European Portuguese and Russian translations are in process.

SECTION 2: SCALE DEFINITIONS

COMPASSION SATISFACTION

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society.

COMPASSION FATIGUE

Professional quality of life incorporates two aspects, the positive (Compassion Satisfaction) and the negative (Compassion Fatigue). Compassion fatigue breaks into two parts. The first part concerns things such as such as exhaustion, frustration, anger and depression typical of burnout. Secondary Traumatic Stress is a negative feeling driven by fear and work-related trauma. It is important to remember that some trauma at work can be direct (primary) trauma. Work-related trauma be a combination of both primary and secondary trauma.

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[7] Kadambi, M. A., & Ennis, L. (2004). Reconsidering vicarious trauma: A review of the literature and its' limitations. Journal of Trauma Practice, 3(2), 1-21.
[8] Arvay, M. J. (2001). Secondary traumatic stress among trauma counsellors: What does the research say? International Journal for the Advancement of Counselling, 23(4), 283-293.
[9] Figley, C.R (Ed.). (1995) Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. New York: Brunner/Mazel.
[10] Figley, C.R., & Stamm, B.H. (1996). Psychometric Review of Compassion Fatigue Self Test. In B.H. Stamm (Ed), Measurement of Stress, Trauma and Adaptation. Lutherville, MD: Sidran Press.
[11] Stamm, B.H. (2002). Measuring Compassion Satisfaction as Well as Fatigue: Developmental History of the Compassion Fatigue and Satisfaction Test. In C.R. Figley (Ed.), 107-119.
[12] Stamm, B. H. (2008). The ProQOL Test Manual, 2nd Ed. Towson, MD: Sidran Press and the ProQOL.org.
[13] Bride, B. E., Robinson, M. M., Yegidis, B. L., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. Research on Social Work Practice, 14(1), 27-35.

BURNOUT

Burnout is one element of the negative effects of caring that is known as Compassion Fatigue. Most people have an intuitive idea of what burnout is. From the research perspective, burnout is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment.

SECONDARY TRAUMATIC STRESS

Secondary Traumatic Stress (STS) is an element of Compassion fatigue (CF). STS is about work-related, secondary exposure to people who have experienced extremely or traumatically stressful events. The negative effects of STS may include fear sleep difficulties, intrusive images, or avoiding reminders of the person's traumatic experiences. STS is related to Vicarious Trauma as it shares many similar characteristics.

SECTION 3: SCALE PROPERTIES

SCALE DISTRIBUTION

Please note that the scores listed throughout this manual are based off of t-scores calculated within the databank; therefore, they may not be of immediate use to researchers with other samples and groups. We will work to provide more useful information in the next version of the manual.

TABLE 1: PROQOL MOMENTS

	CS t score	BO t score	STS t score
N	1187	1187	1187
Mean	50	50	50
Std. Error of Mean	0.29	0.29	0.29
Median	51	49	49
Mode	53	51	49
Std. Deviation	10	10	10
Skewness	-0.92	0.25	0.82
Kurtosis	1.51	-0.31	0.87

VALIDITY

There is good construct validity with over 200 published papers. There are also more than 100,000 articles on the internet. Of the 100 published research papers on compassion fatigue, secondary traumatic stress and vicarious traumatization, nearly half have utilized the ProQOL or one of its earlier versions. The three scales measure separate constructs. The Compassion Fatigue scale is distinct. The inter-scale correlations show 2% shared variance ($r=-.23$; co-σ = 5%; n=1187) with Secondary Traumatic Stress and 5% shared variance ($r=.-.14$; co-σ = 2%; n=1187) with Burnout. While there is shared variance between Burnout and Secondary Traumatic Stress the two scales measure different constructs with the shared variance likely reflecting the distress that is common to both conditions. The shared variance between these two scales is 34% ($r=.58$;; co-σ = 34%;

n=1187). The scales both measure negative affect but are clearly different; the BO scale does not address fear while the STS scale does.

SECTION 4: ADMINISTRATION OF THE PROQOL

Perhaps the most important part of administration of the ProQOL, or for that matter any psychological test, is for people to understand what they are being asked to do. If they feel like they are being "observed" and measured for their (bad) behavior, they are unlikely to want to participate or, if they do, to provide reliable answers. It is important to explain the logic of the measure and to engage the person's desire to take the test. It is also important to establish if the person has a right to refuse to take the test or if it is required as a condition of some situation such as employment.

INDIVIDUAL ADMINISTRATION

In this type of administration, a person typically takes the test and either self-scores or receives scores computed by a computer. In this situation, the data are not recorded elsewhere and the person does not discuss his or her results unless they choose to do so. Individual administration may also be initiated by an outside source. The data may or may not be archived. For example, a person may take the ProQOL as part of job counseling or an employee assistance program. They may take the ProQOL as part of their ongoing self-care plan. It is important to establish with the individual exactly what will happen with his or her data because data security and privacy are very important issues. In many cases, the required standards exceed those of general medical records.

GROUP ADMINISTRATION

In this type of administration, a group of people complete the ProQOL simultaneously. This may be in a classroom setting or something like individual computer workstations in a computer lab. The key aspect of the group administration is that there are others present who are doing the same activity. In a group administration it is important to consider the group effect on scores. If a few people are quite vocal about their unwillingness to participate, there is an effect on all of the participants. If people feel they are being watched by others, or are embarrassed to be in the group, the scores are unlikely to be valid and privacy rights may have been violated. People should not be singled out so as to cause embarrassment. For example, you should not set up a group administration for all people who made medical errors if the administration is based on the assumption that their mistakes occurred because of burnout.

In the case of a self-test, people may be given general information such as "others who score similarly to you…" By contrast, in the case of individual administration, feedback may be much more specific. Feedback in group settings should not be about a single individual but about things that apply to more than one person.

The most important thing about giving feedback is to be prepared. Be prepared to give specific and clear information appropriate to the setting and be prepared to answer questions. You will always get that one question you most don't want to answer!

When working in group settings, it is not uncommon for one or two individuals to provide revealing personal information that are not appropriate to the group setting. In these cases it is incumbent on the test administrator to contain and refocus the attention of the class. Good ethical behavior suggests the test administrator follow up with the person in a more appropriate setting. In situations such as these, it is usually appropriate to provide a referral for employee assistance or other help such as mental or physical health care. In the case that the administrator believes that there is an imminent danger, they should take emergency actions such as calling 911 and protecting the person, themselves, and others from harm in the best way that they can.

RESEARCH ADMINISTRATION

The ProQOL is frequently used in research. The test may be collected as part of a survey packet in which the participant receives no information regarding their answers, or it may be given as a combined research and training activity. In either case, the data are generally recorded and scored by computer. Group results may be published. In some cases, a copy of the raw data are donated to the ProQOL databank where they are combined with other research data to support developmental work on the ProQOL.

SECTION 5: PROQOL SCORING

CALCULATING THE SCORES ON THE PROQOL

There are three steps to scoring the ProQOL. The first step is to reverse some items. The second step is to sum the items by subscale and the third step is to convert the raw score to a t-score. The first set below shows the scoring actions in detail. Two methods for scoring are presented. The first is to follow Steps 1-2 and then use the table at the end of this section to convert raw scores to t-scores. The second method uses computer

scoring. The computer code presented below is written for SPSS that can be converted by the user to other statistical programs if needed.

Step 1: Reverse items 1, 4, 15, 17, and 29 into 1r, 4r, 15r, 17r and 29r (1=5) (2=4) (3=3) (4=2) (5=1)

Step 2: Sum the items for each subscale.

   CS = SUM(pq3,pq6,pq12,pq16,pq18,p20,pq22,pq24,pq27,pq30).

   BO = SUM(pq1r,pq4r,pq8,pq10,pq15r,pq17r, pq19, pq21, pq26, pq29r).

   STS = SUM(pq2,pq5,pq7,pq9,pq11,pq13,pq14,pq23, pq25,pq28).

Step 3: Convert the Z scores to t-scores with raw score mean = 50 and the raw score standard deviation = 10, if this is something you wish to do within your own sample. SPSS code is provided for this below.

COMMENT: Step 1: Score ProQOL IV. or 5 Variable names in syntax assume pq# for each item. This routine reverses items 1,14,15, 17 and 29 then scores the three scales of the ProQOL IV; Secondary Traumatic Stress the new scale name for the old Compassion Fatigue scale.

```
RECODE pq1 pq4 pq15 pq17 pq29
        (1=5) (2=4) (3=3) (4=2) (5=1)
INTO pq1R pq4R pq15R pq17R pq29r .
COMPUTE CS = SUM(pq3,pq6,pq12,pq16,pq18,pq20,pq22,pq24,pq27,pq30) .
COMPUTE BO = SUM(pq1r,pq4r,pq8,pq10,pq15r,pq17r, pq19, pq21, pq26, pq29r) .
COMPUTE STS = SUM(pq2,pq5,pq7,pq9,pq11,pq13,pq14,pq23,pq25,pq28) .
EXECUTE.
```

COMMENT: Step 2: Convert raw score to Z score. Note that this routine produces an extraneous output file with n and means that can be deleted.

```
DESCRIPTIVES
VARIABLES=CS BO STS /SAVE.
COMMENT: Step 3 Convert Z score to t score.
COMPUTE tCS = (ZCS*10)+50 .
VARIABLE LABELS tCS 'CS t score' .
EXECUTE .

COMPUTE tBO = (ZBO*10)+50 .

VARIABLE LABELS tBO 'BO t score' .
EXECUTE .
COMPUTE tSTS = (ZSTS*10)+50 .
VARIABLE LABELS tSTS 'STS t score' .
EXECUTE .
```

SCALE DEFINITIONS AND SCORES

Below are the scale definitions. This section is the same as the scoring handout.

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, 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. (Alpha scale reliability 0.88)

Burnout: Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of compassion fatigue. It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41, 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. (Alpha scale reliability 0.75)

Secondary Traumatic Stress: The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work-related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. You may see or provide treatment to people who have experienced horrific events. If your work puts you directly in the path of danger, for example due to your work as a emergency medical personnel, a disaster responder or as a medicine personnel, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, such as providing care to people who have sustained emotional or physical injuries, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 43, 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.

CUT SCORES

The ProQOL measure is best used in its continuous form. However, many people prefer to have cut scores to indicate relative risks or protective factors. To address these needs, cut scores are provided. The cuts are set around the 25th and 75th percentiles based on the databank. They are potentially overly inclusive—that is they tend to Type 1 error. This means that the there is a greater possibility of having a false positive than missing someone who actually belongs in a particular group. Because this is a screening and planning tool, it is probably less problematic c to include someone who should not be included than to exclude someone what should be included so that supportive or corrective action is considered even if it is not needed. Scores near the boarders can be particularly troublesome in that the cut point is an artificially applied criteria. Please note that while we provide cut scores based on the 75th percentile, we do not recommend that the measure be used for anything other than screening, and we prefer from a statistical perspective, to use the continuous numbers.

SECTION 6: INTERPRETING THE ProQOL

THE PROQOL IS NOT DIAGNOSTIC

The most important aspect about interpreting the ProQOL is that it is not a diagnostic test. There are no official diagnoses in the International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) or in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000).

The body of research on burnout and posttraumatic stress disorder indicates a close kinship with each to depression. While this is useful information, depression is a general term that also is a specific diagnosis of a mental disorder and is widely and officially recognized by both the medical and the mental health communities. Therefore, it is impossible, and grievously inappropriate, to diagnose depression or any other disorder from the result of the ProQOL.

What the ProQOL can do, from a diagnostic perspective, is to raise issues to address with use of appropriate diagnostic procedures. For example, as noted above, both burnout and PTSD are frequent "co-travelers" with depression. A high score on either burnout or secondary traumatic stress, or a high score on both with a low score on compassion satisfaction, can be an augury of clinical depression that deserves treatment. Clearly the disorder most commonly associated with secondary trauma is PTSD. In fact, the DSM-IV-TR PTSD A1 criteria specify that the event may happen to self or to others. Additionally, it specifies that a person's reaction must involve fear, helplessness, or horror. However, what it does not specify is when one has "experienced, witnessed, or was confronted" with the threat to another. Despite this parallel of compassion fatigue and/or secondary trauma to PTSD, it cannot be overemphasized that these issues are a natural consequence of trauma work and not necessarily pathological in nature (Figley, 1995; Larsen & Stamm, 2008; Stamm, 1999).

Given these concerns, the ProQOL can be a guide in regard to an individual's or organization's balance of positive and negative experience related to doing either paid or volunteer work. For an individual or an organization, high scores on compassion satisfaction are a reflection of engagement with the work being done.

THE IMPORTANCE OF KNOWING MORE THAN JUST THE PROQOL SCORES

It is important to keep in mind that knowing more information about the test-taker or a group's score is better than having less information. The interpretation section below is general and not based on covariates or demographics that must be considered when interpreting scores for specific people or specific groups. For example, scores for a person who is a deployed service man or woman might be normal for that situation but elevated for someone working in a non-deployment setting. Similarly, it may be important to know basic demographic information—is the test taker male or female.

SCORES ACROSS DEMOGRAPHIC CATEGORIES

Some data are available across various demographic categories. These means are produced from a data bank of 1,289 cases created from multiple studies. While this is a large number and should reduce the measurement error, testing conditions and participant numbers across the variables fluctuate widely. Caution should be exercised in using these data. Additionally, these data are reported across single demographics. Other analyses of these data indicate that there may be very complex interactions that could not be reported here due to constraints within the data bank.

Two very important covariates that cannot be addressed at this time through data in the data bank are work setting and types of people assisted. Any study must include this variable.

TABLE 3: GENDER

	CS t score		BO t score		STS t score	
sex	male	female	male	female	male	female
Mean	49.01	50.14	48.99	50.37	49.05	50.18
Std. Deviation	10.81	9.77	9.75	10.26	9.95	10.15
N	315	760	315	760	315	760

No statistical differences were observed across gender.

TABLE 4: AGE GROUP

	CS t score		BO t score		STS t score	
	18-35 yrs	36 and up	18-35 yrs	36 and up	18-35 yrs	36 and up
Mean	50.12	51.00	50.11	47.74	53.61	50.75
Std. Deviation	8.76	9.50	8.50	8.25	9.74	9.27
N	106	93	106	93	106	93

No statistical differences were observed across age group.

TABLE 4: RACE

	CS t score		BO t score		STS t score	
	Non-White	White	Non-White	White	Non-White	White
Mean	50.16	49.87	52.82	47.65	51.46	48.78
Std. Deviation	9.86	10.12	10.23	9.17	9.74	10.06
N	540	647	540	647	540	647

No significant differences were observed across white and non-whites. Significant difference were observed on Burnout and on Secondary Traumatic Stress. Whites reported less burnout ($F_{1,1183}$=84,14; p<.001; Power = 1) and less STS ($F_{1,1183}$=21.38; p<.001; Power = .97).

TABLE 5: INCOME GROUP

	CS t score			BO t score			STS t score		
Income Group	Up to 45K USD	46K to 75K USD	More than 75K	Up to 45K USD	46K to 75K USD	More than 75K	Up to 45K USD	46K to 75K USD	More than 75K
Mean	49.96	48.94	51.46	47.22	48.11	46.67	49.56	48.07	48.33
Std. Dev	11.49	9.25	9.91	9.56	8.16	9.72	11.10	8.76	9.66
N	270	256	167	270	256	167	270	256	167

No statistical differences were observed across income groups.

TABLE 6: YEARS AT CURRENT EMPLOYER

	CS t score			BO t score			STS t score		
	< 5 years	5 to 15 years	> 15 years	< 5 years	5 to 15 years	> 15 years	< 5 years	5 to 15 years	> 15 years
Mean	49.85	49.49	50.31	47.55	47.32	49.43	48.93	47.95	49.10
Std. Dev	10.21	10.85	8.99	8.86	9.85	9.35	9.65	10.10	9.38
N	420	101	58	420	101	58	420	101	58

No statistical differences were observed across years with current employer groups.

TABLE 7: YEARS IN FIELD

	CS t score			BO t score			STS t score		
	< 5 years	5 to 15 years	> 15 years	< 5 years	5 to 15 years	> 15 years	< 5 years	5 to 15 years	> 15 years
Mean	49.52	49.80	50.36	47.44	48.59	47.36	48.35	47.42	47.85
Std. Dev	10.41	9.38	9.47	9.16	8.14	9.59	8.83	8.80	9.89
N	183	136	165	183	136	165	183	136	165

No statistical differences were observed across years in field groups.

INTERPRETING INDIVIDUAL SCALES

COMPASSION SATISFACTION

Compassion satisfaction is characterized by feeling satisfied by one's job and from the helping itself. It is characterized by people feeling invigorated by work that they like to do. They feel they can keep up with new technology and protocols. They experience happy thoughts, feel successful, are happy with the work they do, want to continue to do it, and believe they can make a difference.

COMPASSION FATIGUE

Compassion fatigue is characterized by the negative aspects of providing care to those who have experienced extreme or traumatic stressors. These negative responses include feelings of being overwhelmed by the work that are distinguished from feelings of fear associated with the work. Thus, there are two scales for Compassion Fatigue.

BURNOUT

Burnout is the part of Compassion Fatigue that is characterized by feelings of unhappiness, disconnectedness, and insensitivity to the work environment. It can include exhaustion, feelings of being overwhelmed, bogged down, being "out-of-touch" with the person he or she wants to be, while having no sustaining beliefs.

SECONDARY TRAUMATIC STRESS

Secondary Traumatic Stress is an element of compassion fatigue that is characterized by being preoccupied with thoughts of people one has helped. Caregivers report feeling trapped, on edge, exhausted, overwhelmed, and infected by others' trauma. Characteristics include an inability to sleep, sometimes forgetting important things, and an inability to separate one's private life and his or her life as a helper—and experiencing the trauma of someone one helped, even to the extent of avoiding activities to avoid reminders of the trauma. It is important to note that developing problems with secondary traumatic stress is rare but it does happen to many people.

INTERPRETING SCALE SCORES IN COMBINATION

HIGH COMPASSION SATISFACTION, MODERATE TO LOW BURNOUT AND SECONDARY TRAUMATIC STRESS

This is the most positive result. This result represents a person who receives positive reinforcement from their work. They carry no significant concerns about being "bogged down" or inability to be efficacious in their work—either as an individual or within their organization. They do not suffer any noteworthy fears resulting from their work. These persons may benefit from engagement, opportunities for continuing education, and other opportunities to grow in their position. They are likely good influences on their colleagues and their organization. They are probably liked by their patients, who seek out their assistance.

HIGH BURNOUT, MODERATE TO LOW COMPASSION SATISFACTION AND SECONDARY TRAUMATIC STRESS

People who score high on burnout, in any combination with the other scales, are at risk as individuals and may also put their organizations in high-risk situations. Burnout is a feeling of inefficacy. In the work setting, this may be a result of personal or organizational factors. The prototype burnout is associated with high workloads and poor system function. A person may feel as if there is "nothing they can do" to make things better. It is likely they are disengaged from their patients, even though this is not associated with any fear as a result of engagement with their patients. People suffering from burnout often benefit from taking time off. They may also benefit from changing their routine within the organization. Organizations that have many people with burnout should seriously consider their organizational system and the use of their human capital to identify pitfalls in the system and ways to support people in accomplishing business goals and work.

HIGH SECONDARY TRAUMATIC STRESS WITH LOW BURNOUT AND LOW COMPASSION SATISFACTION

People who make these scores are typically overwhelmed by a negative experience at work as characterized by fear. If this fear is related to an event that happened to the person directly, such as having their life endangered as a result of participating in a dangerous rescue, or if they experienced a traumatic event such as sexual violence by a colleague, these are not secondary experiences. These are direct exposures to dangerous events. However, if the person's fear is related to taking care of others who were directly in harm's way, this is secondary traumatic stress. These people are likely to benefit from immediate treatment for traumatic stress and, when present, depression. Because they are neutral in regard to their feelings of inefficacy at work, or feelings of pleasure associated with their work, consider focusing on the fear-related work experiences. Countering the fear might include changing the case-load mix, the work environment (like assigning work with colleagues whom they trust), or introducing other safety measures.

HIGH SECONDARY TRAUMATIC STRESS AND HIGH COMPASSION SATISFACTION WITH LOW BURNOUT

This combination is typically unique to high-risk situations such as working in areas of war and civil violence. People who score in this range are often highly effective at their work because they feel their work matters. However, they have a private self that is extremely fearful because of their engagement with others. Some fear is accurate and appropriate in high-risk situation. However, high secondary traumatic stress is marked by thoughts, feelings, and memories of others' traumatic experiences mixed with their own experiences. This can be particularly difficult to understand when the experiences of those to whom the person provides help are similar to his or her own. Knowing that others have been traumatized by the same type of situations in which the person finds him or herself has the potential to change the person's interpretation of the event.

People with scores like this typically benefit from encouragement to build on their feelings of altruism and thoughts that they are contributing to the greater good. Simultaneously, their fears and fear-related symptoms should be addressed. Depression is theoretically unlikely given their high feelings of satisfaction. At times, changes in the work environment coupled with additional supportive supervision may alleviate the PTSD-like symptoms. At other times, therapy or medication or both may be a good alternative.

HIGH SECONDARY TRAUMATIC STRESS AND HIGH BURNOUT WITH LOW COMPASSION SATISFACTION

This combination is seemingly the most distressing. Not only does the person feel overwhelmed and useless in the work setting, they are literally frightened by it. People with this combination of scores are probably helped most by being removed from their current work setting. Assessment for PTSD and depression is important. Treatment for either or both may have positive outcomes, but a return to an unmodified work situation is unlikely to be fruitful. However, if the person is willing, it may be that he or she can change the efficacy by addressing their own skills and systems (such as additional training) or by working with the organization to identify a reorganized work assignment.

INTERPRETING THE PROQOL AT A GROUP LEVEL

Years of data collection and practice-based evidence have provided useful information on system and individual levels. For example, there appear to be no scale score differences by gender. None have been observed by country, although this may be reflective of the type of workers and settings that are using westernized measures. While not shown in the overall data bank, some unpublished studies as well as some individual studies that contributed to the bank showed differences based on the number of years in the field— more years in the field typically is associated with lower scores. While it is tempting to presume those with more experience do better, it is likely that those with greater exposure and low resiliency left the field, while those that remained were differentially resilient. When looking across professions, such as mental health, physical health, and child protection workers, data indicates that physical health workers (e.g., nurses, primary care doctors) experience the least trauma, while teachers remain the most satisfied. As could be expected, those workers dealing with children and families in trauma tend to experience higher levels of BO than any other group.

SECTION 7: USING THE PROQOL FOR DECISION MAKING

Obviously, the "ideal" work environment in terms of managing stress and trauma is one that combines high CS with low BO and STS. Practice-based evidence and preliminary quantitative evidence suggest interesting results in less than ideal work environments. Those who have high levels of STS accompanied by high CS and, typically, a strong sense of altruism, may continue to be effective at their jobs and often respond well to a short STS intervention. While it is important for a worker's supervisor to make this type of decision individually, sometimes it is possible to accomplish intervention in vivo, without changing a work assignment. In contrast, those with high levels of both BO and STS may be the most at risk, both to themselves and in a work setting. In this situation, the caregivers are afraid and see no hope for change, which potentially ruins their effectiveness. Theoretically, this negative profile is associated with medical error, but because the data are not in on that concern, it is too soon to say with certainty. Regardless of the system effects of people who are experiencing high levels of both BO and STS, it is important that interventions be pursued for them as individuals. Supervisors should consider job reassignment during the intervention time.

CHANGING THE PERSON-EVENT INTERACTION

One of the rewarding aspects of the ProQOL is that it provides a platform for change. It can lead to introspection and to brainstorming about what is right and what can be made better and what is wrong and cannot be made better. It is important to identify things that are going well and those things that are not. It is also important to realize that some things should be horrible. Dealing with burn victims, for example, cannot really be normalized. The burns themselves are serious wounds and no one should try to pretend otherwise. However, that same burn victim may provide a good source of compassion satisfaction when the helper feels that a difference is being made. In dangerous settings, it is critically important not to try to take away people's necessary fears. Being afraid may be the very thing that keeps them from being killed.

At the individual level, a person may review personal and work environments. This may be done individually, with family, with a friend or colleague, or with a professional. Regardless of the method, this is a plan about that person and for that person; it is his or hers and not their employer's or their doctor's. A plan dictated from outside is likely to lead to dissatisfaction and a marker for burnout—an organization that dictates personal beliefs is probably an organization that does not value their personnel's thoughts and feelings.

Changing workgroups can be easy or it can be very difficult. The difference is the interest of the group in investigating and responding to issues of professional quality of life. Some workgroups just do not want to deal with the issue. There may be an attitude of "if you cannot take the heat, get out of the kitchen." Other groups may genuinely want to change but may not know how best to change. Some groups become distressed that change is not possible without an outside source. Some groups may already be functioning well and no change is advisable. The role of the helper in this situation is to try to help the group members identify their "style" and work from there. The principles of any good group theory can assist in managing a group's needs. It is important to remember that there will be times when a group's needs are very clear and quite reasonable, but unattainable. This is common in civil violence or war settings. A work group's members may decide that they wish to change shifts more often. However, there may be insufficient numbers of people to make that possible. In situations such as this, your role is to try to identify alternatives to the really needed, but impossible, intervention. The group members themselves may be the best source of alternatives.

MONITORING CHANGE ACROSS TIME

The ProQOL itself is stable across time, which means that the scores across time reflect changes in the person, not in the measure itself. Some people self-administer the ProQOL at a regular self-determined interval to see how they are doing. Others may choose to take the test once. Some organizations will require multiple administrations while others may ignore professional quality of life altogether.

If the ProQOL is used across time, there should be a way to consider what those changes mean. This can be something as simple as a graph showing a person's ups and downs across time or it may be a formal review of one's self-care plan or the plan for a workgroup. It is important that the information be useful. One potentially important use of the information is to reevaluate and adjust one's self-care plan or even a group's or organization's plan.

COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never	2=Rarely	3=Sometimes	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 not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.

9. I think that I might have been affected by the traumatic stress of those I *[help]*.

10. I feel trapped by my job 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 because of the traumatic experiences of the people I *[help]*.

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. I feel worn out because of my work as a *[helper]*.

_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.

_____ 21. I feel overwhelmed because my case [work] load seems endless.

_____ 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 caring person.

_____ 30. I am happy that I chose to do this work.

_____

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 23, 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. (Alpha scale reliability 0.88)

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

If your score is below 23, this probably reflects positive feelings about your ability to be effective in your work. If you score above 41 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. (Alpha scale reliability 0.75)

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

If your score is above 41, 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. (Alpha scale reliability 0.81)

In this section, you will score your test and then you can compare your score to the interpretation below.

To find your score on **each section,** total the questions listed on the left in each section and then find your score in the table on the right of the section.

Compassion Satisfaction Scale:

3. _____

6. _____

12. _____

16. _____

18. _____

20. _____

22. _____

24. _____

27. _____

30. _____

Total: _____

The sum of my Compassion Satisfaction questions	My Level of Compassion Satisfaction
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Burnout Scale:

*1. _____ = _____

*4. _____ = _____

8. _____

10. _____

*15. _____ = _____

*17. _____ = _____

19. _____

21. _____

26. _____

*29. _____ = _____

The sum of my Burnout Questions	My Level of Burnout
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Reverse the scores for those that are starred.

0=0, 1=5, 2=4, 3=3, 4=2, 5=1

Total: _____

29

Secondary Trauma Scale:

2. _____

5. _____

7. _____

9. _____

11. _____

13. _____

14. _____

23. _____

25. _____

28. _____

Total: _____

The sum of my Secondary Traumatic Stress questions	My Level of Secondary Traumatic Stress
22 or less	Low
Between 23 and 41	Moderate
42 or more	High

Comprehensive Bibliography Of The Effect Of Caring For Those Who Have Experienced Extremely Stressful Events and Suffering

Date: 28 November, 2010

Compiler: Beth Hudnall Stamm

Reference: Stamm, B.H. (2010, November). Comprehensive Bibliography Of The Effect Of Caring For Those Who Have Experienced Extremely Stressful Events and Suffering. www.proqol.org. Out of respect for the scholarly and community endeavor, if you use large portions of this bibliography, or note it as a whole, please include the reference provided here.

Comment on the Bibliography: This bibliography is provided for the use of anyone and is provided as a volunteer effort from the ProQOL.org. Every effort has been made to be as accurate and complete as possible. Nonetheless, it is incumbent on the user to verify the reference and the details of the reference. ProQOL.org cannot take responsibility for the specific accuracy of the details of the references.

Search Terms in Alphabetical Order: compassion fatigue, compassion satisfaction, compassion stress secondary trauma, secondary traumatic stress, vicarious trauma, vicarious traumatization, vicarious transformation.

Terms Excluded From the Search: burnout and countertransferece were not included. Searches using the terms but cross-referencing with at least one of the terms above, were not sufficiently accurate to make the effort worthwhile. Papers with the search terms above that also include burnout or countertransfernce were not excluded. Burnout and Countertransference without the occurrence of one of the search terms above generally were excluded. Burnout and countertransference appearing with one of the terms above were included.

Rationale for Term Exclusion:

> *Burnout* was not included in the search terms as it is a widely used term that can apply to any type of job. It is not unique to working with people who have experienced extreme suffering. It can be applied to any type of job such as working in a factory or an office.

> *Countertransference* was not included in the search terms as it may or may not relate to the therapists interaction with patients who have experienced traumatic stress. Countertransference can occur even if the patient/client has not experienced an extremely stressful event or trauma-related suffering.

Search Locations: Medline, PsychInfo, PILOTS, Amazon.com, Google. The Google search was conducted to identify the overall size of the body of work (over 250,000 accurate hits). Some documents, particularly

organizational publications, were identified there. Individual presentations, etc. were not included in this bibliography.

Tests and Measures Search in PILOTS: TM=(secondary trauma questionnaire (motta et al)) or TM=(secondary trauma scale (motta et al)) or TM=(secondary traumatic stress scale (bride et al)) or TM=(secondary traumatic stress scale) or TM=(inner experience questionnaire (brock et al)) and TM=(trauma and attachment belief scale) or TM=(compassion fatigue self test for practitioners (figley)) or TM=(compassion fatigue/satisfaction scale) or TM=(compassion/satisfaction fatigue test for helpers (stamm and figley)) or TM=(professional quality of life scale (stamm)) or TM=(traumatic stress institute belief scale (stamm et al))

Comment on Formatting: The formatting generally follows the pattern of APA format. The italics and underlines are not present to avoid true type and other formatting errors making the bibliography more difficult to read. Some references are in formats other than APA. The technical capacity to format each reference identically exceeds greatly the capacity of the tiny volunteer ProOQL.org staff. In some cases information was not readily available. In these cases, there may be markings indicating the missing information. The most common occurrence was the lack of city information on various publishing companies. Thus, the reference may read City: ABC Books.

To Make Comments, Additions or Corrections: write to info@proqol.org or complete the form online at www.proqol.org, on the Bibliography.

1. Aclaro-Lapidario, M. L. (2007). Coping strategies of children's social workers in the Department of Children and Family Services. M.S.W. dissertation, California State University, Long Beach, United States -- California. Retrieved May 26, 2009, from Dissertations & Theses: A&I . (Publication No. AAT 1448075).

2. Adams, K. B. Matto, H. C. & Harrington, D. (2001). The Traumatic Stress Institute Belief Scale as a measure of vicarious trauma in a national sample of clinical social workers. Families in Society, Journal of Contemporary Human Services 82(4), 363-371.

3. Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. American Journal of Orthopsychiatry, 76(1), 103-108.

4. Adams, R. E., Boscarino, J. A., & Figley, C. R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. American Journal of Orthopsychiatry, 76(1), 103-108.

5. Adams, R. E., Figley, C. R., & Boscarino, J. A. (2008). The compassion fatigue scale: Its use with social workers following urban disaster. Research on Social Work Practice, 18(3), 238-250.

6. Adams, S. A., & Riggs, S. A. (2008). An exploratory study of vicarious trauma among therapist trainees. Training and Education in Professional Psychology, 2(1), 26-34.

7. Adams, S.; Camarillo, C. & Lewis, S. & McNish, N. (2010.). Resiliency training for medical professionals. U.S. Army Medical Department Journal, 2010 Apr-Jun:48-55.

8. Adler, A. B., Huffman, A. H., Bliese, P. D., & Castro, C. A. (2005). The impact of deployment length and deployment experience on the well-being of male and female military personnel. Journal of Occupational Health Psychology, 10(2), 121-137.

9. Adler, A. B., Thomas, J. L., & Castro, C. A. (2005). Measuring up: Comparing self reports with unit records for assessing soldier performance. Military Psychology, 17(1), 3-24.

10. Adler, A. B., Wright, K. M., Huffman, A. H., Thomas, J. L., & Castro, C. A. (2002). Deployment cycle effects on the psychological screening of soldiers. Army Medical Department Journal, April-June, 31-37.

11. Agger, I., & Jensen, S. B. (1989). Traume, møde og mening: Centrale begreber i transkulturel psykoterapi for politiske flygtninge = trauma, meeting and meaning: Significant concepts in transcultural psychotherapy for political refugees. Nordisk Psykologi, 41(3), 177-192.

12. Agger, I., & Jensen, S. B. (1994). Determinant factors for countertransference reactions under state terrorismNew York: Guilford Press.

13. Agger, I., & Jensen, S. ø B. (1989). Traume, møde og mening: Centrale begreber i transkulturel psykoterapi for politiske flygtninge = trauma, meeting and meaning: Significant concepts in transcultural psychotherapy for political refugees. Nordisk Psykologi, 41(3), 177-192. .

14. Ahmadi, K., Reshadatjoo, M., Karami, G., Sepehrvand, N., & Ahmadi, P. (2010). Vicarious PTSD in sardasht chemical warfare victims' offspring. Procedia - Social and Behavioral Sciences, 5, 170-173.

15. Ajdukovic, M., & Ajdukovic, D. (1998). Mental health care for helpers: Experiences from a training programme. Croatia: Nakladnistvo Lumin: Zagreb.

16. Alaggia, R., Michalski, J. H., & Vine, C. (1999). The use of peer support for parents and youth living with the trauma of child sexual abuse: An innovative approach. Journal of Child Sexual Abuse, 8(2), 57-75.

17. Alexander, D. A., & Atcheson, S. F. (1998). Psychiatric aspects of trauma care: Survey of nurses and doctors. Psychiatric Bulletin, 22(3), 132-136 .

18. Ali Musa, S. & Hamid, A. A. R. M. (2008). Psychological Problems Among Aig Workers Operating in Darfur. Social Behavior & Personality: An International Journal.

19. Allen, J. G. (2003). Challenges in treating post-traumatic stress disorder and attachment trauma. Current Women's Health Reports, 3(3), 213-220.

20. Alonzo, A. A., & Reynolds, N. R. (1998). The structure of emotions during acute myocardial infarction: A model of coping. Social Science and Medicine, 46(9), 1099-1110.

21. Alqashan, H. F., & Alzubi, A. (2009). Job satisfaction among counselors working at stress center -- social development office -- in kuwait. Traumatology, 15(1), 29-39.

22. Amen, T. M. (2002). An investigation of the psychological consequences to sex offender treatment providers dissertationSam Houston State University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3059698. (91458)

23. American Psychiatric Association. (2000). Diagnostic and statistical manual of mental disorders (4th ed., text revision). Washington, DC: Author.

24. American Psychiatric Association. (2001). Coping with a national tragedy. Psychiatric Services, 52(11), 1427.

25. American Psychological Association (2004). Guidelines for psychological practice with older adults. American Psychologist, 59, 236-260. (assisted with rural section)

26. American, P. A. (2001). Coping with a national tragedy. Psychiatric Services, 52(11), 1427.

27. Anderson J. C. (2003). The interpersonal and intrapersonal impact of child sexual abuse on female partners of male survivors. (Doctoral Dissertation, Minnesota University, 2003). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 64(1-B), 2003. pp. 406. AAI 3078008.

28. Anderson, C. L. (1981). Males as sexual assault victims: Multiple levels of trauma. Journal of Homosexuality, 7(2-3), 145-162.

29. Anderson, D. G. (2000). Coping strategies and burnout among veteran child protection workers. Child Abuse and Neglect, 24(6), 839-848.

30. Anthony, T. (2005). Restoring hope and trust: An illustrated guide to mastering trauma. Bulletin of the Menninger Clinic, 69(3), 250-250.

31. Ari, O., & Weintroub, A. (2008). Meaning in life and personal growth among pediatric physicians and nurses. Death Studies, 32(7), 621-645.

32. Arledge, E., & Wolfson, R. (2001). Care of the clinician. New Directions for Mental Health Services, 89, 91-98.

33. Armstrong, J. G. (1996). Emotional issues and ethical aspects of trauma research. Maryland: Sidran Press: Lutherville.

34. Arnold, D., Calhoun, L. G., Tedeschi, R. G., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. Journal of Humanistic Psychology, 45(2), 239-263.

35. Arnold, D., Calhoun, L. G., Tedeschi, R., & Cann, A. (2005). Vicarious posttraumatic growth in psychotherapy. Journal of Humanistic Psychology, 45(2), 239-263.

36. Arvay, M. J. (1994). Counsellor impairment in the field of trauma thesis. Retrieved from http://wwwlib.umi.com/dissertations/fullcit/MM93531

37. Arvay, M. J. (1998). Narratives of secondary traumatic stress: Stories of struggle and hope. Ph.D. dissertation, University of Victoria (Canada), Canada. Retrieved May 28, 2009, from Dissertations & Theses: A&I . (Publication No. AAT NQ34252).

38. Arvay, M. J. (2001). Secondary traumatic stress among trauma counsellors: What does the research say? International Journal for the Advancement of Counselling, 23(4), 283-293.

39. Arvay, M. J. (2001). Shattered beliefs: Reconstituting the self of the trauma counselor. Neimeyer, Robert A (ed.). Meaning reconstruction and the experience of loss (1st ed.), (pp 213-230) Washington: Washington: American Psychological Association.

40. Arvay, M. J., & Uhlemann, M. R. (1996). Counsellor stress in the field of trauma: A preliminary study. Canadian Journal of Counselling, 30(3), 193-210.

41. Astin, M. C. (1997). Traumatic therapy: How helping rape victims affects me as a therapist. Women and Therapy, 20(1), 101-109.

42. Atkinson-Tovar, L. (2003). Transformation of self: Portrait of youth investigators and forensic interviewers exposed to repeated trauma. (Doctoral Dissertation, Northern Illinois University, 2003). Dissertation Abstracts International Section A: Humanities and Social Sciences, Vol 63(11-A), 2003. pp. 4099. AAI3073150.

43. Awwad, E. (1999). Between trauma and recovery: Some perspectives on Palestinian's vulnerability and adaptation. Philadelphia: Brunner/Mazel. In Nader, Kathleen Olympia; Dubrow, Nancy; Stamm, Beth Hudnall (ed.). Honoring differences: cultural issues in the treatment of trauma and loss, (pp. 234-266) Philadelphia: Brunner/Mazel, 1999.

44. Azar, S. T. (2000). Preventing burnout in professionals and paraprofessionals who work with child abuse and neglect cases: A cognitive behavioral approach to supervision. Journal of Clinical Psychology, 56(5), 643-663.

45. Bacigalupe, G. (1995). Family violence in Chile: A qualitative study of interdisciplinary teams' perspectives.

46. Badger, J. M. (2001). Understanding secondary traumatic stress. American Journal of Nursing, 101(7), 26-33.

47. Badger, J. M. (2008). Critical care nurse intern program: Addressing psychological reactions related to critical care nursing. Critical Care Nursing Quarterly, 31(2) 184-187.

48. Badger, K. (2005). Catastrophe in the workplace: Impact of indirect trauma exposure on hospital social workers [dissertation] (176 pp.). University of Kentucky). (Ph.D. dissertation)

49. Badger, K., Royse, D., & Craig, C. (2008). Hospital social workers and indirect trauma exposure: An exploratory study of contributing factors. Health and Social Work, 33(1), 63-72.

50. Badger, K., Royse, D., & Craig, C. D. (2008). Hospital social workers and indirect trauma exposure: An exploratory study of contributing factors. Health and Social Work, 33(1), 63-71.

51. Bailey, D. F. (1997). PTSD severity among combat veterans: Differences in demographic characteristics dissertation. Florida Institute Of Technology). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9730133. (90011)

52. Baird, K., & Kracen, A. C. (2006). Vicarious traumatization and secondary traumatic stress: A research synthesis. Counselling Psychology Quarterly, 19(2), 181-188.

53. Baird, S. A. (1999). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff and volunteers. M.S. dissertation, University of North Texas, United States -- Texas. Retrieved May 28, 2009, from Dissertations & Theses: A&I . (Publication No. AAT 1405439).

54. Baird, S. A., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. Violence and Victims, 18(1), 71-86.

55. Ballone, E; Valentino, M; Occhiolini, L; Di Mascio, C; Cannone, D; & Schioppa, F. S. (2000). Factors influencing psychological stress levels of Italian peacekeepers in Bosnia. Military Medicine, 165(12), 911-915 .

56. Baranowsky, A. B. (2002). The silencing response in clinical practice: On the road to dialogue. In C. R. Figley (Ed.), Treating Compassion Fatigue (pp. 155-170). New York: Brunner-Routledge.

57. Baranowsky, A.B. & Gentry, E.J. (). Compassion Fatigue Resiliency & Recovery: Accelerated Recovery Method. Audio CD. City:Amazon.com.

58. Baranowsky, A.B. & Gentry, E.J. (2010, 2nd Ed). Trauma Practice, Tools for Stabilization and Recovery. City: Hogrefe Publishing

59. Barash, R. K. (1995). Factors associated with two facets of altruism in vietnam war veterans with post-traumatic stress disorder dissertation. Columbia University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9606908. (90289)

60. Barash, R., Midlarsky, E., & Johnson, D. R. (1999). Altruism and the vietnam war veteran: The relationship of helping to symptomatology. Journal of Traumatic Stress, 12(4), 655-662.

61. Barbanel, K.W. Saakvitne, & B.H. Stamm. Fostering mental health workers' resilience in response to terrorism. Washington, DC: American Psychological Association (2003). Available http://www.apa.org/psychologists/pdfs/mentalhealth workers.pdf

62. Barceli, D., & Napoli, M. (2006). A proposal for a mindfulness-based trauma prevention program for social work professionals. Complementary Health Practice Review, 11(3), 153-165.

63. Barlow, D. (2004). Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic (2nd ed.). New York: Guilford Press.

64. Barnes, M. (1996). The impact of the physical traumatization and critical care hospitalization of children, on the functioning of the injured child's family system: A Delphi study. (Docotral Dissertation, The Florida State University, 1996). Dissertation Abstracts

International: Section B: The Sciences and Engineering, Vol 56(8-B), Feb 1996. pp. 4234. AAM9541707

65. Barnes, M. F. (1995). The impact of the physical traumatization and critical care hospitalization of children, on the functioning of the injured child's family system: A delphi study dissertation. Florida State University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9541707. (90291)

66. Basham, K., & Miehls, D. (2004). Transforming the legacy: Couple therapy with survivors of childhood trauma. Columbia University Press.

67. Bates, K. M. (2005). Moderators for secondary traumatic stress in human service professionals: The role of emotional, cognitive, and social factors dissertation. Capella University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3178463. (91865)

68. Batten, S. V., Follette, V. M., & Aban, I. B. (2001). Experiential avoidance and high-risk sexual behavior in survivors of child sexual abuse. Journal of Child Sexual Abuse, 10(2), 101-120. .

69. Beaton, R. D., & Murphy, S. A. (1995). Working with people in crisis: Research implications. Figley, Charles R (ed.). Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized, (pp 51-81) New York: New York: Brunner/Mazel.

70. Beaton, R. D., Murphy, S. A., Johnson, L. C., & Nemuth, M. (2004). Secondary traumatic stress response in fire fighters in the aftermath of 9/11/2001. Traumatology, 10(1), 7-16.

71. Beaton, R. D., Stergachis, A., Oberle, M., Bridges, E., Nemuth, M., & Thomas, T. (2005). The sarin gas attacks on the tokyo subway -- 10 years later/lessons learned. Traumatology, 11(2), 103-119.

72. Beavan, V., & Stephens, C. (1999). The characteristics of traumatic events experienced by nurses on the accident and emergency ward. Nursing Praxis in New Zealand, 14(1), 12-21.

73. Beck, T., Kratzer, D., Mitmansgruber, H., & Andreatta, M. (2007). Die debriefing debatte -- fragen nach der wirksamkeit = the debriefing debate -- questions about the effectiveness. Zeitschrift Für Psychotraumatologie, 5(3), 2007.

74. Becker, R., & Bowles, R. (2001). Interpreters' experience of working in a triadic psychotherapy relationship with survivors of torture and trauma: Some thoughts on the impact on psychotherapy. Raphael, Beverley; Malak, Abd-Elmasih (ed.). Diversity and mental health in challenging times, (pp 222-230) Sydney: Sydney: Transcultural Mental Health Centre.

75. Becvar, D. (2003). The impact on the family therapist of a focus on death, dying, and bereavement. Journal of Marital & Family Therapy, 29(4), 469-477.

76. Becvar, D. (2004). The Impact on the Family Therapist of a Focus on Death, Dying, and Bereavement. Living beyond loss: Death in the family (2nd ed.) (pp. 358-370). W W Norton & Co.

77. Bedard, K. (2006). Compassion and courage in the aftermath or traumatic loss: Stones in my heart forever. Haworth Press.

78. Bell, H. (1999).The impact of counseling battered women on the mental health of counselors

[dissertation] (264 pp.). (Doctoral dissertation, University of Texas at Austin, 1999). DAI-A 60/09, p. 3525, Mar 2000. AAT 9947172.. .

79. Bell, H., Kulkarni, S., & Dalton, L. (2003). Organizational prevention of vicarious trauma. Families in Society, 84(4), 463-470.

80. Benatar, M. (2000). A qualitative study of the effect of a history of childhood sexual abuse on therapists who treat survivors of sexual abuse. Journal of Trauma and Dissociation, 1(3), 9-28. .

81. Benatar, M. (2004). Purification and the self-system of the therapist editorial. Journal of Trauma and Dissociation, 5(4), 1-15.

82. Bennett-Baker, A. A. (1998). The resilient psychotherapist: An heuristic inquiry into vicarious traumatization dissertation. Union Institute). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9916976. (90897)

83. Benoit, L. G., Veach, P. M., & LeRoy, B. S. (2007). When you care enough to do your very best: Genetic counselor experiences of compassion fatigue. Journal of Genetic Counseling 16(3), 299-312.

84. Berceli, D., & Napoli, M. (2006). A proposal for a mindfulness-based trauma prevention program for social work professionals. Complementary Health Practice Review, 11(3), 153-165.

85. Berger, H. (2001). Trauma and the therapist. Trauma: A practitioner's guide to counselling (pp. 189-212). Brunner-Routledge.

86. Best, S. R. (1996). Secondary effects of maternal trauma on children of violent crime victims dissertation. California School Of Professional Psychology - Berkeley/Alameda). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9701990. (90023)

87. Bicknell, J. (2004). Working with trauma: The impact on the therapist. In Paton, Douglas; Violanti, John M; Dunning, Christine M; Smith, Leigh M (ed.) Managing traumatic stress risk: a proactive approach (pp. 160-176) Illinois: Charles C. Thomas: Springfield.

88. Bilal MS, Rana MH, Rahim S, Ali S. Psychological trauma in a relief worker--a case report from earthquake-struck areas of north Pakistan. Prehosp Disaster Med.2007 Sep-Oct;22(5):458-61. PMID: 18087918.

89. Bills, L. J. (1995). Trauma-based psychiatry for primary care. Maryland: Sidran Press: Lutherville.

90. Binford, R. W. (2008). Interpersonal consequences of secondary traumatic stress: Sexual harassment among therapists treating perpetrators and survivors of sexual assault dissertation. Fairleigh Dickinson University).

91. Birck, A. (2001). Secondary traumatization and burnout in professionals working with torture survivors. Traumatology, 7(2), 96-101.

92. Bissett, J. L. (2002). The relation between burnout and compassion fatigue in fire fighter-paramedics. Ph.D. dissertation, University of Houston, United States -- Texas. Retrieved May 26, 2009, from Dissertations & Theses: A&I . (Publication No. AAT 3056463).

93. Biyanova, T. (2005). Appraisal of traumatic stressors: A structural multidimensional model dissertationNew School University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3161861. (91798)

94. Black, S. B., & Weinreich, P. (2000). An exploration of counselling identity in counsellors who deal with trauma. Traumatology, 6(1), 25-40.

95. Blair, D. T., & Ramones, V. A. (1996). Understanding vicarious traumatization. Journal of psychosocial nursing and mental health services, 34(11), 24-30.

96. Blanchard, E. A., & Jones, M. (1997). Care of clinicians doing trauma work. In M. Harris & C. L. Landis (Eds.), Sexual abuse in the lives of women diagnosed with serious mental illness. Washington, DC: Hardwood Academic Publishers.

97. Blanchard, E. B. & Jones, M. (1997). Care of clinicians doing trauma work. Sexual abuse in the lives of women diagnosed with serious mental illness (pp. 303-319). Harwood Academic Publishers.

98. Blanchard, E. B., Kuhn, E., Rowell, D. L., Hickling, E. J., Wittrock, D. A., & Rogers, R. L. et al. (2004). Studies of the vicarious traumatization of college students by the September llth attacks: Effects of proximity, exposure and connectedness. Behaviour research and therapy, 42(2), 191-205. .

99. Blanchard, E. B., Kuhn, E., Rowell, D. L., Hickling, E. J., Wittrock, D. A., Rogers, R. L., Johnson, M. R., & Steckler, D. C. (2004). Studies of the vicarious traumatization of college students by the september llth attacks: Effects of proximity, exposure and connectedness. Behaviour Research and Therapy, 42(2), 191-205.

100. Blanchard, E. B., Rowell, D. L., Kuhn, E., Rogers, R. L., & Wittrock, D. A. (2005). Posttraumatic stress and depressive symptoms in a college population one year after the september 11 attacks: The effect of proximity. Behaviour Research and Therapy, 43(1), 143-150.

101. Bleich, A., Kron, S., Margalit, C., Inbar, G., Kaplan, Z., & Cooper, S. et al. (1991). Israeli psychological casualties of the persian gulf war: Characteristics, therapy, and selected issues. Israel journal of medical sciences, 27(11-12), 673-676. .

102. Bleich, A., Kron, S., Margalit, C., Inbar, G., Kaplan, Z., Cooper, S., & Solomon, Z. (1991). Israeli psychological casualties of the persian gulf war: Characteristics, therapy, and selected issues. Israel Journal of Medical Sciences, 27(11-12), 673-676.

103. Bliese, P. D., & Castro, C. A. (2000). Role clarity, work overload and organizational support: Multilevel evidence of the importance of support. Work & Stress, 14(1), 65-73.

104. Blomquist, C. (1995). A community of care: Ministry to children in war. California: MARC: Monrovia.

105. Bloom, A. D., & Lyle, R. (2001). Vicariously traumatized: Male partners of sexual abuse survivors. Journal of Couples Therapy, 10(1), 9-28.

106. Bloom, M. L. (2009). Secondary traumatic stress: The hidden trauma in child and youth counsellors thesis. Retrieved from http://proquest.umi.com/pqdweb?did=1855066751&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD

107. Bloom, S. (1995). The germ theory of trauma: The impossibility of ethical neutrality. Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators (pp. 257-276). The Sidran Press.

108. Bober, T., & Reghehr, C. D. (2006). Strategies for reducing secondary or vicarious trauma: Do they work? Brief Treatment and Crisis Intervention, 6(1), 1-9.

109. Bober, T., Regehr, C., & Zhou, Y. R. (2006). Development of the coping strategies inventory for trauma counselors. Journal of Loss and Trauma, 11(1), 71-83

110. Bond, K. (2006). Clinicians' descriptions of their experiences as sex offender therapists dissertationOklahoma State University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3211677. (91960)

111. Boone, B. C. (2006). The impact of poetry therapy on symptoms of secondary posttraumatic stress disorder in domestic violence counselors dissertation. Texas A&M University). Retrieved from http://proquest.umi.com/pqdweb?did=1460437121&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92335)

112. Boscarino, J. A., Adams, R. E., & Figley, C. R. (2005). A prospective cohort study of the effectiveness of employer-sponsored crisis inerventions after a major disaster. International journal of emergency mental health, 7(1), 9-22.

113. Boscarino, J. A., Figley, C. R., & Adams, R. E. (2004). Compassion fatigue following the September 11 terrorist attacks: A study of secondary trauma among new york city social workers. International Journal of Emergency Mental Health, 6(2), 57-66.

114. Bot, H., & Wadensjö, C. (2004). The Presence of a Third Party: A Dialogical View on Interpreter-Assisted Treatment. Broken spirits: The treatment of traumatized asylum seekers, refugees, war and torture victims (pp. 355-378). Brunner-Routledge.

115. Bowers, L. B. (1990). Traumas precipitating female delinquency: Implications for assessment, practice and policy. Child and Adolescent Social Work Journal, 7(5), 389-402.

116. Brady, J., Guy, J., Poelstra, P., & Brokaw, B.(1999). Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors. Professional Psychology, 30, 386-393.

117. Brady, M. R. (2008). Variables associated with secondary trauma in police officers and funeral directors dissertation. Hofstra University). (Psy.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1671294471&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92526)

118. Bramsen, I., Dirkzwager, A. J. E., Van Esch, S. C. M., & Van der Ploeg, H. M. (2001) Consistency of self-reports of traumatic events in a population of Dutch peacekeepers: reason for optimism? Journal of Traumatic Stress, 14, 733-740.

119. Brandon, J. (2000). Working models of self and other in adult attachment and vicarious traumatization. (Doctoral Dissertation, University of Southern Mississippi, 2000). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 60(10-B), May 2000. pp. 5219. AAI9949082.

120. Brankin, K. (2010). Mental health nurses explore compassion fatigue. Kai Tiaki: Nursing New Zealand.

121. Brauchle, G. (2007). Zur aufrechterhaltung sekundärer traumatisierung bei psychosozialen einsatzkräften [Maintenance of secondary traumatization in mental health workers]. Zeitschrift Für Psychotraumatologie, 5(3), 37-46

122. Braun, B. G. (1993). Aids to the treatment of multiple personality disorder on a general psychiatric inpatient unit. Kluft, Richard P; Fine, Catherine G (ed.). Clinical perspectives on multiple personality disorder, (pp 155-175) Washington: Washington: American Psychiatric Press.

123. Braun, B. G. (1993). Aids to the treatment of multiple personality disorder on a general psychiatric inpatient unitWashington: American Psychiatric Press. .

124. Brende, J. O. (1991). When post traumatic stress "rubs off". Voices, 27(1-2), 139-143. .

125. Brenner, I. (1999). Deconstructing DID. American Journal of Psychotherapy, 53(3), 344-360. .

126. Bride, B. E. (2001). Psychometric properties of the secondary traumatic stress scale dissertationUniversity of Georgia). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3025252. (91346)

127. Bride, B. E. (2001). Psychometric properties of the secondary traumatic stress scale dissertationUniversity of Georgia). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3025252. (91346)

128. Bride, B. E. (2004). The impact of providing psychosocial services to traumatized populations. Stress Trauma and Crisis, 7(1), 29-46.

129. Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. Social Work, 52(1), 63-70.

130. Bride, B. E., & Figley, C. R. (2007). The fatigue of compassionate social workers: An introduction to the special issue on compassion fatigue. Clinical Social Work Journal, 35(3), 151-153.

131. Bride, B. E., & Figley, C. R. (2009). Secondary trauma and military veteran caregivers. Smith College Studies in Social Work, 79(3-4), 314-329.

132. Bride, B. E., Hatcher, S. S., & Humble, M. N. (2009). Trauma training, trauma practices, and secondary traumatic stress among substance abuse counselors. Traumatology, 15(2), 96-105.

133. Bride, B. E., Radey, M., & Figley, C. (2007). Measuring Compassion Fatigue. Clinical Social Work Journal, 35(3), 155-163.

134. Bride, B. E., Robinson, M. M., Yegidis, B. L., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. Research on Social Work Practice, 14(1), 27-35.

135. Brien, L. (1998). Inpatient nursing care of patients with borderline personality disorder: A review of the literature. Australian and New Zealand Journal of Mental Health Nursing, 7(4), 172-183.

136. Britt TW, Adler AB. Stress and health during medical humanitarian assistance missions. Mil Med. 1999 Apr;164(4):275-9. PMID: 10226454.

137. Britt, T. W., Castro, C.A., & Adler, A.B. (2005). Self engagement, stressors, and health: A longitudinal study. Personality and Social Psychology Bulletin, 31(11), 1475-1486.

138. Britt, T. W., Davison, J., Bliese, P.D., & Castro, C.A. (2004). How leaders can influence the impact that stressors have on soldiers. Military Medicine, 169(7), 541-545.

139. Brown, F. (2002). Inside every chronic patient is an acute patient wondering what happened. Journal of Clinical Psychology, 58(11), 1443-1449.

140. Brown, R. M. A study of the relationship of existing schemas and coping strategies among a victimized and nonvictimized sample [dissertation] (104 pp.). (Doctoral dissertation, Saint Louis University,1999). DAI-B 60/08, p. 4204, Feb 2000   AAT 9942757 .

141. Burbeck, R., Coomber, S., Robinson, S. M., & Todd, C. (2002) Occupational stress in consultants in accident and emergency medicine: A national survey of levels of stress at work. Emergency Medicine Journal 19(3), 234-238.

142. Bürgin, D. (1995). Psychic traumatization in children and adolescents: A clinical and theoretical survey. Germany: Secolo Verlag: Osnabrück.

143. Burke, P.S., Carruth, B. & Prichard, D. (2006). Counselor self-care in work with traumatized, addicted people. In B. Carruthm, (Ed). Psychological Trauma And Addiction Treatment: City: Routledge

144. Burns, C. M., Morley, J., Bradshaw, R., & Domene, J. (2008). The emotional impact on and coping strategies employed by police teams investigating internet child exploitation. Traumatology, 14(2), 20-31.

145. Burton, D. L. (2009). Commentary to reaction panel in response to the keynote lecture presented by drs. brian E. bride and charles R. figley titled secondary trauma and military veterans caregivers. Smith College Studies in Social Work, 79(3-4), 330-334.

146. Byrne, M. K., Lerias, D, & Sullivan, N. L. (2006). Predicting vicarious traumatization in those indirectly exposed to bushfires. Stress and Health, 22(3), 167-177.

147. Cahill-Phillips, M. B. (1992). The demeter effect: Trauma and reparation in mothers of victimized children dissertationCalifornia School of Professional Psychology, Berkeley). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9230662. (90317)

148. Cahill-Phillips, M. B. The demeter effect: Trauma and reparation in mothers of victimized children [dissertation] (331 pp.). (Doctoral dissertation, California School of Professional Psychology, Berkeley, 1992). DAI-B 53/06, p. 3149, Dec 1992 AAT 9230662 .

149. Cairns, K. (2007). Caring for the carers: Preventing and managing secondary traumatic stress. England: Palgrave Macmillan: Basingstoke.

150. Cavalcade Productions (1998). When Helping Hurts. Author.

151. Cavalcade Productions (2006). When Helping Hurts. Author.

152. Cavalcade Productions (1997). Vicarious Traumatization II: Transforming the Pain. Author

153. Camerlengo, H. (2002). The role of coping style, job-related stress, and personal victimization history in the vicarious traumatization of professionals who work with abused youth. (Doctoral Dissertation, Rutgers The State U, New Jersey , 2002). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 63(5-B), Dec 2002. pp. 2574. AAI3052716

154. Campbell, L. A. (2007). Utilizing Compassion Fatigue Education in Hurricanes Ivan and Katrina, Clinical Social Work Journal, 35(3), 165-171.

155. Campbell, R. (2002). Emotionally involved: The impact of researching rape. New York: New York: Routledge.

156. Campbell, R., & Wasco, S. M. (2005). Understanding rape and sexual assault: 20 years of progress and future

directions. Journal of Interpersonal Violence, 20(1), 127-131.

157. Cancio LI, Cashman TM. Self-reported cumulative trauma symptoms among hospital employees: analysis of an upper-extremity symptom survey. Am J Occup Ther. 1999 Mar-Apr;53(2):227-30. PMID: 10200847.

158. Canfield, J. (2003). An exploratory study of secondary traumatic stress and vicarious traumatization among child psychotherapists. (Doctoral Dissertation, SMITH COLLEGE SCHOOL FOR SOCIAL WORK,2003). DAI-A 64/04, p. 1405, Oct 2003 AAT 3087804

159. Canfield, J. (2005). Secondary Traumatization, Burnout, and Vicarious Traumatization: A Review of the Literature as It Relates to Therapists Who Treat Trauma. Smith College Studies in Social Work, 75(2), 81-101.

160. Caringi, J. C. (2007). Secondary traumatic stress in new york state child welfare workers dissertationState University of New York at Albany). Retrieved from http://proquest.umi.com/pqdweb?did=1421616261&si d=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92253)

161. Carmel, M. J. S. (2008). The relation of secondary traumatization to therapists' perceptions of the working alliance with sex offenders dissertationState University of New York at Albany). (Ph.D. dissertation. For an article based on this dissertation, see: Melissa J. Sheehy Carmel and Myrna L. Friedlander, "The relation of secondary traumatization to therapists' perceptions of the working alliance with clients who commit sexual ab(TRUNCATED)) Retrieved from http://proquest.umi.com/pqdweb?did=1586592991&si d=2&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92574)

162. Carmel, M. J. S., & Friedlander, M. L. (2009). The relation of secondary traumatization to therapists' perceptions of the working alliance with clients who commit sexual abuse. Journal of Counseling Psychology, 56(3), 461-467.

163. Carr, J. R., Hoge, C. W., Gardner, J., & Potter, R. (2004). Suicide surveillance in the U.S. military: Reporting and classification biases in rate calculations. Suicide and Life-Threatening Behavior, 34(3), 233-241.

164. Carroll, D. W. (2008). Perspectives in psychiatric consultation liaison nursing: Care of the wounded soldier by a PCLN team. Perspectives in Psychiatric Care, 44(3), 211-215.

165. Castro, C. A., & Adler, A. B. (1999). OPTEMPO: Effects on soldier and unit readiness. Parameters: US Army War College, 29(3), 86.

166. Castro, C. A., & Adler, A. B. (2005). Operations Tempo (OPTEMPO): Preface to the Special Issue. Military Psychology, 17(3), 131-136.

167. Castro, C. A., Engel, C. C. Jr., & Adler, A. B. (2004). The challenge of providing mental health prevention and early intervention in the U.S. military. In B.T. Litz (Ed.), Early Intervention for Trauma and Traumatic Loss (pp. 301-318). New York: Guilford Press.

168. Catherall, D. R. (1989). Differentiating intervention strategies for primary and secondary trauma in post-traumatic stress disorder: The example of vietnam veterans. Journal of Traumatic Stress, 2(3), 289-304.

169. Catherall, D. R. (1991). Aggression and projective identification in the treatment of victims. Psychotherapy, 28(1), 145-149.

170. Catherall, D. R. (1995). Coping with secondary traumatic stress: The importance of the therapist's professional peer group. Maryland: Sidran Press: Lutherville.

171. Catherall, D. R. (1999). Coping with Secondary Traumatic Stress: The importance of the therapist's professional peer group. In B. H. Stamm (Ed.), Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, and Educator (2nd ed.). (pp. 80-92). Baltimore: Sidran Press

172. Cavalcade Productions (nd). Successful Trauma Therapies: A video Series on Trauma Therapy. Author.

173. Cavalcade Productions (nd). Vicarious Traumatization I: The Cost of Empathy. Author.

174. Cavalcade Productions (nd). Vicarious Traumatization II: Transforming the Pain. Author.

175. Cerney, M. S. (1995). Treating the "heroic treaters". In C. R. Figley (Ed.), Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized (pp. 131-149). New York: Brunner/Mazel.

176. Charney, A., & Pearlman, L. (1998). The ecstasy and the agony: The impact of disaster and trauma work on the self of the clinician. Emergencies in mental health practice: Evaluation and management (pp. 418-435). Guilford Press.

177. Chenard, C. J. (2004). Pastoral care during major traumatic events: Implications for pastoral care for emergency responders and their care-givers. D.Min. dissertation, Vancouver School of Theology (Canada), Canada. Retrieved May 26, 2009, from Dissertations & Theses: A&I . (Publication No. AAT NQ90881).

178. Cheng, Y. (2006). Caregiver burnout: A critical review of the literature.Doctoral dissertation, Alliant International U, San Diego, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(12-B), 2006. pp. 6915. AAI3199400

179. Choi, G. (2009). The influence of organizational characteristics and psychological empowerment on secondary traumatic stress of social workers working with family violence or sexual assault survivors dissertationUniversity of Illinois at Urbana-Champaign). (Ph.D. dissertation)

180. Chrestman, K. (1995). Secondary exposure to trauma and self-reported distress among therapists. Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators (pp. 29-36). The Sidran Press.

181. Christofferson, B. E. (2003). \Taking care: Using performance creation and participatory process to facilitate self-care for caregivers. Ph.D. dissertation, University of Calgary (Canada), Canada. Retrieved May 26, 2009, from Dissertations & Theses: A&I . (Publication No. AAT NQ87029).

182. Clark, D., & White, P. (2004). Therapist's Guide to Self-Care. International Journal of Emergency Mental Health, 6(4), 245-246.

183. Clark, M. L., & Gioro, S. (1998). Nurses, indirect trauma, and prevention. Imaging Journal of Nursing Scholarly, 30(1), 85-87.

184. Clarke, J. M. (2004). The psychosocial impact on facilitators of working therapeutically with sex offenders: An experimental study. Ph.D. dissertation. University of York (United Kingdom).

185. Clary, G. (2009, June 2) Joint Cheifs chairman: Troops' mental health needs to be a priority. CNN.com. Retrieved June 3, 2009, from: http://www.cnn.com/2009/US/06/02/troops.mental.health/

186. Clay, D. (2000). Mental health and psychosocial issues in HIV care. Lippincott's Primary Care Practice, 4(1), 74-82.

187. Clemans, S. (2004). Recognizing Vicarious Traumatization: A Single Session Group Model for Trauma Workers. Social Work with Groups, 27(2), 55-74.

188. Clemens, L. A. (1999). Secondary traumatic stress in rape crisis counselors: A descriptive study. M.S. dissertation, California State University, Fresno, United States -- California. Retrieved May 26, 2009, from Dissertations & Theses: A&I. (Publication No. AAT 1396034).

189. Cogan, R. (2004). On Psychotherapy and Trauma. PsycCRITIQUES,

190. Coleman, A. (2007). Iyengar yoga as a treatment for secondary traumatic stress in mental health professionals dissertationAlliant International University, San Francisco Bay). Retrieved from http://proquest.umi.com/pqdweb?did=1472131701&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92326)

191. Coleman, L.. Scales, M. & Peace, R. (1990). Compassion Fatigue: Worn Out From Caring. City: Serendipity House.

192. Collins, S., & Long, A. (2003). Too tired to care? The psychological effects of working with trauma. Journal of Psychiatric and Mental Health Nursing, 10(1) 17-27

193. Colón, Y. (2006). End-of-Life Care. Handbook of health social work (pp. 615-634). John Wiley & Sons Ltd.

194. Connery, H. S. (2003). Acute symptoms and functional impairment related to september 11 terrorist attacks among rural community outpatients with severe mental illness. Harvard Review of Psychiatry, 11(1), 37-42.

195. Coots, A. (2006). The vicarious experience of posttraumatic stress disorder or symptoms in family members of trauma patients: Differences between ICU and non-ICU families. Ph.D. dissertation, Pacific Graduate School of Psychology, United States -- California. Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3241193

196. Cordelia Foundation. (2007). Care for caregivers -- self care strategies and other methods for work, care and case handling. Torture, 17(2), 175-177.

197. Cornille, T. A., & Meyers, T. W. (1999). Secondary traumatic stress among child protective service workers: Prevalence, severity and predictive factors. Traumatology, 5(1), 15-31.

198. Costa M, Júnior HA, Oliveira J, Maia E. [Stress: diagnosis of military police personnel in a Brazilian city]. Rev Panam Salud Publica. 2007 Apr;21(4):217-22.Portuguese. PMID: 17612465.

199. Courtois, C. A. (1993). Vicarious traumatization of the therapist. National Center for PTSD Clinical Newsletter, 3(2), 8-9.

200. Courtois, C. A. (1997). Healing the incest wound: A treatment update with attention to recovered-memory issues. American Journal of Psychotherapy, 51(4), 464-496. .

201. Coyne, J. B. (2003). Vicarious traumatization in new trauma therapists dissertationCalifornia Institute of Integral Studies). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3093556. (91537)

202. Cozens, J., Midgley, S. J., & Burges, C. (1999). Questionnaire survey of post-traumatic stress disorder in doctors involved in the omagh bombing. British Medical Journal, 319(7225), 1609.

203. Crabbe, J. M., Bowley, D. M. G., Boffard, K. D., Alexander, D. A., & Klein, S. (2004). Are health professionals getting caught in the crossfire?: The personal implications of caring for trauma victims. Emergency Medicine Journal, 21(5), 568-572. .

204. Crabtree, D. A. (2002). Vicarious traumatization in therapists who work with juvenile sex offenders. Psy.D. dissertation, Pace University, United States -- New York. Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3046101

205. Craig, C. D., & Sprang, G. (2010). Compassion satisfaction, compassion fatigue, and burnout in a national sample of trauma treatment therapists. Anxiety, 23(3), May 2010.

206. Cramer, M. A. (2002). Under the influence of unconscious process: Countertransference in the treatment of PTSD and substance abuse in women. American Journal of Psychotherapy, 56(2), 194-210. .

207. Creamer, T. (2002). Secondary trauma and coping processes among disaster mental health workers responding to the September 11th attacks.(Doctoral dissertation, Auburn U., 2002). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 63(6-B), Jan 2002. pp. 2786. AAI3057137

208. Creamer, T. L., & Liddle, B. J. (2005). Secondary traumatic stress among disaster mental health workers responding to the september 11 attacks. Journal of Traumatic Stress, 18(1), 89-96.

209. Cree, E. R. (2010). Language of secondary traumatic stress found among nonprofit national workers in guatemala dissertationFuller Theological Seminary, School of Psychology). (Psy.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1912767721&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92717)

210. Crook, R. (1998). The port arthur shootings: Royal hobart hospital staff response. Australian Journal of Emergency Management, 13(3), 49-51.

211. Crothers, D. (1995). Vicarious traumatization in the work with survivors of childhood trauma. Journal of Psychosococial Nursing Mental Health Services 33(4), 9-13.

212. Crumpton-Crook, R. (1998). The port arthur shootings: Royal hobart hospital staff response. Australian Journal of Emergency Management, 13(3), 49-51. .

213. Cunningham, M. (1999). Avoiding Vicarous Traumautization: Support, Spirituality, and Self-Care. In

N Boyd, (ED). Mass Trauma and Violence: Helping Families and Children Cope, 327-346. City: Gilford Press.

214. Cunningham, M. (1999). The impact of sexual abuse treatment on the social work clinician. Child and Adolescent Social Work Journal, 16(4), 277-290. .

215. Cunningham, M. (2003). Impact of trauma work on social work clinicians: Empirical findings. Social Work, 48(4), 451-459.

216. Cunningham, M. (2004). Avoiding vicarious traumatization: Support, spirituality, and self-care. Webb, Nancy Boyd (ed.). Mass trauma and violence: helping families and children cope, (pp 327-346) New York: New York: Guilford Press.

217. Cunningham, M. (2004). Teaching Social Workers About Trauma: Reducing the Risks of Vicarious Traumatization in the Classroom. Journal of Social Work Education, 40(2), 305-317.

218. Curtis, A. B. (1996). Therapist traumatization from exposure to clients with post-traumatic stress disorder dissertationAntioch University/New England Graduate School). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9717519. (90053)

219. Curtis, A. B. Therapist traumatization from exposure to clients with post-traumatic stress disorder [dissertation] (58 pp.). (Doctoral dissertation, Antioch University/New England Graduate School, 1997). DAI-A 57/09, p. 4130, Mar 1997   AAT 9705502.

220. Dahl J, O'Neal J. Stress and coping behavior of nurses in Desert Storm. J Psychosoc Nurs Ment Health Serv. 1993 Oct;31(10):17-21. PMID: 8254570.

221. Dalenberg, C. (2000). Therapy as a unique human interaction: Management of boundaries and sexual countertransference. Countertransference and the treatment of trauma (pp. 199-239). American Psychological Association.

222. Dalton, L. E. (2001). Secondary traumatic stress and texas social workers dissertationUniversity of Texas at Arlington). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3010030. (91269)

223. Dan, E. (1995). Secondary traumatization in the adolescent offspring of vietnam veterans with posttraumatic stress disorder dissertationFielding Institute). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9610835. (90341)

224. Danieli, Y. (1994). Countertransference and trauma: Self-healing and training issues. Connecticut: Greenwood Press: Westport.

225. Daniels, A. (2003). Imaginal crime scene analysis: A forensic application of countertransferential active imagination. (Doctoral dissertation, Pacifica Graduate Inst., 2003). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 63(7-B), Feb 2003. pp. 3469. AAI3060741

226. Daniels, J. (2007). Eine neuropsychologische theorie der sekundären traumatisierung [A neuropsychological theory of secondary traumatization]., Zeitschrift Für Psychotraumatologie, 5(3), 49-61.

227. Daniels, J. (2008). Sekundäre traumatisierung: Interviewstudie zu berufsbedingten belastungen von therapeuten [Secondary traumatization: An interview study of occupational exposure of therapists]. Psychotherapeut, 53(2), 107.

228. Darrow, R. E. (2007). Therapists' experience of secondary trauma: Influence of trauma type and social support dissertationUniversity of North Dakota). Retrieved from http://proquest.umi.com/pqdweb?did=1495962361&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92352)

229. Dasberg, H. (1992). The unfinished story of trauma as a paradigm for psychotherapists (a review and some empirical findings on paradigms and prejudices). Israel Journal of Psychiatry and Related Sciences, 29(1), 44-60. .

230. Davis, T. K. Survivors' beliefs, level of control, intensity of symptoms, and decision to use hypnotherapy: A correlational study of northern new york consumers [dissertation] (145 pp.). (Doctoral dissertation, Walden University, 2003). DAI-B 64/04, p. 1897, Oct 2003 AAT 3087204

231. Day, J. H., Vermilyea, E. G., Wilkerson, J., & Giller, E. (2006). Risking connection in faith communities: A training curriculum for faith leaders supporting trauma survivors. Baltimore: Baltimore: Sidran Institute Press.

232. Dedić G. [Professional burnout]. Vojnosanit Pregl. 2005 Nov;62(11):851-5.Review. Serbian. PMID: 16375210.

233. Deighton, R. M., Gurris, N. F., & Traue, H. C. (2007). Factors affecting burnout and compassion fatigue in psychotherapists treating torture survivors: Is the therapist's attitude to working through trauma? Journal of Traumatic Stress, 20(1), 63-75.

234. Deiter, P., & Pearlman, L. (1998). Responding to self-injurious behavior. Emergencies in mental health practice: Evaluation and management (pp. 235-257). Guilford Press.

235. Dekel, R., & Solomon, Z. (2007). Secondary traumatization among wives of war veterans with PTSD. Figley, Charles R; Nash, William P (ed.). Combat stress injury: theory, research, and management, (pp 137-157) New York: New York: Routledge.

236. Depass, C. (2006). Vicarious trauma in correctional mental health staff. (Docotral dissertation, Carlos Albizu U., 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(11-B), 2006. pp. 6268. AAI3195232

237. DePew CL, Gordon M, Yoder LH, Goodwin CW. The relationship of burnout, stress, and hardiness in nurses in a military medical center: a replicated descriptive study. J Burn Care Rehabil. 1999 Nov-Dec;20(6):515-22; discussion 514. PMID: 10613692.

238. Dersch, C., & Harris, S. (2004). Clarification. Journal of Marital & Family Therapy, 30(3), 391-391.

239. Dersch, C., & Harris, S. (2004). Common shock witnessing violence every day: How we are harmed, how we can heal. Journal of Marital & Family Therapy, 30(2), 247-247.

240. Devilly, G. J., Wright, R., & Varker, T. (2009). Vicarious trauma, secondary traumatic stress or simply burnout?: Effect of trauma therapy on mental health professionals. Australian and New Zealand Journal of Psychiatry, 43(4), 373-385.

241. Dickes, S. J. (2001). Treating sexually abused children versus adults: An exploration of secondary traumatic stress and vicarious traumatization among therapists

dissertationCalifornia School of Professional Psychology - Fresno). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3009821. (91273)

242. Dietz, T. W. (2001). Scenes of compassion: A responder's guide for dealing with emergency scene emotional crisis. Ellicott City, MD: Chevron Publishing.

243. Diminic, I., Franciskovic, T., Delic, B., & Serdarevic, I. (1992). Traumatization of group leaders in their work with refugees. Psychologische Beiträge, 34(3-4), 184-188. .

244. Dipietro, F. (2006). Vicarious trauma and compassion fatigue in battered women's advocates: A secondary prevention program. (Doctoral dissertation, U Hartford, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(7-B), 2006. pp. 3945. AAI3184235

245. Dirkzwager, A. J. E. (2001). Posttraumatic stress among dutch military veterans: A longitudinal studyAmsterdam: Vrije Universiteit.

246. Dirkzwager, A. J. E., Bramsen, I., Ader, H. J., & Van der Ploeg, H. M. (2005). Secondary traumatization in partners and parents of Dutch peacekeeping soldiers. Journal of Family Psychology, 19(2), 217-226.

247. Doherty, G. W. (2004). Crises in rural america: Critical incidents, trauma and disasters. Traumatology, 10(2), 145-164.

248. Doherty, G.W. (2004). Vicarious Traumatization. Rocky Mountain Region Disaster Mental Health Newsletter. Retrieved June 1, 2009 from www.angelfire.com/biz3/news/mhm128e.html.

249. Dolan, C. A., Adler, A. B., Thomas, J. L., & Castro, C. A. (2005). Operations tempo and soldier health: The moderating effect of wellness behaviors. Military Psychology, 17(3), 157-174.

250. Dominguez-Gomez, E., & Routledge, D. (2008). Prevalence of secondary traumatic stress among emergency nurses. Journal of Emergency Nursing,

251. Donk, A. (2001). Secundaire traumatisering en slaapstoornissen = [secondary traumatization and sleep disorders]. Tijdschrift voor Psychotherapie, 27(4), 317-319. .

252. Dorsett, E. M. (1995). Primary and secondary trauma in a non-clinical population dissertationUniversity of Georgia. Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9604035. (90359)

253. Doshan, B. (2004). Vicarious traumatization. Maryland: Chevron: Ellicott City.

254. Duchet, C. (2002). Le psychotraumatisme collectif = [collective psychotrauma]. Annales Médico-Psychologiques, 160(5-6), 467-469. .

255. Dunkley, J. E., & Whelan, T. A. (2006). Vicarious traumatisation in telephone counsellors: Internal and external influences. British Journal of Guidance and Counselling, 34(4), 451-469.

256. Dunkley, J., & Whelan, T. (2006). Vicarious traumatisation in telephone counsellors: Internal and external influences. British Journal of Guidance & Counselling, 34(4), 451-469.

257. Dunning, C. (1994). Trauma and countertransference in the workplace. Countertransference in the treatment of PTSD (pp. 351-367). Guilford Press.

258. Dutton, M. A., & Rubinstein, F. L. (1995). Working with people with PTSD: Research implications. In C. R. Figley (Ed.), Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized (pp. 82-100). New York: Brunner/Mazel.

259. Dworkin, M. (2005). EMDR and the Relational Imperative: The Therapeutic Relationship in EMDR Treatment. City: Routledge

260. Eberth, L. D. (1989). The psychological impact of rape crisis counseling on volunteer counselors dissertationWright Institute). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/8923292. (90699)

261. Edem Iniedu, A. O. (2010). Assessing the impact of posttraumatic stress disorder (PTSD) among wives of veterans: A phenomenological study of life changing experiences of wives of war veterans diagnosed with PTSD dissertationCapella University). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=2074666591&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92810)

262. Editor's post script.(1993). National Center for PTSD Clinical Newsletter, 3(2), 20.

263. Eidelson, R. J., D'Alessio, G. R., & Eidelson, J. I. (2003). The impact of september 11 on psychologists. Professional Psychology: Research and Practice, 34(2), 144-150. atabase.

264. Einav, S., Shaley, A., Ofek, H., & Freedman, S. (2008). Differences in psychological effects in hospital doctors with and without post-traumatic stress disorder. The British Journal of Psychiatry, 193, 165-166.

265. Eisenman, D. P., Bergner, S., & Cohen, I. (2000). An ideal victim: Idealizing trauma victims causes traumatic stress in human rights workers. Human Rights Review 1(4), 106-114.

266. Eizirik, M., Schestatsky, S., Knijnik, L., & Terra, L., (2006). Countertransference and psychic trauma. Revista De Psiquiatría do Rio Grande do Sul, 28(3), 314-320.

267. Ellerby, L. (1999). Providing clinical services to sex offenders: Burnout, compassion, fatigue and moderating variables. (Doctoral dissertation, U Manitoba, Canada , 1999). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 59(10-B), April 1999. pp. 5575. AAMNQ31976

268. Engdahl, B. E., Dikel, T. N., Eberly, R. E., & Blank, A. S. (1998). Comorbidity and course of psychiatric disorders in a community sample of former prisoners of war. American Journal of Psychiatry, 155(12), 1740-1745.

269. Engel, C.C. Jr., Liu, X., Hoge, C., & Smith, S. (2002). Multiple idiopathic physical symptoms in the ECA study: competing risks analysis of 1-year incidence, mortality, and resolution. American Journal of Psychiatry, 159, 998-1004.

270. Engstrom, D. W., Hernández, P., & Gangsei, D. (2008). Vicarious resilience: A qualitative investigation into its description. Traumatology, 14(3), 13-21.

271. Ennis, L., & Horne, S. (2003). Predicting psychological distress in sex offender therapists. Sexual Abuse: A Journal of Research and Treatment, 15(2), 149-157. .

272. Etherington, K. (2000). Supervising counsellors who work with survivors of childhood sexual abuse. Counselling Psychology Quarterly, 13(4), 377-389.

273. Everall, R. D., & Paulson, B. L. (2004). Burnout and secondary traumatic stress: Impact on ethical behaviour. Canadian Journal of Counselling, 38(1), 25-35.

274. Everett, S. R. (1996). Stress, vicarious traumatization, and coping: Therapists' efforts to manage the stress of treating sexual trauma dissertationUniversity of Virginia). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9708528. (90071)

275. Everett, S. R. Stress, vicarious traumatization, and coping: Therapists' efforts to manage the stress of treating sexual trauma [dissertation] (190 pp.). (Doctoral dissertation, University of Virginia). . DAI-B 57/10, p. 6568, Apr 1997 AAT 9708528 .

276. Everly, G. S., Boyle, S. H., & Lating, J. M. (1999). The effectiveness of psychological debriefing with vicarious trauma: A meta-analysis. Stress Medicine, 15(4), 229-233.

277. Fahy, A. (2007). The unbearable fatigue of compassion: Notes from a substance abuse counselor who dreams of working at starbucks. Clinical Social Work Journal, 35(3), 199-205.

278. Fairbank, J., & Fairbank, D. (2005). Families at risk: Comment on Dirkzwager, Bramsen, Ader, and van der Ploeg (2005), Journal of Family Psychology, 19(2), 230-232.

279. Fals-Stewart, W., & Kelley, M. (2005). When family members go to war-A systematic perspective on harm and healing: Comment on Dirkzwager, Bramsen, Ader, and van der Ploeg, Journal of Family Psychology, 19(2), 233-236.

280. Fama, L. (2004). Vicarious traumatization: A concern for pre- and post-doctoral level psychology trainees?. (Doctoral dissertation, State U New York At Albany, 2004). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 64(7-B), 2004. pp. 3520. AAI3098305

281. Farrell, R., & Turpin, G. (2003). Vicarious traumatization: Implications for the mental health of health workers? Clinical Psychology Review, 23(3), 449-480.

282. Feldman, D. B., & Kaal, K. J. (2007). Vicarious trauma and assumptive worldview: Beliefs about the world in acquaintances of trauma victims. Traumatology, 13(3), 21-31.

283. Felman, S. (1991). Education and crisis, or the vicissitudes of teaching. American Imago, 48(1), 13-73. .

284. Felman, S. (1995). Education and crisis, or the vicissitudes of teaching. Caruth, Cathy (ed.). Trauma: explorations in memory, (pp 13-60) Baltimore: Baltimore: Johns Hopkins University Press.

285. Ferreira, C. (2006). Peering into the void: An exploration into the fate of the self under extreme trauma (Primo Levi, Bruno Bettelheim, Elie Wiesel, Italy).

286. Figley, C. A. (1995). Systemic traumatization: Secondary traumatic stress disorder in family therapists. Mikesell, Richard H; Lusterman, Don-David; McDaniel, Susan H (ed.). Integrating family therapy: handbook of family psychology and systems theory, (pp 571-581) Washington: Washington: American Psychological Association.

287. Figley, C. R. (1988). Victimization, trauma, and traumatic stress. Counseling Psychologist, 16(4), 635-641.

288. Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. Figley, Charles R (ed.). Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized, (pp 1-20) New York: New York: Brunner/Mazel.

289. Figley, C. R. (1995). Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatizedNew York: Brunner/Mazel.

290. Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. Maryland: Sidran Press: Lutherville.

291. Figley, C. R. (1995). Systemic traumatization: Secondary traumatic stress disorder in family therapists. Integrating family therapy: Handbook of family psychology and systems theory (pp. 571-581). American Psychological Association.

292. Figley, C. R. (1998). Burnout as systemic traumatic stress: A model for helping traumatized family members. Boca Raton, FL: CRC Press.

293. Figley, C. R. (1999). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), Self-care issues for clinicians, researchers and educators (2nd ed.), (pp. 3-28). New York: Brunner/Mazel.

294. Figley, C. R. (1999). Police Compassion Fatigue (PCF): Theory, research, assessment, treatment, and prevention. In J. Violanti (Ed.), Police Trauma: Psychological Aftermath of Civilian Combat. Springfield, IL: Charles C. Thomas Publishing.

295. Figley, C. R. (2002). Compassion fatigue: Psychotherapists' chronic lack of self care. Journal of Clinical Psychology, 58(11), 1433-1441.

296. Figley, C. R. (2003). Fishing lessons for treating the traumatized: History of the traumatology certification program. Traumatology, 9(4), 189-196.

297. Figley, C. R. (2004). El programa de certificación en psicotraumatología como respuesta al abordaje del tratamiento del estrés provocado por el terrorismo a nivel nacional e internacional [The traumatology certification program as a response to treating terrorism-related distress at a national and international level] Revista De Psicotrauma Para Iberoamérica, 3(2), 36-39.

298. Figley, C. R. (2005). Strangers at Home: Comment on Dirkzwager Bramsen, Ader, and vander Ploeg. Journal of Family Psychology, 19(2), 227-229.

299. Figley, C. R. (Ed.). (2002). Treating Compassion Fatigue. New York: Brunner-Routledge.

300. Figley, C. R., & Kleber, R. J. (1995). Beyond the "victim": Secondary traumatic stress New York: Plenum Press.

301. Figley, C. R., & Peeples, K. A. (2000). Interview with charles R. figley: Burnout in families and implications for the profession. Family Journal: Counseling and Therapy for Couples and Families, 8(2), 203-206.

302. Figley, C. R., & Stamm, B. H. (1996). Psychometric Review of Compassion Fatigue Self Test. In B. H. Stamm (Ed.), Measurement of Stress, Trauma and Adaptation. Baltimore: Sidran Press.

303. Figley, C. R., Giel, R., Borgo, S., & Haritos-Fatouros, M. (1995). Prevention and treatment of community stress:

How to be a mental health expert at the time of disaster. In S. E. Hobfoll and M. W. deVries (eds.), Extreme Stress and Communities: Impact and Intervention (pp. 489-497). The Netherlands: Kluwer Academic Publishers

304. Figley, C.R. & Roop, R.G.(2006). Compassion Fatigue in the Animal-Care Community. Humane Society Press.

305. Figley, C.R. & Stamm, B.H. (1996). Psychometric Review of Compassion Fatigue Self Test. In B.H. Stamm (Ed), Measurement of Stress, Trauma and Adaptation. Lutherville, MD: Sidran Press.

306. Fink, P.J. (2006). Beating compassion fatigue.(FINK! STILL AT LARGE)(behaviour of psychotherapists) Clinical Psychiatry News, (34), 8, 14-16.

307. Firth-Cozens, J., Midgley, S. J., & Burges, C. (1999). Questionnaire survey of post-traumatic stress disorder in doctors involved in the omagh bombing. British medical journal, 319(7225), 1609. .

308. Fischer, G. (2003). Editorial. Zeitschrift Für Psychotraumatologie Und Psychologische Medizin, 1(1), 5.

309. Fischman, Y. (1998). Metaclinical issues in the treatment of psychopolitical trauma. American Journal of Orthopsychiatry, 68(1), 27-38. .

310. Fischman, Y. (2008). Secondary trauma in the legal professions, a clinical perspective. Torture, 18(2), 107-115.

311. Flemister, B. (2006) Be aware of compassion fatigue. Journal of Wound, Ostomy, and Continence Nursing, 33(5), 465-6.

312. Florio, C. (2010). Burnout & Compassion Fatigue: A Guide For Mental Health Professionals and Care Givers. City: CreateSpace.

313. Follette, V. M., Polusny, M. A., & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. Professional Psychology: Research and Practice, 25(3), 275-282.

314. Forester, C. (2001). Body awareness: An aspect of countertransference management that moderates vicarious traumatization.

315. Fornari, V., Fuss, J., Hickey, J. K., & Packman, L. (1996). The avianca airline crash: Implications for community health care response Washington: American Psychiatric Press.

316. Fox, R. (2003). Traumaphobia: Confronting Personal and Professional Anxiety. Psychoanalytic Social Work, 10(1), 43-55.

317. Fox, R. E. (1995). The rape of psychotherapy. Professional Psychology: Research and Practice, 26(2), 147-155. .

318. Fox, R., & Carey, L. (1999). Therapists' collusion with the resistance of rape survivors. Clinical Social Work Journal, 27(2), 185-201.

319. Fox, R., & Cooper, M. (1998). The effects of suicide on the private practitioner: A professional and personal perspective. Clinical Social Work Journal, 26(2), 143-157.

320. Fraidlin, N., & Rabin, B. (2006). Social Workers Confront Terrorist Victims: The Interventions and the Difficulties. Social Work in Health Care, 43(2), 115-130.

321. Franciskovic, T., Pernar, M., Moro, L., & Roncevic-Grzeta, I. (1998). Aggravating and mitigating factors in the development of the "burn-out" syndrome. Croatia: Nakladnistvo Lumin: Zagreb.

322. Frandsen, B.M. (2010). Burnout or compassion fatigue? Long-Term Living, (59)5, 50-53.

323. Frechette, B. (2005). Cultivating altruistic intention: Embodiment of compassion or compassion fatigue?. (Doctoral dissertation, California Inst Integral Studies , 2005). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(5-B), 2005. pp. 2818. AAI3175032

324. Freed, D. (2005). Assessment of Asylum Seekers. Race, culture, psychology, and law (pp. 177-193). Sage Publications, Inc.

325. Friedman, M. J. (1996). PTSD diagnosis and treatment for mental health clinicians. Community mental health journal, 32(2), 173-189. .

326. Friedman, M. J. (2000). PTSD diagnosis and treatment for mental health clinicians. Scott, Michael J; Palmer, Stephen (ed.). Trauma and post-traumatic stress disorder, (pp 1-14) New York: New York: Cassell. Retrieved from http://www.ptsd.va.gov/professional/articles/article-pdf/id15330.pdf

327. Friedman, M.J. (2003). Post Traumatic Stress Disorder, The Latest Assessments and Treatment Strategies . City:Compact Clinicals.

328. Friedman, T. (2002). The role of empathy in vicarious traumatization.(Doctoral dissertation, New York U., 2002). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 62(8-B), Mar 2002. pp. 3799. AAI3024668

329. Fucci, C. M. (2008). The subjective experience of vicarious trauma for psychology graduate students dissertationMassachusetts School of Professional Psychology). (Psy.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1579158451&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92436)

330. Furey JA. Nursing in war--wounded healers. Nurs Spectr (Wash D C). 1998 Nov 16;8(23):11. PMID: 1054277

331. Gabriel, M. A. (1994). Group therapists and AIDS groups: An exploration of traumatic stress reactions. Group, 18(3), 167-176. .

332. Gabriel, M.A. (1996). AIDS Trauma and Support Group Therapy: Mutual Aid, Empowerment, Connection. City: Free Press.

333. Gaddy, K. L. (2004). Vicarious trauma exposure: The effects of cumulative trauma on general police investigators and sexual assault police investigators dissertationBoston University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3124832. (91696)

334. Gagin, R., Cohen, M., & Peled-Avram, M. (2005). Family support and victim identification in mass casualty terrorist attacks: An integrative approach. International Journal of Emergency Mental Health, 7(2), 125-131.

335. Galloucis, M. (1995) The psychological impact of repeated indirect exposure to trauma: An investigation of the role of perceived social support and hardiness as moderators of disruption in cognitive schemata among a sample of paramedics [dissertation] (256 pp.). (Doctoral dissertation, Loyola University of Chicago, 1995) DAI-B 56/05, p. 2863, Nov 1995. AAT 9529641.

336. Galloucis, M., Silverman, M. S., & Francek, H. M. (2000). The impact of trauma exposure on the cognitive schemas of a sample of paramedics. International journal of emergency mental health, 2(1), 5-18.

337. Gamble, S. (2002). Self-care for bereavement counselors. Helping bereaved children: A handbook for practitioners (2nd ed.) (pp. 346-362). Guilford Press.

338. Gamble, S.J., Pearlman, L.A., Lucca, A.M., & Allen, G.J. (October 29, 1994). "Vicarious traumatization and burnout in Connecticut psychologists: Empirical findings." Paper presented at the annual meeting of the Connecticut Psychological Association, Waterbury, CT.

339. Gangsei, D. (2004). Torture Treatment and Social Work: Amplifying Thoughts. Comment. Families in Society, 85(3), 313-314.

340. Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. Child Welfare, 82(1), 5-26.

341. Garrett, C. (1999). Stress, coping, empathy, secondary traumatic stress and burnout in healthcare providers working with HIV-infected individuals dissertationNew York University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9925490. (90930)

342. Gazioglu, M. (2004). Existential themes in the experience of psychotherapists working with survivors of torture.

343. Geary, J. (2008). Work-related vicarious traumatisation of professionals in the justice system dissertationUniversity of South Australia (Australia)). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1742034131&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92565)

344. Geller, J. A., Madsen, L. H., & Ohrenstein, L. (2004). Secondary trauma: A team approach. Clinical Social Work Journal, 32(4), 415-430.

345. Gentry, J. E. (2002). Compassion fatigue: A crucible of transformation. Journal of Trauma Practice, 1(3-4), 37-61.

346. Gentry, J. E. (2003). Desgaste por empatía: El desafío de la transformación [Compassion fatigue: A crucible of transformation]. Revista De Psicotrauma Para Iberoamérica, 2(2), 4-17.

347. Gentry, J. E., Baggerly, J., & Baranowsky, A. B. (2004). Training-as-treatment: Effectiveness of the certified compassion fatigue specialist training. International Journal of Emergency Mental Health, 6(3), 147-155.

348. Gentry, J. E., Baranowsky, A. B., & Dunning, K. (2002). ARP: the Accelerated Recovery Program (ARP) for compassion fatigue. In C. R. Figley (Ed.). Treating Compassion Fatigue (pp. 123-137). New York: Brunner/Mazel.

349. Gerrity, E. T., & Flynn, B. W. (1997). Mental health consequences of disasters. Noji, Eric K (ed.). The public health consequences of disasters, (pp 101-121) New York: New York: Oxford University Press.

350. Ghahramanlou, M., & Brodbeck, C. (2000). Predictors of secondary trauma in sexual assault trauma counselors. International Journal of Emergency Mental Health, 2(4), 229-240.

351. Gillath, O., Shaver, P., & Mikulincer, M. (2005). An attachment-theoretical approach to compassion and altruism. Compassion: Conceptualisations, research and use in psychotherapy (pp. 121-147). Routledge.

352. Glidewell, R. (2001). Burnout, vicarious traumatization, coping styles, and empathy in long-term care nursing personnel.

353. Goff, B., & Smith, D. (2005). Systemic Traumatic Stress: The Couple Adaptation to Traumatic Stress Model. Journal of Marital & Family Therapy, 31(2), 145-157.

354. Goin, M. K. (2002). When it really hurts to listen: Psychotherapy in the aftermath of september 11. Psychiatric Services, 53(5), 561-562.

355. Gold, S. N., & Faust, J. (2002). Trauma practice in the wake of September 11, 2001. Binghamton, NY: Haworth Press

356. Goldenberg, J. E. (2002). The impact on the interviewer of holocaust survivor narratives: Vicarious traumatization or transformation? Traumatology, 8(4), 237-255.

357. Goldman, S. (2005). Secondary traumatization in law guardians representing traumatized youth dissertationHofstra University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3194737. (91941)

358. Gomez, E., & Rutledge, D. (2009). Prevalence of secondary traumatic stress among emergency nurses. Journal of Emergency Nursing, 35(3), 199-204.

359. Good, D. A. (1996). Secondary traumatic stress in art therapists and related mental health professionals dissertationUniversity of New Mexico). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9635262. (90090)

360. Goold, M. (2010). Compassion fatigue, compassion satisfaction, burnout, and peritraumatic disassociation in 9-1-1 telecommunicators; 9-1-1 in crisis dissertationUniversity of La Verne). (Ed.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1968605541&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92730)

361. Gottesman, J. (2008). Secondary traumatic stress and resilience among practicum-level psychology trainees dissertationUniversity of the Rockies). Retrieved from http://proquest.umi.com/pqdweb?did=1490075601&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92356)

362. Gottlieb, S. J. (2002). Factors affecting the assessment protocol of clinical social workers in mental health settings working with inner-city youth exposed to chronic community violence dissertationVirginia Commonwealth University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3066358. (91858)

363. Graessner, S., & Pross, C. (2006). A response to the article by Christian Pross on "Burn out, vicarious traumatization and its prevention". Torture, 16(2), 134-135.

364. Grbesa, G. (2003). The language of trauma and secondary traumatisation: Case study. Psihijatrija Danas, 35(1-2), 85-90.

365. Greenbaum, M. (2005). Integrated Reproductive Healthcare: An object relational model for treatment and collaboration.

366. Greer, P. B. (2009). An educational methodology and program for the mitigation of compassion fatigue for

combat deploying chaplains dissertationLiberty University). (D.Min. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1742034381&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92568)

367. Griffin, A. (2004). Job-related stressors of Romanian medical and mental health professionals.

368. Grunberg, F., & Ney, T. (1997). Professional guidelines on clinical practice for recovered memory: A comparative anaylsis. Read, J Don; Lindsay, D Stephen (ed.). Recollections of trauma: scientific evidence and clinical practice, (pp 541-555) New York: New York: Plenum Press.

369. Guerra Vio, C., & Saiz Vidallet, J. L. (2007). Examen psicométrico de la escala de estrés traumático secundario: Un estudio en profesionales Chilenos [pPychometric examination of the secondary traumatic stress scale: A study on Chileans professionals]. Psicología Conductual, 15(3), 441-456.

370. Gurris, N. F. (2002). Überlegungen zur stellvertretenden traumatisierung bei therapeuten in der behandlung von folterüberlebenden [Considerations on compassion fatigue of therapists in the treatment of torture survivors]. Psychotraumatologie, 3(4), 45.

371. Gurris, N. F. (2003). Belastungen für therapeuten in der arbeit mit folterüberlebenden [Stress and strain for therapists in their work with torture survivors]. Zeitschrift Für Psychotraumatologie Und Psychologische Medizin, 1(1), 23-37.

372. Gutkowska, M. R. (2005). The impact of reporting traumatic events on journalists and photojournalists: A training program for students of journalism dissertationChicago School of Professional Psychology). Retrieved from http://proquest.umi.com/pqdweb?did=1320933641&Fmt=7&clientId=4347&RQT=309&VName=PQD. (92134)

373. Guzzino, M. H., & Taxis, C. (1994). Leading experiential vicarious trauma groups for professionals. Treating Abuse Today, 4(1), 27-31.

374. Hafemeister, T. L. (1993). Juror stress. Violence and victims, 8(2), 177-186.

375. Hafkenscheid, A., (2005). Event countertransference and vicarious traumatization: Theoretically valid and clinically useful concepts? European Journal of Psychotherapy, Counselling and Health, 7(3), 159-168.

376. Haley, S. A. (1974). When the patient reports atrocities: Specific treatment considerations of the Vietnam veteran. Archives of General Psychiatry, 30, 191-196.

377. Halilovic, S. (1998). Psycho-social help as a coping skill for non-professionals who are themselves refugees. Croatia: Nakladnistvo Lumin: Zagreb.

378. Hall, J. C. (2009). Utilizing social support to conserve the fighting strength: Important considerations for military social workers. Smith College Studies in Social Work, 79(3-4), 335-343.

379. Hall, M. (2005). Military sexual trauma services for women veterans in the Veterans Health Administration: The patient care practice environment.

380. Hallett, S. J. (1996). Trauma and coping in homicide and child sexual abuse detectives dissertationCalifornia School of Professional Psychology - San Diego). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9623716. (90093)

381. Halloran, M. S., & O'Halloran, T. (2001). Secondary traumatic stress in the classroom: Ameliorating stress in graduate students. Teaching of Psychology, 28(2), 92-97.

382. Harbert, K. R. (2000). Critical incident stress debriefingNew York: Guilford Publications.

383. Hargrave, P., Scott, K., & McDowall, J. (2006). To resolve or not to resolve: Past trauma and secondary traumatic stress in volunteer crisis workers. Journal of Trauma Practice, 5(2), 37-55.

384. Harlan, K. B. (2004). Compassion fatigue and master's level social workers in direct mental health service delivery dissertationCapella University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3121065. (91703)

385. Harris, C. J. (1995). Sensory-based therapy for crisis counselors. In C. R. Figley (Ed.). Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized (pp. 101-114). New York: Brunner/Mazel.

386. Harris, C. J., & Linder, J. G. (1995). Communication and self-care: Foundational issues. Maryland: Sidran Press: Lutherville.

387. Harrison, R. L., & Westwood, M. J. (2009). Preventing vicarious traumatization of mental health therapists: Identifying protective practices. Psychotherapy: Theory, Research, 46(2).

388. Hartman, C. R. (1995) The nurse-patient relationship and victims of violence. Scholarly Inquiry for Nursing Practice, 9(2), 175-192

389. Hartman, C. R., & Jackson, H. A. C. (1994). Rape and the phenomena of countertransference. Wilson, John P; Lindy, Jacob D (ed.). Countertransference in the treatment of PTSD, (pp 206-244) New York: New York: Guilford Press.

390. Haugh, R. (1999). Trauma staff: Working wounded. Hospitals and Health Networks, 73(8), 24.

391. Hayes, B., & Frederickson, N. (2008). Providing psychological intervention following traumatic events: Understanding and managing psychologists' own stress reactions. Educational Psychology in Practice, 24(2), 91-104.

392. Hedge, B. (2002). The impact of sexual assault on health-care workers. England: Wiley: Chichester.

393. Henke, B.E. (1994). The Master's Touch: Coping with Compassion Fatigue. City: Concordia Publishing House.

394. Henry J. D., & Henry L. S. (2003) The self-caring nurse. Strategies for avoiding compassion fatigue and burnout. Colorado Nursing 103(4), 22, 29.

395. Henry J. D., & Henry L. S. (2004) The self-caring nurse. Strategies for avoiding compassion fatigue and burnout. Oklahoma Nursing 49(1), 9.

396. Hernandez, P., Gangsei, D., & Engstrom, D. (2007). Vicarious resilience: A new concept in work with those who survive trauma. Family Process, 46(2), 229-241.

397. Hertz, L. S. (2007). Vicarious traumatization and transformation in holocaust interviewers: A qualitative investigation of the impact of indirect traumatic exposure dissertationTemple University). Retrieved from http://proquest.umi.com/pqdweb?did=1394679221&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92233)

45

398. Hesse, A. R. (2002). Secondary trauma: How working with trauma survivors affects therapists. Clinical Social Work Journal, 30(3), 293-309.

399. Hewison, C. (2003). Working in a war zone: The impact on humanitarian health workers. Australian Family Physician, 32(9), 679-681.

400. Hickling, E. J., Blanchard, E. B., & Hickling, M. T. (2006). The psychological impact of litigation: Compensation neurosis, malingering, PTSD, secondary traumatization, and other lessons from MVAs. DePaul Law Review, 55(2), 617-633.

401. Hill, M., (1997). More Than a Mirror: How Clients Influence Therapists' Lives. Women & Therapy 20, 1, x.

402. Hilliard, R.E. (2006).The effect of music therapy sessions on compassion fatigue and team building of professional hospice caregivers . The Arts in Psychotherapy.

403. Hillin, H.H, (2002). A special case of contagion of emotions - the journey from "caring to callous or "reviving resilience": Vicarious trauma, secondary trauma, burnout, & compassion fatigue concepts for helpers . Kansas Department of Social and Rehabilitation Services.

404. Hodgkinson, P. E., & Shepherd, M. A. (1994). The impact of disaster support work. Journal of traumatic stress, 7(4), 587-600.

405. Hoffman, L. (2005). Searching for Compassion in an Uncompassionate World. PsycCRITIQUES, 50(43).

406. Hoge, C. W., Castro, C. A., Messer, S. C., McGurk, D., Cotting, D. I., & Koffman, R.L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. New England Journal of Medicine, 351(1), 13-22.

407. Hoge, C. W., Lesikar, S. E., Guevara, R., Lange, J., Brundage, J. F., Engel, C. C. Jr., et al. (2002). Mental disorder among U.S. military personnel in the 1990s: Association with high levels of health care utilization and early military attrition. American Journal of Psychiatry, 159(9), 1576-1583.

408. Hoge, C.W., Toboni, H.E., Messer, S.C., Bell, N., Amoroso, P., & Orman, D.T. (2005). The occupational burden of mental disorders in the U.S. military: Psychiatric hospitalizations, involuntary separations, and disability. American Journal of Psychiatry, 162(3), 585-591.

409. Hollingsworth, M. A. (1993). Responses of female therapists to treating adult female survivors of incest dissertationWestern Michigan University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9329392. (90426)

410. Holmgren, H., Søndergaard, H., & Elklit, A. (2003). Stress and coping in traumatised interpreters: A pilot study of refugee interpreters working for a humanitarian organisation. Intervention, 1(3), 22-27.

411. Hopenwasser, K. (2008). Being in rhythm: Dissociative attunement in therapeutic process. Journal of Trauma and Dissociation, 9(3), 349-367.

412. Hormann, S., & Vivian, P. (2005). Toward an understanding of traumatized organizations and how to intervene in them. Traumatology, 11(3), 159-169.

413. Horton, C. B., & Cruise, T. K. (2001). Child abuse and neglect: The school's response. New York: Guilford Press.

414. Hosek, J., Kavanagh, J., & Miller, L. (2005) How deployments affect service members. RAND Corporation monograph series.

415. Hosin, A. A. (2007). Responses to traumatized children. England: Palgrave Macmillan: Basingstoke.

416. Hrehocik, M. (2009). Compassion fatigue (Editorial). Long-Term Living, (58)11, 6-7.

417. Hubbs, D. (2006). Review of Intimacy, Change, and Other Therapeutic Mysteries: Stories of Clinicians and Clients. Family Journal: Counseling and Therapy for Couples and Families, 14(4), 451-452.

418. Huffman, A. H., Adler, A. B., Dolan, C. A., & Castro, C. A. (2005). The impact of operations tempo on turnover intentions of Army personnel. Military Psychology, 17(3), 175-202

419. Humphries-Wadsworth, T. M. (2001). Common and unique features among measures of therapist distress dissertationTexas A&M University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3033800. (91375)

420. Hunter, S., & Schofield, M. (2006). How Counsellors Cope with Traumatized Clients: Personal, Professional and Organizational Strategies. International Journal for the Advancement of Counselling, 28(2), 121-138.

421. Hyman, O. (2001). Perceived social support and symptoms of secondary traumatic stress in disaster workers dissertationAdelphi University, School of Social Work). (For articles based on this dissertation, see: Hyman, "Perceived social support and secondary traumatic stress symptoms in emergency responders", Journal of Traumatic Stress 17(2): 149-156 (April 2004) [18245]; and Hyman, "Religiosity and seconda(TRUNCATED)) Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9999235. (91228)

422. Hyman, O. (2005). Religiosity and secondary traumatic stress in Israeli-Jewish body handlers. Journal of Traumatic Stress, 18(5), 491-495.

423. Ikeno, S. (2006). The effects of vicarious traumatization on clinical workers who work with the survivors of the Great Hanshin-Awaji (Kobe) earthquake (Japan). (Doctoral dissertation, University of California, Los Angeles, 2006). Dissertation Abstracts International Section A: Humanities and Social Sciences, Vol 66(11-A), 2006. pp. 4185. AAI3196316.

424. Iliffe, G., & Steed, L. G. (2000). Exploring the counselor's experience of working with perpetrators and survivors of domestic violence. Journal of Interpersonal Violence, 15(4), 393-412.

425. Issroff, J. (2005). Attachment Trauma: Working with Dissociative Identity Disorder and Multiplicity. Psychoanalytic Psychotherapy, 19(2), 180-182.

426. Jackson, A. H. (2004). The impact of cognitive development on compassion fatigue in emergency response personnel dissertationCollege of William and Mary). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3135651. (91859)

427. Jackson, E. D. (2002). Compassion fatigue: A study of its potential risks among health care professionals thesis. Retrieved from http://wwwlib.umi.com/dissertations/fullcit/1407702

428. Jackson, P. (1999). Gender differences in impact and cognitions among clinicians providing trauma therapy

thesis. Retrieved from http://wwwlib.umi.com/dissertations/fullcit/MQ41720

429. Jacobs, J., Horne-Moyer, H. L., & Jones, R. A. (2004). The effectiveness of critical incident stress debriefing with primary and secondary trauma victims. International Journal of Emergency Mental Health, 6(1), 5-14.

430. Jacobson, J. M. (2006). Compassion fatigue, compassion satisfaction, and burnout: Reactions among employee assistance professionals providing workplace crisis intervention and disaster management services. Journal of Workplace Behavioral Health, 21(3-4), 133-152.

431. Jankoski, J. (2003). Vicarious traumatization and its impact on the Pennsylvania child welfare system. (Doctoral dissertation, Duquesne University, 2003). Dissertation Abstracts International Section A: Humanities and Social Sciences, Vol 63(7-A), Feb 2003. pp. 2467. AAI3059607.

432. Jeffrey, A. (2006). Effect of feedback on levels of secondary traumatization of workers at battered women's shelters across the United States. (Doctoral dissertation, Virginia Polytechnic Institute and State University, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 67(2-B), 2006. pp. 1151. AAI3208251.

433. Jeffrey, A. C. (1999). Effect of feedback on levels of secondary traumatization of workers at battered women's shelters across the united states dissertationVirginia Polytechnic Institute and State University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3208251. (91981)

434. Jenkins CL, Elliott AR, Harris JR. Identifying ethical issues of the Department of the Army civilian and Army Nurse Corps certified registered nurse anesthetists. Mil Med. 2006 Aug;171(8):762-9. PMID: 16933819.

435. Jenkins, S. R., & Baird, S. A. (2002). Secondary traumatic stress and vicarious trauma: A validational study. Journal of Traumatic Stress, 15(5), 423-432.

436. Jenmorri, K. (2006). Of Rainbows and Tears: Exploring Hope and Despair in Trauma Therapy. Child & Youth Care Forum, 35(1), 41-55.

437. Jodry, J. (2003). From patient to client to fellow traveler: How psychotherapists grow through their interactions in the therapeutic relationship. (Doctoral dissertation, Drew University, 2003). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 64(4-B), 2003. pp. 1680. AAI3087819.

438. Johnson, C., & Hunter, M. (1997). Vicarious traumatization in counsellors working in the New South Wales Sexual Assault Service: An exploratory study. Work & Stress, 11(4), 319-328.

439. Jones, J. D. (2008). Sexual offender, sexual abuse victim, and the generalist population therapist's perceptions of permissive parent-child sexual boundaries and altered perceptions of self, others, and adaptation to the world as a result of vicarious trauma dissertationOhio University). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1694711821&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92552)

440. Jones, K. (2004). September 11 in the ER: Brief disaster intervention and compassion stress. New Jersey: Analytic Press: Hillsdale.

441. Jones, N. S. C., & Majied, K. (2009). Disaster mental health: A critical incident stress management program (CISM) to mitigate compassion fatigue. Journal of Emergency Management, 7(4), 17-23.

442. Joseph, J. M. (1998). Assessment of secondary trauma in mental health professionals who work with people with HIV/AIDS dissertationHofstra University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9828820. (90950)

443. Joseph, S. A., Williams, R. M., & Yule, W. (1997). Intervention and treatment. England: Wiley: Chichester.

444. Joyce, P. A. (2007). The production of therapy: The social process of construction of the mother of a sexually abused child. Journal of Child Sexual Abuse, 16(3), 1-18.

445. Jung, Y., Song, J., Chong, J., Seo, H., & Chae, J. (2008). Symptoms of posttraumatic stress disorder and mental health in women who escaped prostitution and helping activists in shelters. Yonsei Medical Journal, 49(3), 372-382.

446. Kadambi, M. A. (1998). Vicarious trauma among therapists working with sex offenders thesis. Retrieved from http://wwwlib.umi.com/dissertations/fullcit/MQ34455

447. Kadambi, M. A. (2003). Counselling and the professional: Vicarious trauma, burnout and rewards from clinical practice dissertationUniversity of Alberta (Canada)). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/NQ88002. (91710)

448. Kadambi, M. A., & Ennis, L. (2004). Reconsidering vicarious trauma: A review of the literature and its' limitations. Journal of Trauma Practice, 3(2), 1-21.

449. Kadambi, M. A., & Truscott, D. (2003). Vicarious traumatization and burnout among therapists working with sex offenders. Traumatology, 9(4), 216-230.

450. Kadambi, M., & Truscott, D. (2004). Vicarious Trauma Among Therapists Working with Sexual Violence, Cancer, and General Practice. Canadian Journal of Counselling, 38(4), 260-276.

451. Kajic, J. (1999). Secondary traumatic stress in family members of the Bosnian civil war. (relatives, united states). (Doctoral Dissertation, Miami Institute of Psychology of the Caribbean Center for Advanced Studies, 1999). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 60(4-B), Oct 1999. pp. 1857. AEH9927755.

452. Kanter, J. (2007). Compassion fatigue and secondary traumatization: A second look. Clinical Social Work Journal, 35(4), 289-293.

453. Kassai, S. C., & Motta, R. W. (2006). An investigation of potential holocaust-related secondary traumatization in the third generation. International Journal of Emergency Mental Health, 8(1), 35-47.

454. Kassam-Adams, N. (1995). The risks of treating sexual trauma: Stress and secondary trauma in psychotherapists [dissertation] (138 pp.). (Doctoral dissertation, University of Virginia, 1995). DAI-B 55/10, p. 4606, Apr 1995. AAT 9506922.

455. Kassam-Adams, N. (1995). The risks of treating sexual trauma: Stress and secondary trauma in psychotherapists. Stamm, Beth Hudnall (ed.). Secondary traumatic stress: self-care issues for clinicians, researchers, and educators, (pp. 37-48) Lutherville, Maryland: Sidran Press, 1995.

456. Katz, R. (2006). The Journey Inside: Examining Countertransference and Its Implications for Practice in End-of-Life Care. When professionals weep: Emotional and countertransference responses in end-of-life care (pp. 269-283). Routledge/Taylor & Francis Group.

457. Kearney, M.K., Weininger, R.B., Vachon, M.L.S., Harrison, R.L., & Mount, B.M. (2009). Self-care of physicns caring for patients at the end of life. Journal of the American Medical Association, 301(11), 1155-1164.

458. Keats, P. A. (2005). Vicarious witnessing in European concentration camps: Imagining the trauma of another. Traumatology, 11(3), 171-187.

459. Keenan, P., & Royle, L. (2007). Vicarious trauma and first responders: A case study utilizing eye movement desensitization and reprocessing (EMDR) as the primary treatment modality. International Journal of Emergency Mental Health, 9(4), 291-298.

460. Keidel, G. (2002). Burnout and compassion fatigue among hospice caregivers. American Journal of Hospice & Palliative Care, 19(3), 200-205.

461. Kellermann, P. F., & Hudgins, M. K. (2000). Psychodrama with trauma survivors: Acting out your pain. London: London: Jessica Kingsley.

462. Kelly, V. (1997). Interpersonal violence education of mental health professionals: Survey and curriculum. (Doctoral dissertation, California School of Professional Psychology – Berkeley/Alameda, 1997). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 58(5-B), Nov 1997. pp. 2683. AAM9734294.

463. Kenny, D. J., & Hull, M. S. (2008) Critical care nurses' experiences caring for the casualties of war evacuated from the front line: Lessons learned and needs identified. Critical Care Nursing Clinics of North America, 20(1), 41-9.

464. Khodayarifard, M., & McClenon, J. (2010). Evaluating secondary trauma: Social adjustment, father-offspring relationships, and religiosity of students in tehran. Journal of Loss and Trauma, 15(1), 43-53.

465. Kilbourn, P. A. (1995). Providing care for the caregivers. California: MARC: Monrovia.

466. Killian, K. D. (2008). Helping till it hurts?: A multimethod study of compassion fatigue, burnout, and self-care in clinicians working with trauma survivors. Traumatology, 14(2), 32-44.

467. Kim, S. (2000). Vicarious traumatization: The impact of therapists of treating trauma clients. (Doctoral Dissertation, University of Illinois at Urbana-Champaign, 2000). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 60(9-B), Apr 2000. pp. 4892. AAI9944909.

468. Kinzel, A., & Nanson, J. (2000). Education and debriefing: Strategies for preventing crises in crisis-line volunteers. Crisis: The Journal of Crisis Intervention and Suicide Prevention, 21(3), 126-134.

469. Kinzie, J. D. (1994). Countertransference in the treatment of southeast asian refugees. Wilson, John P; Lindy, Jacob D (ed.). Countertransference in the treatment of PTSD, (pp 249-262) New York: New York: Guilford Press.

470. Kinzie, J. D., Boehnlein, J. K., Riley, C. M., & Sparr, L. F. (2002). The effects of september 11 on traumatized refugees: Reactivation of posttraumatic stress disorder. Journal of Nervous and Mental Disease, 190(7), 437-441.

471. Kleber, R. J., Figley, C. R., & Gersons, B. P. R. (1995). Beyond trauma: Cultural and societal dynamics. New York: New York: Plenum Press.

472. Kleespies, P. M., & Dettmer, E. L. (2000). The stress of patient emergencies for the clinician: Incidence, impact, and means of coping. Journal of clinical psychology, 56(10), 1353-1369.

473. Kleiger, M. J. (2000). Pediatric and neonatal intensive care hospitalization as traumatic stressor: Implications for intervention. Bulletin of the Menninger Clinic, 64(2), 257-280.

474. Klein, D., & Dunlop, R. (1998). The transmission of trauma across generations: Identification with parental trauma in children of holocaust survivors. Australian and New Zealand Journal of Psychiatry, 32(3), 358-369.

475. Klein, R.H. & Schermer, V.L. (2000). Group Psychotherapy for Psychological Trauma. City: The Gillford Press

476. Knight, C. (1997). Therapists' affective reactions to working with adult survivors of child sexual abuse: An exploratory study. Journal of Child Sexual Abuse, 6(2), 17-41.

477. Konishi, T. (2003). Cost for caring of trauma survivors: The concept of secondary traumatic stress. Japanese Journal of Traumatic Stress, 1(1), 7-12.

478. Koren, D., Caspi, Y., Leiba, R., Bloch, D., Vexler, B., & Klein, E. M. (2009). Acute stress reactions among medical and non-medical personnel in a general hospital under missile attacks. Depression and Anxiety, 26(2), 123-128.

479. Kostouros, P. A. (1998). Vicarious traumatization among sex offender counsellors thesis. Retrieved from http://wwwlib.umi.com/dissertations/fullcit/MQ36616

480. Krämer, G. (1999). Traumatized women working with traumatized women: Reflections upon life and work in a war zone. Women and Therapy, 22(1), 107-120.

481. Krans, J., Näring, G. W. B., Holmes, E. A., & Becker, E. S. (2010). "I see what you're saying": Intrusive images from listening to a traumatic verbal report. Journal of Anxiety Disorders, 24(1), 134-140.

482. Kruger, T. L. (2010). Keys to resilient practice in contemporary chaplaincy dissertationLancaster Theological Seminary). (D.Min. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=2107099121&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92841)

483. Ladany, N., Friedlander, M., & Nelson, M. (2005). Addressing Problematic Emotions, Attitudes, and Behaviors: Counseling In Versus Counseling Out. Critical events in psychotherapy supervision: An interpersonal approach (pp. 183-210). American Psychological Association.

484. LaFauci Schutt, J. M. (2009). Personal and environmental predictors of posttraumatic stress in emergency management professionals

dissertationGeorge Washington University). (Ph.D. dissertation) (92538)

485. Lahad, M. (2000). Darkness over the abyss: Supervising crisis intervention teams following disaster. Traumatology, 6(4), 273-293.

486. Lamm, C., Batson, C. D., & Decety, J. (2007). The neural substrate of human empathy. Journal of Cognitive Neuroscience, 19(1), 42-58.

487. Landry, L. P. (1999). Secondary traumatic stress disorder in the therapists from the oklahoma city bombing dissertationUniversity of North Texas). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9981105. (91119)

488. Lansen, J. (1993). Vicarious traumatization in therapists treating victims of torture and persecution. Torture, 3(4), 138-140.

489. Lansen, J. (2001). What does this work do to us?. Graessner, Sepp; Gurris, Norbert F; Pross, Christian (ed.). At the side of torture survivors: treating a terrible assault on human dignity, (pp 198-211) Baltimore: Baltimore: Johns Hopkins University Press.

490. Lansen, J. (2006). Geef ze geen vis maar een hengel: Trainingen hulpverleners in door geweld getroffen gebieden? [Give them no fish but a fishing-rod: Training professionals in areas affected by violence. Cogiscope, 2(3), 18-21.

491. Lantz, J., & Gregoire, T. (2000). Existential psychotherapy with vietnam veteran couples: A twenty-five year report. Contemporary Family Therapy, 22(1), 19-37.

492. Lapidario, M. L. (2007). Coping strategies of children's social workers in the department of children and family services thesis. Retrieved from http://proquest.umi.com/pqdweb?did=1407497011&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD

493. LaPointe, L.L. (2007). Compassion fatigue. Journal of Medical Speech - Language Pathology (15) 3, vii.

494. LaRowe, K.D. & LaRowe, K. (2008) (Breath of Relief: Transforming Compassion Fatigue into Flow. City: Healer-Warrior, INC

495. LaRowe, K.L. (2010). Transform Compassion Fatigue: How to Use Movement & Breath to Change Your Life. City:PESI, llc

496. Larsen, D. & Stamm, B. H. (2008). Professional quality of life and trauma therapists. In S Joseph & A Lindley (Eds). Trauma, recovery, and growth: Positive psychological perspectives on posttraumatic stress (pp. 275-296). Hoboken, NJ: Wiley Press.

497. Larsen, D., Stamm, B. H., & Davis, K. (2002, Fall). Telehealth for Prevention and Intervention of the Negative Effects of Caregiving. Traumatic Stress Points, 16(4).

498. Larsen, D., Stamm, B., Davis, K., & Magaletta, P. (2004). Prison Telemedicine and Telehealth Utilization in the United States: State and Federal Perceptions of Benefits and Barriers. Telemedicine Journal and e-Health, 10, S-81-s-87. Retrieved Wednesday, January 10, 2007 from the PsycINFO .

499. Latter, R. (2004). Predicting burnout among emergency dispatchers: The role of coping strategies, vicarious trauma, and psychological distress. (Doctoral dissertation, Alliant International University, Fresno, 2004). Dissertation Abstracts International: Section B:

The Sciences and Engineering, Vol 64(9-B), 2004. pp. 4663. AAI3104308.

500. Lauvrud, C., Nonstad, K., & Palmstierna, T. (2009). Occurrence of post traumatic stress symptoms and their relationship to professional quality of life (ProQoL) in nursing staff at a forensic psychiatric security unit: A cross-sectional study. Health and Quality of Life Outcomes, 7, Article 31.

501. Lawson, L. (1998). Milieu management of traumatized youngsters. Journal of Child and Adolescent Psychiatric Nursing, 11(3), 99-106.

502. Lechner, C. (2003). The legacy of horror: Understanding post traumatic stress disorder. Nursing Australia, 4(1), 14-19.

503. Lee, C. S. (1995). Secondary traumatic stress in therapists who are exposed to client traumatic material dissertationFlorida State University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9541714. (90459)

504. Lee, S., Juang, Y., Su, Y., & Lee, H. (2005). Facing SARS: Psychological impacts on SARS team nurses and psychiatric services in a Taiwan general hospital. General Hospital Psychiatry, 27(5), 352-358.

505. Lee, S.S. (2004). Traumatic Stress and Its Aftermath: Coultural, Community and Professinoal Contexts. City: Rutledge.

506. Lefkowitz, C. M. (2005). Animal-assisted prolonged exposure: A new treatment for survivors of sexual assault suffering with posttraumatic stress disorder [dissertation] (95 pp.). (Doctoral dissertation, Widener University, Institute for Graduate Clinical Psychology, 2005). DAI-B 66/06, p. 3415, Dec 2005. AAT 3179445.

507. Leinweber, J., & Rowe, H. J. (in press). The costs of 'being with the woman': Secondary traumatic stress in midwifery. Midwifery.

508. Leiter MP, Robichaud L. Relationships of occupational hazards with burnout:an assessment of measures and models. J Occup Health Psychol. 1997 Jan;2(1):35-44. PMID: 9552278.

509. Leitner, K., Resch, M. G. (2005) Do the effects of job stressors on health persist over time? A longitudinal study with observational stressor measures. Journal of Occupational Health Psychology, 10(1), 18-30.

510. Leon, A., Altholz, J., & Dziegielewski, S. (1999). Compassion fatigue: Considerations for working with the elderly. Journal of Gerontological Social Work, 32(1), 43-62.

511. Lepore, M. (2004). Assessing the frequency and influences of secondary traumatic stress symptoms among crisis intervention workers dissertationDuquesne University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3138558. (91769)

512. Lerias, D., & Byrne, M. K. (2003). Vicarious traumatization: Symptoms and predictors. Stress and Health, 19(3), 129-138.

513. Lesaca, T. (1996). Symptoms of stress disorder and depression among trauma counselors after an airline disaster. Psychiatric Services, 47(4), 424-426.

514. Levin, A.P., & Greisberg, S. (2003). Vicarious trauma in attorneys. Pace Law Review.

515. Lev-Wiesel, R., & Amir, M. (2001). Secondary traumatic stress, psychological distress, sharing of traumatic reminisces, and marital quality among spouses of

Holocaust child survivors. Journal of Marital & Family Therapy, 27(4), 433-444.

516. Lind, E. (2000). Secondary traumatic stress: Predictors in psychologists. (Doctoral Dissertation, Seattle Pacific University, 2000). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 61(6-B), Jan 2000. pp. 3283. AAI9977109.

517. Lindy, D. C. (2004). Upheaval of the stars: From happy land to the world trade center. New Jersey: Analytic Press: Hillsdale.

518. Link, B., Schwartz, S., Moore, R., & Phelan, J. (1995). Public knowledge, attitudes, and beliefs about homeless people: Evidence for compassion fatigue?. American Journal of Community Psychology, 23(4), 533-555.

519. Linley, P. A., Joseph, S. A., & Loumidis, K. (2005). Trauma work, sense of coherence, and positive and negative changes in therapists. Psychotherapy and Psychosomatics, 74(3), 183-188.

520. Linley, P. A., Joseph, S. A., Cooper, R., Harris, S., & Meyer, C. (2003). Positive and negative changes following vicarious exposure to the september 11 terrorist attacks. Journal of traumatic stress, 16(5), 481-485.

521. Linton, J. (2005). Your Patient Is a Trauma Survivor: Now What?. PsycCRITIQUES, 50(34).

522. Lister, E. D. (1982). Forced silence: A neglected dimension of trauma. American Journal of Psychiatry, 139(7), 872-876.

523. Little S. (2002). Vicarious traumatisation. Emergency Nurse 10(6), 27-30.

524. Litz, B. T., King, L. A., King, D. W., Orsillo, S. M., & Friedman, M. J. (1997). Warriors as peacekeepers: features of the Somalia experience and PTSD. Journal of Consulting and Clinical Psychology, 65, 1001-1010.

525. ller, H., & Andreatta, M. (2007). Editorial. Zeitschrift Für Psychotraumatologie, 5(3), 2007.

526. Llewellyn, H. A. (2010). An exploratory study of the relationship between compassion fatigue and empathy in professional counselors dissertationOhio University). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1963491311&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92747)

527. Lobb, J. W. (2001). Intelligence as a source of variance in secondary traumatic stress reactions in trauma workers dissertationWalden University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3028617. (91390)

528. Lobel, J. (1997). The vicarious effects of treating female rape survivors: The therapist's perspective. (Doctoral Dissertation, University of Pennsylvania, 1997). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 57(11-B), May 1997. pp. 7230. AAM9712968.

529. Lombardo, K. L. (2007). Secondary trauma in children of parents with mental illness dissertationHofstra University). Retrieved from http://proquest.umi.com/pqdweb?did=1472128081&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92327)

530. Lombardo, K. L., & Motta, R. W. (2008). Secondary trauma in children of parents with mental illness. Traumatology, 14(3), 57-67.

531. Lombardo, M. (2005). Secondary trauma in individuals exposed to a person with a serious medical illness dissertation. Hofstra University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3177119. (91881)

532. Lonergan, B. (2000). The development of the trauma therapist: A qualitative study of the therapist's perspectives and experiences. (secondary trauma, stress, traumatized children). (Doctoral Dissertation, University of Northern Colorado, 2000). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 60(7-B), Feb 2000. pp. 3570. AEH9939766.

533. Lonergan, B. A. (1999). The development of the trauma therapist: A qualitative study of the therapist's perspectives and experiences dissertation. University of Northern Colorado). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9939766. (91124)

534. Lonergan, B. A., O'Halloran, M. S., & Crane, S. C. M. (2004). The development of the trauma therapist: A qualitative study of the child therapist's perspectives and experiences. Brief Treatment and Crisis Intervention, 4(4), 353-366.

535. Long, J. A. (1999). Countertransference and theoretical perspective dissertation. Harvard University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9933140. (91125)

536. Lounsbury, C. J. (2006). Risk and protective factors of secondary traumatic stress in crisis counselors dissertationUniversity of Maine). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3220694. (92054)

537. Lovrin, M. (1999). Parental murder and suicide: Post-traumatic stress disorder in children. Journal of Child and Adolescent Psychiatric Nursing, 12(3), 110-117.

538. Lovrin, M. (1999). Parental murder and suicide: Post-traumatic stress disorder in children. Journal of Child and Adolescent Psychiatric Nursing, 12(3), 110-117.

539. Lowe, A. (2002). On vicarious traumatization: The relationship between trauma, quality of attachment, and defensive style in the emergency room. (Doctoral Dissertation, Institute of Advanced Psychological Studies, 2002). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 63(1-B), Jul 2002. pp. 535. AAI3041556.

540. Luce, A., & Firth-Cozens, J. (2002). Effects of the omagh bombing on medical staff working in the local NHS trust: A longitudinal survey. Hospital Medicine, 63(1), 44-47.

541. Lucero, M. (2002). Secondary traumatic stress disorder in therapists: Factors associated with resilience dissertationHofstra University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3072177. (91523)

542. Lugris, V. M. (2000). Vicarious traumatization in therapists: Contributing factors, PTSD symptomatology, and cognitive distortions dissertationUniversity of Illinois at Urbana-Champaign). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9990069. (91237)

543. Luo, T. E. (1998). Sexual abuse trauma among chinese survivors. Child Abuse and Neglect, 22(10), 1013-1026.

544. Luster, R. J. (2005). An analysis of the effects of vicarious trauma as measured by the ProQOL-R III test dissertationCapella University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3162618. (91833)

545. Lybeck-Brown, J. (2003). Vicarious traumatization of psychotherapists: Implications for theory, training, and practice. (Doctoral Dissertation, Southern Illinois University Carbondale, 2003). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 63(9-B), 2003. pp. 4377. AAI3065372.

546. Lyon, E. (1993). Hospital staff reactions to accounts by survivors of childhood abuse. American Journal of Orthopsychiatry, 63(3), 410-416.

547. MacDonald, C., Chamberlain, K., Longm, N., & Mirfiin K. (1999). Stress and mental health status associated with peacekeeping duty for New Zealand Defence Force personnel. Stress Medicine, 15, 235-241

548. Madrid, P.A., & Schacher, S.A. (2006). A critical concern: Pediatrician self-care after disasters. Pediatrics 117(5), S454-S457.

549. Malkinson, R., & Geron, Y. (2006). Intervention continuity in posttraffic fatality: From notifying families of the loss to establishing a self-help group. Rynearson, Edward K (ed.). Violent death: resilience and intervention beyond the crisis, (pp 217-232) New York: New York: Routledge.

550. Malnekoff, D. (1995). Secondary traumatic stress in the family members of soldiers in the Gulf War. (Doctoral Dissertation, Pacific Graduate School of Psychology, 1995). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 56(6-B), Dec 1995. pp. 3453. AAM9536465.

551. Mangione, L. (2004). Irene Lisa McCann (1950-2002). American Psychologist, 59(2), 121-121.

552. Manrique, M. (1995). National survey on public sentiment toward homelessness in the United States. (Doctoral Dissertation, Wayne State University, 1995). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 56(2-B), Aug 1995. pp. 1114. AAM9519925.

553. Marans, S. R., Berkman, M., & Cohen, D. J. (1996). Child development and adaptation to catastrophic circumstances. Apfel, Roberta J; Simon, Bennett (ed.). Minefields in their hearts: the mental health of children in war and communal violence, (pp 104-127) New Haven: New Haven: Yale University Press.

554. Marchand, C. T. (2007). An investigation of the influence of compassion fatigue due to secondary traumatic stress on the canadian youth worker dissertationProvidence College and Seminary (Canada)).

555. Marchand, C., (2008). Restoring Rebecca: A story of traumatic stress, caregiving, and the unmasking of a superhero . City: Outskirts Press.

556. Marcus, S., & Dubi, M. (2006). The Relationship Between Resilience and Compassion Fatigue in Counselors. Vistas: Compelling perspectives on counseling 2006 (pp. 223-225). American Counseling Association.

557. Marmaras, E. (2000). The relationship between empathy and attachment styles and vicarious traumatization in female trauma therapists [dissertation] (163 pp.). (Doctoral dissertation, Seton Hall University, 2000). DAI-B 62/01, p. 556, Jul 2001. AAT 3001648 .

558. Marmaras, E., Lee, S., Siegel, H., & Reich, W. (2003). The Relationship Between Attachment Styles and Vicarious Traumatization in Female Trauma Therapists. Journal of Prevention & Intervention in the Community, 26(1), 81-92.

559. Marner, S. (2008). The role of empathy and witnessed aggression in stress reactions among staff working in a psychiatric hospital dissertationRutgers University). (Ed.D. dissertation.) Retrieved from http://proquest.umi.com/pqdweb?did=1570983581&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92418)

560. Marriage, S., & Marriage, K. (2005). Too Many Sad Stories: Clinician Stress and Coping. Canadian Child and Adolescent Psychiatry Review, 14(4), 114-117.

561. Martin, J. (2001). Lessons learned from green cross projects deployment to new york city. Traumatology, 7(4), 174-177.

562. Martin, P. D. (2006). An investigation into the effects of vicarious trauma experienced by health care workers thesis.

563. Marvasti, J. (1992). Psychotherapy with abused children and adolescents. Countertransference in psychotherapy with children and adolescents (pp. 191-214). Jason Aronson.

564. Mason, J. W., Wang, S., Yehuda, R., Riney, S. J., Charney, D. S., & Southwick, S. M. (2001). Psychogenic lowering of urinary cortisol levels linked to increased emotional numbing, and a shame-depressive syndrome in combat-related posttraumatic stress disorder. Psychosomatic Medicine, 63(3), 387-401. Retrieved from http://www.ptsd.va.gov/professional/articles/article-pdf/id23477.pdf

565. Matsakis, A. (1994). Other professional and therapeutic concerns. California: New Harbinger Publications: Oakland.

566. Matthews, C. M. (1995). Vicarious post-traumatic stress disorder in clinical social workers treating survivors of rape thesis. Retrieved from http://wwwlib.umi.com/dissertations/fullcit/1362332

567. Mauldin, A. L. (2001). Vicarious traumatization among sexual assault hotline workers dissertationUniversity of Memphis). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3017966. (91289)

568. Maytum, J. C., Heiman, M. B., & Garwick, A. W. (2004) Compassion fatigue and burnout in nurses who work with children with chronic conditions and their families. Journal of Pediatric Health Care 18(4), 171-9.

569. Mazor, A., Gampel, Y., & Horwitz, G. (1997). Interviewers' reactions to holocaust survivors' testimony. Echoes of the Holocaust, no.5, (5), 31-54.

570. Mccabe-Bartley, C. (2006). An empirical study of september 11th (9/11/01) trauma therapists: Identifying the role of vicarious traumatization. (Doctoral Dissertation, Capella University, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(11-B), 2006. pp. 6282. AAI3196750.

571. McCammon, S. (1995). Painful pedagogy: Teaching about trauma in academic and training settings. Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators (pp. 105-120). The Sidran Press.

572. McCammon, S. L., & Allison, E. J. (1995). Debriefing and treating emergency workers. Figley, Charles R (ed.). Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized, (pp 115-130) New York: New York: Brunner/Mazel.

573. McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. Journal of Traumatic Stress, 3(1), 131-149

574. McCann, I. L., & Pearlman, L. A. (1990). Psychological trauma and the adult survivor: Theory, therapy, and transformation. New York: Brunner/Mazel.

575. McCann, I. L., & Pearlman, L. A. (1993). Vicarious traumatization: The emotional costs of working with survivors. Treating Abuse Today, 3(5), 28-31.

576. McCann, I.L. & Colletti, J. (). The Danceof Empathy: A Hermeneutic Formulation of Countertransference, Empathy, and Understinding in the Treatment of Individuals who have expereinced early childhood trauma. In J.P. Wilson & J.D. Lindy (EDs) Countertransference in the Treatment of PTSD. 87-121. City: Gillford Press.

577. McCann, I.L., & Pearlman, L.A. (1992). "Constructivist self development theory: A theoretical model of psychological adaptation to severe trauma." In D.K. Sakheim & S.E. Devine (Eds.), Out of darkness: Exploring satanism and ritual abuse (pp. 185-206). New York: Lexington Books.

578. McCarroll, J. E., Blank, A. S., & Hill, K. (1995). Working with traumatic material: Effects on holocaust memorial museum staff. American Journal of Orthopsychiatry, 65(1), 66-75.

579. McCoy, R. M. (2004). Emotional release technique: A new desensitization method. Traumatology, 10(2), 245-255.

580. McDonagh, A., Friedman, M. J., McHugo, G. J., Ford, J. D., Sengupta, A., & Mueser, K. T. et al. (2005). Randomized trial of cognitive-behavioral therapy for chronic posttraumatic stress disorder in adult female survivors of childhood sexual abuse. Journal of consulting and clinical psychology, 73(3), 515-524.

581. McGee, T. R. (2005). Transforming trauma: A path toward wholeness. Maryknoll, NY: Orbis Books

582. McGibbon, E. A. (2004). Reformulating the nature of stress in nurses' work in pediatric intensive care: An institutional ethnography dissertationUniversity of Toronto (Canada)). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/NQ91798. (91718)

583. McGowan, A. (2002). While Waiting for the Other Shoe. Forensic Examiner, 11(3), 38-39.

584. McIntosh, T. (2006). The unified approach of management and critical incident stress management: Helping flight attendants and pilots in the aftermath of September 11. International Journal of Emergency Mental Health, 8(2), 131-135.

585. McLean, H. B. (2007). A narrative study of the spouses of traumatized canadian soldiers dissertationUniversity of British Columbia (Canada)). Retrieved from http://proquest.umi.com/pqdweb?did=1328065211&Fmt=7&clientId=4347&RQT=309&VName=PQD. (92143)

586. McLean, S., Wade, T., & Encel, J. (2003). The Contribution of Therapist Beliefs to Psychological Distress in Therapists: An Investigation of Vicarious Traumatization, Burnout and Symptoms of Avoidance and Intrusion. Behavioural and Cognitive Psychotherapy, 31(4), 417-428.

587. McMahon, C. (2001). Covering disaster: A pilot study into secondary trauma for print media journalists reporting on disaster. Australian Journal of Emergency Management, 16(2), 52-56.

588. McNally, V. J. (1999). FBI's employee assistance program: An advanced law enforcement model. International Journal of Emergency Mental Health, 1(2), 109-114.

589. McNally, V. J. (2006). The impact of posttraumatic stress on Iraqi police. International Journal of Emergency Mental Health, 8(4), 275-281.

590. McNally, V.J. (2007). Highlighting the risk of compassion fatigue: compassion fatigue, largely unknown to most EAPs before September 11, is still not widely understood five years later.(Focus: THE IMPACT OF SEPTEMBER 11 ON EAPS). The Journal of Employee Assistance (37)1, 32-34.

591. Meadors, P. (2008). Secondary traumatization in pediatric healthcare providers: Conceptual confusion in literature dissertationEast Carolina University). Retrieved from http://proquest.umi.com/pqdweb?did=1500068301&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92362)

592. Meadors, P., & Lamson, A. (2008) Compassion fatigue and secondary traumatization: provider self care on intensive care units for children. Journal of Pediatric Health Care 22(1), 24-34.

593. Mehlum, L. (1999). Alcohol and stress in Norwegian United Nations peacekeepers. Military Medicine, 164, 720-724

594. Mehlum, L., & Weisaeth, L. (2002). Predictors of posttraumatic stress reactions in Norwegian U.N. peacekeepers 7 years after service. Journal of Traumatic Stress, 15(1), 17-26.

595. Mehlum, L., King, R., & Spooner, D. (2002). Secondary traumatic stress in case managers working in community mental health services. In C. R. Figley (Ed.), Treating Compassion Fatigue (pp. 85-106). New York: Brunner-Routledge.

596. Meichenbaum, D. (2000). Helping the helpers. Scott, Michael J; Palmer, Stephen (ed.). Trauma and post-traumatic stress disorder, (pp 117-121) New York: New York: Cassell.

597. Meier, D. E., Back, A. L., & Morrison, R. S. (2001). The inner life of physicians and care of the seriously ill. Journal of the American Medical Association, 286(23), December 19.

598. Meldrum, L., King, R., & Spooner, D. (2002). Secondary traumatic stress in case managers working in community mental health services. Figley, Charles R (ed.). Treating compassion fatigue, (pp 85-106) New York: New York: Brunner-Routledge.

599. Melzak, S. (1993). Thinking about the internal and external experience of refugee children in europe:

Conflict and treatment. Germany: Secolo Verlag: Osnabrück.

600. Mendenhall, T. (2006). Trauma-Response Teams: Inherent Challenges and Practical Strategies in Interdisciplinary Fieldwork. Families, Systems, & Health, 24(3), 357-362.

601. Kramer, G. (1999). Traumatized women working with traumatized women: Reflections upon life and work in a war zone. Women and Therapy, 22(1), 107-120.

602. Messer, S.C., Liu, X., Hoge, C.W., Cowan, D.N., & Engel, C.C. Jr. (2004). Projecting mental disorder prevalence from national surveys to populations of interest. Social Psychiatry and Psychiatric Epidemiology, 39, 419-426.

603. Meyer, D., & Ponton, R. (2006). The Healthy Tree: A Metaphorical Perspective of Counselor Well-being. Journal of Mental Health Counseling, 28(3), 189-201.

604. Meyers, T. (1997). The relationship between family of origin functioning, trauma history, exposure to children's traumata and secondary traumatic stress symptoms in child protective service workers. (Doctoral Dissertation, Florida State University, 1997). Dissertation Abstracts International Section A: Humanities and Social Sciences, Vol 57(11-A), May 1997. pp. 4931. AAM9712157.

605. Meyers, T. W. (1996). The relationship between family of origin functioning, trauma history, exposure to children's traumata and secondary traumatic stress symptoms in child protective service workers dissertationFlorida State University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9712157. (90148)

606. Meyers, T. W., & Cornille, T. A. (2002). The trauma of working with traumatized children. In C. R. Figley (Ed.), Treating Compassion Fatigue (pp. 39-56). New York: Brunner-Routledge.

607. Mikkelsen, E. G. (2001). Mobning i arbejdslivet: Hvorfor og for hvem er den så belastende? = workplace bullying: Why and for whom is bullying such a strain? Nordisk Psykologi, 53(2), 109-131.

608. Mildred, J. (2004). Involvement in high-profile child sexual abuse controversies: Costs and benefits. Journal of Child Sexual Abuse, 13(1), 99-120.

609. Miller, F.P., Agnes, F.V. & McBrewster,J. (2010). Compassion Fatigue. City: Alphascript Publishing

610. Miller, L. (1998). Hitting home: Traumatized psychotherapists and the stresses of doing therapy. Miller, Laurence (ed.). Shocks to the system: psychotherapy of traumatic disability syndromes (1st ed.), (pp 249-269) New York: New York: Norton.

611. Miller, L. (1998). Shocks to the System. New York: Norton.

612. Miller, L. (2000). Traumatized psychotherapists. New York: Guilford Publications.

613. Miller, L. (2001). Impacts of treating torture survivors on psychotherapists' personal and professional lives. (Doctoral Dissertation, The Wright Institute, 2001). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 61(12-B), 2001. pp. 6713. AAI9998839.

614. Miller, S., Cordero, M., Coleman, A. L., Figueroa, J., Brito-Anderson, S., Dabagh, R., et al. (2003) Quality of care in institutionalized deliveries: The paradox of the Dominican Republic. International Journal of Gynaecological Obstetetrics 82(1), 89-103.

615. Minnen, A., & Keijsers, G. P. J. (2000). A controlled study into the (cognitive) effects of exposure treatment on trauma therapists. Journal of Behavior Therapy and Experimental Psychiatry, 31(3-4), 189-200.

616. Mohr, W., Mahon, M., & Noone, M. (1998). A restraint on restraints: The need to reconsider the use of restrictive interventions. Archives of Psychiatric Nursing, 12(2), 95-106.

617. Møller, S., & Christiansen, L. K. (1993). How dealing with traumatized refugees affects the therapist and the institution concerned. Germany: Secolo Verlag: Osnabrück.

618. Monroe, A. (2008). Psychiatric nurses' management of compassion fatigue through self-care. Psy.D. dissertation, The Wright Institute, United States -- California. Retrieved May 27, 2009, from Dissertations & Theses: A&I . (Publication No. AAT 3318656).

619. Monroe, J. R. (2009). Clinical and organizational predictors of burnout and secondary traumatic stress in emergency management professionals dissertationUniversity of South Dakota). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1896961381&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92692)

620. Monteith, D. N. (2005). Traumatic stress reactions in violent crime investigators dissertationAlliant International University, Fresno). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3188548. (91916)

621. Moore C. The transition from student to qualified nurse: a military perspective. Br J Nurs. 2006 May 25-Jun 7;15(10):540-2. Review. PMID: 16835548.

622. Moore, A. L. (2004). Compassion fatigue, somatization, and trauma history: A study of disaster mental health professionals after the oklahoma bombing dissertationAlliant International University, San Francisco Bay). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3133472. (91719)

623. Moore, D. L. (1997). Traumatic effects of therapists working with perpetrators of sexual abuse dissertationTennessee State University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9806346. (90151)

624. Moosman, J. L. (2002). Vicarious traumatization: The effects of empathy and trait arousability dissertationGeorge Mason University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3029735. (91397)

625. Moran, C. C. (2002). Humor as a moderator of compassion fatigue. In C. R. Figley (Ed.), Treating Compassion Fatigue (pp. 139-154). New York: Brunner/Routledge

626. Morgan, K. E., & White, P. R. (2003). The functions of art-making in CISD with children and youth. International Journal of Emergency Mental Health, 5(2), 61-76.

627. Moro, L., Franciskovic, T., Varenina-Novakovic, G., & Urlic, I. (1998). War trauma: Influence on individuals and community. Croatia: Nakladnistvo Lumin: Zagreb.

628. Morris, A. S. (2004). Analysis of the impact of PTSD group psychoeducational skills training with spouses and significant others of trauma survivors

dissertationUnion Institute and University). Retrieved from
http://wwwlib.umi.com/dissertations/fullcit/3122852.
(91721)

629. Morrissette, P. (2001). Self-supervision: A primer for counselors and helping professionals. Brunner-Routledge.

630. Morrissette, P. (2004). The pain of helping: Psychological injury of helping professionals. Brunner-Routledge.

631. Moses, R. (1993). Persistent shadows of the holocaust: The meaning to those not directly affected. Connecticut: International Universities Press: Madison.

632. Motta, R. W. (2008). Secondary trauma. International Journal of Emergency Mental Health, 10(4), 291-298.

633. Motta, R. W., Hafeez, S., Sciancalepore, R., & Diaz, A. B. (2001). Discriminant validation of the modified secondary trauma questionnaire. Journal of Psychotherapy in Independent Practice, 2(4), 17-24.

634. Motta, R. W., Joseph, J. M., Rose, R. D., Suozzi, J. M., & Leiderman, L. J. (1997). Secondary trauma: Assessing inter-generational transmission of war experiences with a modified stroop procedure. Journal of Clinical Psychology, 53(8), 895-903.

635. Motta, R. W., Kefer, J. M., Hertz, M. D., & Hafeez, S. (1999). Initial evaluation of the secondary trauma questionnaire. Psychological Reports, 85(3 Part 1), 997-1002.

636. Motta, R. W., Newman, C. L., Lombardo, K. L., & Silverman, M. A. (2004). Objective assessment of secondary trauma. International Journal of Emergency Mental Health, 6(2), 67-74.

637. Motta, R. W., Suozzi, J. M., & Joseph, J. M. (1994). Assessment of secondary traumatization with an emotional stroop task. Perceptual and Motor Skills, 78(3 Part 2), 1274.

638. Motta, R., Chirichella, D., Maus, M., & Lombardo, M. (2004). Assessing secondary trauma. Behavior Therapist, 27(3), 54-57.

639. Motta, R., Kefer, J., Hertz, M., & Hafeez, S. (1999). Initial evaluation of the Secondary Trauma Questionnaire. Psychological Reports, 85(3), 997-1002.

640. Moulden, H. M., & Firestone, P. (2007). Vicarious traumatization: The impact on therapists who work with sexual offenders. Trauma, 8(1), 67-83.

641. Mulders, M. (2003). Getuigenis en verbondenheid: Oorlogsverkrachting en huiselijk geweld in voormalig joegoslavië: Trainers over hun werk voor de hulpverlening = [testimony and attachment: War-rape and domestic violence in former yugoslavia]. The Netherlands: Pharos: Utrecht.

642. Mulligan L. (2004) Overcoming compassion fatigue. Kansas Nursing 79(7), 1-2.

643. Munroe, J. (1995). Ethical issues associated with secondary trauma in therapists. Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators (pp. 211-229). The Sidran Press.

644. Munroe, J. F. (1990). Therapist traumatization from exposure to clients with combat related post traumatic stress disorder: Implications for administration and supervision [dissertation] (108 pp.). (Doctoral dissertation, Northeastern University, 1990). DAI-B 52/03, p. 1731, Sep 1991. AAT 9119344.

645. Munroe, J. F. (1995). Ethical issues associated with secondary trauma in therapists. Maryland: Sidran Press: Lutherville. Retrieved from http://www.ptsd.va.gov/professional/articles/article-pdf/id13414.pdf

646. Munroe, J. F., Shay, J., Fisher, L. M., Makary, C., Rapperport, K., & Zimering, R. T. (1995). Preventing compassion fatigue: A team treatment model. In C. R. Figley (Ed.), Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized (pp. 209-231). New York: Brunner/Mazel

647. Muramoto, K. (2001). Women's trauma and healing in japanese culture [dissertation] (247 pp.). (Doctoral dissertation, Union Institute, 2001). DAI-B 62/03, p. 1591, Sep 2001. AAT 3007972.

648. Myers, D. G., & Wee, D. F. (2002). Strategies for managing disaster mental health worker stress. In C. R. Figley (Ed.), Treating Compassion Fatigue (pp. 181-212). New York: Brunner-Routledge.

649. Myers, D. G., & Wee, D. F. (2005). Disaster mental health services: A primer for practitioners. New York: Brunner-Routledge.

650. Myers, D. G., & Wee, D. F. (2005). Stress management and prevention of compassion fatigue for psychotraumatologists. Myers, Diane Garaventa; Wee, David F (ed.). Disaster mental health services: a primer for practitioners, (pp 97-141) New York: New York: Brunner-Routledge.

651. Nakamura, J. G. (2004). The well-being of oncology social workers and how they cope with multiple losses thesis. Retrieved from http://wwwlib.umi.com/dissertations/fullcit/1421574

652. Naturale, A. (2007). Secondary traumatic stress in social workers responding to disasters: reports from the field. Clinical Social Work Journal, 35(3), 173-181.

653. Naturale, A. J. (2009). Selected professional predictors of posttraumatic and secondary traumatic stress: The long term impact of 9/11/01 in a sample of manhattan social workers in direct practice dissertationNew York University). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1729940341&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92569)

654. Nelson, B. (1999). Systemic effects of trauma: A quantitative study of individual and relational post-traumatic stress. (Doctoral Dissertation, Texas Tech Universtiy, 1999). Dissertation Abstracts International Section A: Humanities and Social Sciences, Vol 59(7-A), Jan 1999. pp. 2736. AAM9842020.

655. Nelson-Gardell, D., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. Child Welfare, 82(1), 5-26.

656. Neumann, D. A., & Gamble, S. J. (1995). Issues in the professional development of psychotherapists: Countertransference and vicarious traumatization in the new trauma therapist. Psychotherapy, 32(2), 341-57.

657. Newell, J. M. (2008). An investigation of the occupational stresses associated with providing direct clinical services to adults diagnosed with mental illness dissertationUniversity of Alabama). (Ph.D. dissertation.) (92494)

658. Moreno-Jimenez, B., Morante Benadero, M. E., Stamm, B. H., & Sanz Vergel, A. I. (2007). Estrés traumático

secundario: Personalidad y sacudida de creencias = secondary traumatic stress: Personality and shattered assumptions. Psicología Conductual, 15(3), 427-439.

659. Noelle, M. (2002). The ripple effect on the Matthew Shepard murder: Impact on the assumptive worlds of members of the targeted group. American Behavioral Scientist, 46(1), 27-50.

660. Norcross, J.C., & Guy, J.D. (2007). Leaving it at the office: A guide to psychotherapist self-care. New York: Guilford Press.

661. Nurmi, L. A. (1999). The estonia disaster: National interventions, outcomes, and personal impacts. Zinner, Ellen S; Williams, Mary Beth (ed.). When a community weeps: case studies in group survivorship, (pp 48-71) Philadelphia: Philadelphia: Brunner/Mazel.

662. O'Brien, L. (1998). Inpatient nursing care of patients with borderline personality disorder: A review of the literature. Australian and New Zealand Journal of Mental Health Nursing, 7(4), 172-183.

663. O'Brien, P. (2006). Creating compassion and connection in the work place. Journal of Systemic Therapies, 25(1), 16-36.

664. O'Bryant, K. (2008). The impact of secondary traumatic stress on child protection service workers dissertationCardinal Stritch University). (Ed.D. dissertation) (92452)

665. Ochberg, F. M. (1996). A primer on covering victims. Nieman Reports, 50(3), 21-26.

666. Ochberg, F. M. (2002). A primer on interviewing victims. New York: Haworth Press: Binghamton.

667. O'Flaherty, J. (2005). Vicarious traumatization in first responders of an airline disaster: A phenomenological exploration of the experience among airline employees dissertationPacifica Graduate Institute). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3211960. (91998)

668. O'Flaherty, J. (2006). Vicarious traumatization in first responders of an airline disaster: A phenomenological exploration of the experience among airline employees. (Doctoral Dissertation, Pacifica Graduate Institute, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 67(3-B), 2006. pp. 1711. AAI3211960.

669. O'Halloran, M., & O'Halloran, T. (2001). Secondary traumatic stress in the classroom: Ameliorating stress in graduate students. Teaching of Psychology, 28(2), 92-96.

670. O'Halloran, T., & Linton, J. (2000). Stress on the job: Self-care resources for counselors. Journal of Mental Health Counseling, 22(4), 354-364.

671. O'Neill, M., Giddens, S., Breatnach, P., Bagley, C., Bourne, D., & Judge, T. (2002). Renewed methodologies for social research: Ethno-mimesis as performative praxis. Sociological Review, 50(1), 69-88.

672. Orsillo, S. M., Roemer, L., Litz, B. T., Ehlich P., & Friedman, M. J. (1998). Psychiatric symptomatology associated with contemporary peacekeeping: an examination of post-mission functioning among peacekeepers in Somalia. Journal of Traumatic Stress 11, 611-625.

673. Ortlepp, K., & Friedman, M. (2001). The relationship between Sense of Coherence and indicators of secondary traumatic stress in non-professional trauma counsellors. South African Journal of Psychology, 31(2), 38-45.

674. Ortlepp, K., & Friedman, M. (2002). Prevalence and correlates of secondary traumatic stress in workplace lay trauma counselors. Journal of Traumatic Stress, 15(3), 213-222.

675. O'Shields, D. L. (1999). The effects of sexual abuse and posttraumatic stress symptoms upon cognitive schemas [dissertation] (95 pp.). (Doctoral dissertation, University of South Carolina, 1999). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 59(7-B), Jan 1999. pp. 3727. AAM9841754.

676. Osofsky, H. J., Holloway, H. C., & Pickett, A. (2005). War correspondents as responders: Considerations for training and clinical services. Psychiatry, 68(3), 283-293.

677. Osofsky, J. D. (2004). Perspectives on work with traumatized young children: How to deal with the feelings emerging from trauma work. Osofsky, Joy D (ed.). Young children and trauma: intervention and treatment, (pp 326-338) New York: New York: Guilford Press.

678. Ostodic, E. (1999). Some pitfalls for effective caregiving in a war region. Women and Therapy, 22(1), 161-165.

679. Otis, M., Guay, S., & Marchand, A. (2009). Psychological and relationship distress among partners of civilian PTSD patients. Journal of Nervous and Mental Disease, 197(7), 543-546.

680. Palm, K. M., Polusny, M. A., & Follette, V. M. (2004). Vicarious traumatization: Potential hazards and interventions for disaster and trauma workers. Prehospital and Disaster Medicine, 19(1), 73-78.

681. Palm, K. M., Smith, A. A., & Follette, V. M. (2002). Trauma therapy and therapist self-care. Behavior Therapist, 25(2), 40-42.

682. Palmer, E. (2006). Variables influencing the vicarious trauma of jurors in criminal cases. (Doctoral Dissertation, University Northern Colorado, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 67(1-B), 2006. pp. 555. AAI3202458.

683. Palmer, E. A. (2005). Variables influencing the vicarious trauma of jurors in criminal cases dissertationUniversity of Northern Colorado). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3202458. (91999)

684. Palmer, S. E., Stalker, C. A., & Harper, K., & Gadbois, S. (2007). Balancing positive outcomes with vicarious traumatization: Participants' experiences with group treatment for long-term effects of childhood abuse. Social Work with Groups, 30(4), 59-77.

685. Parker, L. (2007). Transforming Privilige, power and control in relationship to trauma, 98-123. In Bussey, M. & Wise, B. J. Trauma Transformed: An Empowerment Response. City: Columbia University Press.

686. Pasternak, A. (2002). The lost soldier: A phenomenological study of trauma in noncombat soldiers in the Vietnam war. (Doctoral Dissertation, Pacifica Graduate Institute, 2002). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 62(9-B), Apr 2002. pp. 4230. AAI3025062.

687. Paulus, L. A. (1997). An investigation of "counterdissociation" phenomena in therapists treating

sexual abuse survivors [dissertation] (109 pp.). (Doctoral dissertation, Antioch University/New England Graduate School, 1997). DAI-B 58/09, p. 5136, Mar 1998. AAT 9808797.

688. Pearlman, L. A. (1995). Self-care for trauma therapists: Ameliorating vicarious traumatization. Maryland: Sidran Press: Lutherville.

689. Pearlman, L. A. (1996). Psychometric review of TSI Belief Scale, Revision-L In B. H. Stamm (Ed.). Measurement of stress, trauma, and adaptation. Lutherville, MD: Sidran Press.

690. Pearlman, L. A. (2003). Trauma and attachment belief scale manual. Los Angeles: Western Psychological Services.

691. Pearlman, L. A., & Caringi, J. C. (2009). Living and working self-reflectively to address vicarious trauma. Courtois, Christine A; Ford, Julian D (ed.). Treating complex traumatic stress disorders: an evidence-based guide, (pp 202-224) New York: New York: Guilford Press.

692. Pearlman, L. A., & Mac Ian, P. S. (1995). Vicarious traumatization: an empirical study of the effects of trauma work on trauma therapists. Professional Psychology: Research and Practice, 26(6), 558-565.

693. Pearlman, L. A., & Saakvitne, K. W. (1995). Addressing vicarious traumatization. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 382-399) New York: New York: Norton.

694. Pearlman, L. A., & Saakvitne, K. W. (1995). Constructivist self development theory and trauma therapy. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 55-74) New York: New York: Norton.

695. Pearlman, L. A., & Saakvitne, K. W. (1995). Cotherapists' countertransference in group therapy with incest survivors. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 232-254) New York: New York: Norton.

696. Pearlman, L. A., & Saakvitne, K. W. (1995). Countertransference responses to common transference themes with incest survivor clients. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 99-119) New York: New York: Norton.

697. Pearlman, L. A., & Saakvitne, K. W. (1995). Countertransference responses to dissociative processes in psychotherapy. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 120-146) New York: New York: Norton.

698. Pearlman, L. A., & Saakvitne, K. W. (1995). Countertransference responses to incest. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 77-98) New York: New York: Norton.

699. Pearlman, L. A., & Saakvitne, K. W. (1995). Countertransference themes for survivor therapists. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 174-189) New York: New York: Norton.

700. Pearlman, L. A., & Saakvitne, K. W. (1995). Double jeopardy: Countertransference with clients sexually abused by previous therapists. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 255-275) New York: New York: Norton.

701. Pearlman, L. A., & Saakvitne, K. W. (1995). Psychoanalytic theory and psychological trauma: Historical and critical review. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 35-54) New York: New York: Norton.

702. Pearlman, L. A., & Saakvitne, K. W. (1995). Supervision and consultation for trauma therapies. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 359-381) New York: New York: Norton.

703. Pearlman, L. A., & Saakvitne, K. W. (1995). The countertransference-vicarious traumatization cycle. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 317-335) New York: New York: Norton.

704. Pearlman, L. A., & Saakvitne, K. W. (1995). The influence of countertransference on therapeutic frame and boundaries. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 147-173) New York: New York: Norton.

705. Pearlman, L. A., & Saakvitne, K. W. (1995). The rewards of doing trauma therapy. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 400-406) New York: New York: Norton.

706. Pearlman, L. A., & Saakvitne, K. W. (1995). The role of gender in transference and countertransference. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 190-211) New York: New York: Norton.

707. Pearlman, L. A., & Saakvitne, K. W. (1995). The therapeutic relationship as the context for countertransference and vicarious traumatization. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 15-34) New York: New York: Norton.

708. Pearlman, L. A., & Saakvitne, K. W. (1995). Therapeutic impasses with survivor clients. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 212-231) New York: New York: Norton.

709. Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. New York: New York: Norton.

710. Pearlman, L. A., & Saakvitne, K. W. (1995). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. Figley, Charles R (ed.). Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized, (pp 150-177) New York: New York: Brunner/Mazel.

711. Pearlman, L. A., & Saakvitne, K. W. (1995). Vicarious traumatization: How trauma therapy affects the therapist. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 279-294) New York: New York: Norton.

712. Pearlman, L. A., & Saakvitne, K. W. (1995). What contributes to vicarious traumatization?. Pearlman, Laurie Anne; Saakvitne, Karen W (ed.). Trauma and the therapist: countertransference and vicarious traumatization in psychotherapy with incest survivors, (pp 295-316) New York: New York: Norton.

713. Pearlman, L. A., & Saakvitne, K. W. (1995a). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. New York: Norton.

714. Pearlman, L. A., & Saakvitne, K. W. (1995b). Treating therapists with vicarious traumatization and secondary traumatic stress disorders. In C. R. Figley (Ed.) Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized (pp. 150-177). New York: Brunner/Mazel.

715. Pearlman, L.A. & Saakvitne, K.W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. New York: W.W. Norton & Company.

716. Pearlman, L.A. (1998). Trauma and the self: A theoretical and clinical perspective. Journal of Emotional Abuse, 1, 7-25.

717. Pearlman, L.A. (2001). The treatment of persons with complex PTSD and other trauma-related disruptions of the self. In J.P. *Wilson, M.J. Friedman, & J.D. Lindy (Eds.), Treating psychological trauma & PTSD, pp. 205-236. New York: Guilford Press.

718. Pearlman, L.A., & Caringi, J. (2009). Living and working self-reflectively to address vicarious trauma. In C.A. Courtois & J.D. Ford (Eds.), Treating complex traumatic stress disorders: An evidence-based guide (pp. 202-224). New York: Guilford Press.

719. Pearlman, L.A., & McKay, L. (2009). Understanding and addressing vicarious trauma. On-line self-study module, Headington Institute, Pasadena, CA. http://www.headington-institute.org/Default.aspx?tabid=2646

720. Peddle, N., Stamm, B.H., Stamm, H. E. & Hudnall, A.C. (2005) Effective Intercultural Collaboration on Psychosocial Support Programs. In G. Reyes & G. A. Jacobs, Eds. International Handbook of Disaster Psychology, Westport, CT: Praeger Press.

721. Peeples, K. A. (2000). Interview with Charles R. Figley: Burnout in families and implications for the profession. Family Journal: Counseling and Therapy for Couples and Families, 8(2), 203-206.

722. Perron, B. E., & Hiltz, B. S. (2006). Burnout and secondary trauma among forensic interviewers of abused children. Child and Adolescent Social Work Journal, 23(2), 216-234.

723. Peters, J.K. (2007). Representing children in child protective proceedings 2007: Ethical and practical dimensions(3rd ed.). LexisNexis Matthew Bender.

724. Petevi, M. (1996). Forced displacement: Refugee trauma, protection and assistance: The contribution of the united nations high commissioner for refugees. In Y. Danieli, N. S. Rodley, & L. Weisaeth (Eds.), International responses to traumatic stress (pp. 161-192). Amityville, NY: Baywood Publishing.

725. Petrovic, V. (1998). Making bridges for peace of the soul. Ministry of Education: Jerusalem: Psychological and Counseling Service.

726. Petry, S. S. D. (2005). The impact on male therapists treating sex offenders: A phenomenological study with a focus on gender, race, and ethnicity [dissertation] (224 pp.). (Doctoral dissertation, Seton Hall University, 2005). DAI-B 66/09, p. 5143, Mar 2006. AAT 3190202 .

727. Pflanz S. Psychiatric illness and the workplace: perspectives for Occupational medicine in the military. Mil Med. 1999 Jun;164(6):401-6. Review. PMID: 10377707.

728. Pflanz SE, Ogle AD. Job stress, depression, work performance, and perceptions of supervisors in military personnel. Mil Med. 2006 Sep;171(9):861-5. PMID: 17036607.

729. Pflanz, S., & Sonnek, S. (2002). Work stress in the military: Prevalence, causes, and relationship to emotional health. Military Medicine, 167(11), 877-882.

730. Phelan, J.E. (2002). Vicarious traumatization of psychotherapists. Journal of Evolutionary Psychology, March, 59-69.

731. Phelps, A. J., Lloyd, D., Creamer, M. C., & Forbes, D. (2009). Caring for carers in the aftermath of trauma. Journal of Aggression, Maltreatment and Trauma, 18(3), 313-330.

732. Phipps, A. B., & Byrne, M. K. (2003). Brief interventions for secondary trauma: Review and recommendations. Stress and Health, 19(3), 139-147.

733. Phipps, A. B., Byrne, M. K., & Deane, F. P. (2007). Can volunteer counsellors help prevent psychological trauma? A preliminary communication on volunteers skill using the 'orienting approach' to trauma. Stress and Health, 23(1), 15-21.

734. Phoenix, B. J. (2007). Psychoeducation for survivors of trauma. Perspectives in Psychiatric Care 43(3), 123-31.

735. Pickett, G. Y. (1998). Therapists in distress: An integrative look at burnout, secondary traumatic stress and vicarious traumatization dissertationUniversity of Missouri - Saint Louis). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9839873. (90988)

736. Pickett, M., Brennan, A. M. W., Greenberg, H. S., Licht, L., & Worrell, J. D. (1994). Use of debriefing techniques to prevent compassion fatigue in research teams. Nursing Research, 43(4), 250-252.

737. Pickett, M., Brennan, A. M. W., Greenberg, H. S., Licht, L., & Worrell, J. D. (1994). Use of debriefing techniques to prevent compassion fatigue in research teams. Nursing Research, 43(4), 250-252.

738. Pieper, M. (1999). The privilege of being a therapist: A fresh perspective from intrapsychic humanism on caregiving intimacy and the development of the professional self. Families in Society, 80(5), 479-487.

739. Pierce, R. (2000). Secondary trauma from working with Vietnam veterans. (Doctoral Dissertation, Antioch University/New England Graduate School, 2000). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 61(2-B), Aug 2000. pp. 1093. AAI9962562.

740. Pinsley, O. (2000). Bearing witness: An investigation of vicarious traumatization in therapists who treat adult survivors of rape and incest. (Doctoral Dissertation, New York University, 2000). Dissertation Abstracts International Section A: Humanities and Social Sciences, Vol 61(4-A), Oct 2000. pp. 1616. AAI9968483.

741. Pinto, R. M. (2002). The impact of secondary traumatic stress on novice and expert counselors with and without a history of trauma dissertationUniversity of Southern California). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3065833. (91495)

742. Pistorius, K. (2006). The personal impact on female therapists from working with sexually abused children. (Doctoral Dissertation, Brigham Young University, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 67(1-B), 2006. pp. 556. AAI3204144. AAT 3204144

743. Ploeg, E., Dorresteijn, S. A. M., & Kleber, R. J. (2003). Critical incidents and chronic stressors at work: Their impact on forensic doctors. Journal of Occupational Health Psychology, 8(2), 157-166.

744. Prati, G., Pietrantoni, L., & Cicognani, E. (2010). Self-efficacy moderates the relationship between stress appraisal and quality of life among rescue workers. Anxiety, 23(4, pp. 463-470), July 2010.

745. Price, M. (1998). Vulnerability factors for secondary traumatic stress in psychotherapists who treat traumatized clients dissertationTexas A&M University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9830969. (90992)

746. Primo, M. W. (2007). Caring for the caregiver in HIV and AIDS programmes thesis.

747. Pross, C. (2006). Burnout, vicarious traumatization and its prevention: What is burnout, what is vicarious traumatization? Torture, 16(1), 1-9.

748. Pryce, J. & Shakelford, K. (2007). Secondary Traumatic Stress and the Child Welfare Professional. City: Lyceum Books

749. Pryce, J. G., Shackelford, K. K., & Pryce, D. H. (2007). Secondary traumatic stress and the child welfare professional. Chicago: Chicago: Lyceum Books.

750. Pulido, M. (2004). In their words: Secondary traumatic stress in social workers responding to the 9/11 terrorist attacks in New York City. Social Work, 52(3), 279-281.

751. Pulido, M. L. (2005). The terrorist attacks on the world trade center on 9/11: The dimensions of indirect exposure levels in relation to the development of post traumatic stress symptoms: The ripple effect dissertationCity University of New York). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3169968. (91845)

752. Pulido, M. L. (2007). In their words: Secondary traumatic stress in social workers responding to the 9/11 terrorist attacks in new york city. Social Work, 52(3), 279-281.

753. Putterman, I. (2006). The relationship between posttraumatic growth and professional quality of life (compassion fatigue/secondary trauma, compassion satisfaction, and burnout) among social workers in texas. (Doctoral Dissertation, University of Houston, 2006). Dissertation Abstracts International Section A: Humanities and Social Sciences, Vol 66(11-A), 2006. pp. 3943. AAI3195963.

754. Pyevich, C. M., Newman, E., & Daleiden, E. (2003). The relationship among cognitive schemas, job-related traumatic exposure, and posttraumatic stress disorder in journalists. Journal of Traumatic Stress, 16(4), 325-328.

755. Racanelli, C. (2005). Attachment and compassion fatigue among American and Israeli mental health clinicians working with traumatized victims of terrorism. International Journal of Emergency Mental Health, 7(2), 115-124.

756. Racanelli, C. (2005). Attachment styles and compassion fatigue among the mental health clinicians of traumatized victims of terrorism dissertationWalden University). (For a journal article based on this dissertation, see: Racanelli, "Attachment and compassion fatigue among American and Israeli mental health clinicians working with traumatized victims of terrorism", International Journal of Emergency Mental He(TRUNCATED)) Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3162028. (91862)

757. Radey, M., & Figley, C. R. (2007). The social psychology of compassion. Clinical Social Work Journal, 35(3), 207-214.

758. Radziewicz, R. M. (2001) Self-care for the caregiver. Nursing Clinics of North America 36(4), 855-69.

759. Rainer, J. (2000). Compassion fatigue: When caregiving begins to hurt. Innovations in clinical practice: A source book, Vol. 18 (pp. 441-453). Professional Resource Press/Professional Resource Exchange.

760. Rand, M. (2002). A case of vicarious traumatization. Annals of the American Psychotherapy Assn, 5(4), 31-31.

761. Rand, M. (2002). What is somatic attunement? Annals of the American Psychotherapy Assn, 5(6), 30-30.

762. Rand, M. (2004). Vicarious Trauma and The Buddhist Doctrine of Suffering. Annals of the American Psychotherapy Assn, 7(1), 40-41.

763. Rank, M. G., Zaparanick, T. L., & Gentry, J. E. (2009). Nonhuman-animal care compassion fatigue: Training as treatment. Best Practices in Mental Health, 5(2), 40-61.

764. Rasmussen, B. (2005). An intersubjective perspective on vicarious trauma and its impact on the clinical process. Journal of Social Work Practice, 19(1), 19-30.

765. Ratanawongsa, N., Wright, S., & Levine, R. (2006). 'Relationship Between Increased Personal Well-Being and Enhanced Empathy Among Internal Medicine Residents': Comment. Journal of General Internal Medicine, 21(4), 401-402.

766. Reddemann, L. (2001). Psychohygiene in der traumatherapie: Ein erfahrungsbericht = psychohygiene for therapists treating traumatised patients -- helpful exercises to prevent secondary traumatisation. Psychotraumatologie, 2(4), 22.

767. Reddemann, L. (2003). Einige überlegungen zu psychohygiene und burnout-prophylaxe von TraumatherapeutInnen: Erfahrungen und hypothesen = psycho-hygiene for therapists treating traumatized patients. Zeitschrift Für Psychotraumatologie Und Psychologische Medizin, 1(1), 79-85.

768. Regehr, C. & Bober, T. (2005) In the Line of Fire: Trauma in the Emergency Services. New York: Oxford University Press.

769. Regehr, C. (2001). Crisis debriefing groups for emergency responders: Reviewing the evidence. Brief Treatment and Crisis Intervention, 1(2), 87-100.

770. Regehr, C. D., Hemsworth, D., Leslie, B., Howe, P., & Chau, S. (2004). Predictors of post-traumatic distress in child welfare workers: A linear structural equation model. Children and Youth Services Review, 26(4), 331-346.

771. Reinhard, F., & Maercker, A. (2004). Sekundäre traumatisierung, posttraumatische belastungsstörung, burnout und soziale unterstützung bei medizinischem rettungspersonal [Secondary traumatization, posttraumatic stress disorder, burnout, and social support in emergency care personnel]. Zeitschrift Für Medizinische Psychologie, 13(1), 29-36.

772. Reisner, S. (2002). Staging the unspeakable: A report on the collaboration between theater arts against political violence, the associazione culturale altrimenti, and 40 counsellors in training in pristina, kosovo Geneva: International Organization for Migration.

773. Remer, R., & Ferguson, R. A. (1998). Treating traumatized partners: Producing secondary survivors of PTSD. Florida: CRC Press: Boca Raton.

774. Riffe, H., & Kaplan, L. (2001). HIV prevention in challenging subcultures: Reaching rural freshman in university orientation classes. Journal of HIV/AIDS Prevention & Education for Adolescents & Children, 4(1), 19-32.

775. Riley, S. (1997). An art psychotherapy stress reduction group: For therapists dealing with a severely abused client population. The Arts in Psychotherapy, 23(5), 407-415.

776. Robinson, B. (2006). Exploring career satisfaction, burnout, and compassion fatigue as indicators of the quality of career engagement of public school educators. (Doctoral Dissertation, West Virginia University, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(12-B), 2006. pp. 6960. AAI3201740.

777. Robinson, J. R., Clements, K., & Land, C. (2003). Workplace stress among psychiatric nurses: Prevalence, distribution, correlates, and predictors. Journal of Psychosocial Nursing and Mental Health Services, 41(4), 32-41.

778. Robinson-Keilig, R. A. (2010). An investigation of interpersonal disruptions and secondary traumatic stress among mental health therapists dissertationUniversity of Nebraska - Lincoln). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=2101519451&si d=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92850)

779. Rock, B. (1996). Betwixt and between?: The role of emotion in the care of severely traumatised children. Psycho-Analytic Psychotherapy in South Africa, 4(2), 72-85.

780. Rohan, E., & Bausch, J. (2009). Climbing Everest: Oncology work as an expedition in caring. Journal of Psychosocial Oncology, 27(1), 84-118.

781. Roman, M. (2000). Experiences of female therapists counseling men who abuse their female partners dissertationCalifornia School of Professional Psychology - Berkeley/alameda). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9964894. (91863)

782. Rooney, M. L. (2003). The effects of exposure to secondary traumatic material at trauma-related conferences dissertationUniversity of Calgary (Canada)). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/NQ86999. (91732)

783. Rosenberg, L. G. (2000). Phase oriented psychotherapy for gay men recovering from trauma. Journal of Gay and Lesbian Social Services, 12(1-2), 37-73.

784. Rosenbloom, D. J., Pratt, A. C., & Pearlman, L. A. (1995). Helpers' responses to trauma work: Understanding and intervening in an organization. Stamm, Beth Hudnall (ed.). Secondary traumatic stress: self-care issues for clinicians, researchers, and educators, (pp. 65-79) Lutherville, Maryland: Sidran Press, 1995.

785. Rosenbloom, D.J., & Williams, M.B. (1999). Life after trauma: A workbook for healing. New York: The Guilford Press.

786. Rosenheck, R. A., & Nathan, P. (1985). Secondary traumatization in children of vietnam veterans. Hospital and Community Psychiatry, 36(5), 538-539.

787. Rosing, I. (2007). Vom konzept des verwundeten heilers zur sekundären traumatisierung [From the concept of the wounded healer to secondary traumatization]. Zeitschrift Für Psychotraumatologie, 5(3),65-75.

788. Rothschild, B. (2006). Help for the helper: The psychophysiology of compassion fatigue and vicarious trauma. New York: Norton.

789. Routhier, C. (2004). Transfert et contre-transfert dans la clinique psychotraumatologique des soldats du maintien de la paix [Normative transference and counter-transference in the military peacekeepers psychotraumatological cure]. Revue Francophone Du Stress Et Du Trauma, 4(2), 89-96.

790. Rozelle, D. (1997). Trauma and the therapist: Visual image making, countertransference, and vicarious traumatization [dissertation] (216 pp.). (Doctoral dissertation, Antioch University/New England Graduate School, 1997). DAI-B 58/04, p. 2136, Oct 1997. AAT 9728893.

791. Rudolph, J.M. & Stamm, B.H. (1999). Maximizing Human Capital: Moderating Secondary Traumatic Stress Through Administrative & Policy Action. In B.H. Stamm. (Ed.), Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers and Educators, 2nd Ed. Lutherville, MD: Sidran Press.

792. Running, A., Tolle, L.W., & Girard, D. (2008) Ritual: The final expression of care. International Journal of Nursing Practice 14(4), 303-7.

793. Russo, J. M. (2005). Vicarious victims of trauma: A literature review. Journal of Police Crisis Negotiations, 5(2), 59-80.

794. Russo, J. M. (2006). Workplace violence: Vicarious trauma in the psychiatric setting. Journal of Police Crisis Negotiations, 6(2), 79-103.

795. Ruzek, J. I. (1993). Professionals coping with vicarious trauma. National Center for PTSD Clinical Newsletter, 3(2), 17. Retrieved from http://www.ncptsd.va.gov/ncmain/nc_archives/clnc_qtly/V3N2.pdf

796. Ryan, K. (1999). Self-help for the healers: Preventing vicarious traumatization. Webb, Nancy Boyd (ed.). Play therapy with children in crisis: individual, group, and family treatment, 2nd ed., (pp. 471-491) New York: Guilford Press, 1999.

797. Rynearson, E., Johnson, T., & Correa, F. (2006). The Horror and Helplessness of Violent Death. When professionals weep: Emotional and countertransference responses in end-of-life care (pp. 139-155). Routledge/Taylor & Francis Group.

798. Saakvitne, K. (1995). Therapists' responses to dissociative clients: Countertransference and vicarious traumatization. Dissociative identity disorder: Theoretical and treatment controversies (pp. 467-492). Jason Aronson.

799. Saakvitne, K. (2002). How to avoid the occupational hazards of being a psychotherapist. Innovations in clinical practice: A source book (Vol. 20) (pp. 325-341). Professional Resource Press/Professional Resource Exchange.

800. Saakvitne, K. (2002). Shared trauma: The therapist's increased vulnerability. Psychoanalytic Dialogues, 12(3), 443-449.

801. Saakvitne, K., & Pearlman, L. (1996). Transforming the pain: A workbook on vicarious traumatization. W W Norton & Co.

802. Saakvitne, K.W., Gamble, S.G., Pearlman, L.A., & Lev, B.T. (2000). Risking connection: A training curriculum for working with survivors of childhood abuse. Lutherville, MD: Sidran Foundation and Press.

803. Sabin-Farrell, R., & Turpin, G. (2003). Vicarious traumatization: Implications for the mental health of health workers? Clinical Psychology Review, 23(3), 449-480.

804. Sabo, B. M. (2006). Compassion fatigue and nursing work: Can we accurately capture the consequences of caring work? International Journal of Nursing Practice 12(3), 136-42.

805. Salston, M. G. (2000). Secondary traumatic stress: A study exploring empathy and the exposure to the traumatic material of survivors of community violence dissertationThe Florida State University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9990396. (91242)

806. Salston, M., & Figley, C. R. (2003). Secondary traumatic stress effects of working with survivors of criminal victimization. Journal of Traumatic Stress, 16(2), 167-174.

807. Samoray, J. (2006). The healing effects of creative expression experienced by people who identify themselves as having compassion fatigue: A phenomenological study. (Doctoral Dissertation, Union Institute and Universtiy, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(9-B), 2006. pp. 5103. AAI3188544.

808. Sawyer, C. M. (2000). A survey of team members who participate in traumatic event group psychological debriefings dissertationIndiana University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9993546. (91244)

809. Schalow, P. (1999). Secondary traumatization and related variables in mental health professionals. (Doctoral Dissertation, Texas Tech University, 1999). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 60(4-B), Oct 1999. pp. 1871. AEH9925633.

810. Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. Psychology of Women Quarterly, 19, 49-64.

811. Schechter, L. R. (2008). From 9/11 to hurricane katrina: Helping others and oneself cope following disasters. Traumatology, 14(4), 38-47.

812. Scheeringa, M., & Zeanah, C. (2001). A relational perspective on PTSD in early childhood. Journal of Traumatic Stress, 14(4), 799-815.

813. Schetky, D. (2006). Forensic reflections through poetry. Journal of the American Academy of Psychiatry and the Law, 34(1), 105-109.

814. Schetky, D., & Benedek, E. (2002). Principles and practice of child and adolescent forensic psychiatry. American Psychiatric Publishing, Inc.

815. Schmitt, A. (1999). Sekundäre traumatisierungen im kinderschutz = secondary traumas in child protection. Praxis Der Kinderpsychologie Und Kinderpsychiatrie, 48(6), 411-424.

816. Schnyder, U. (2005). Psychothérapies pour les PTSD - une vue d'ensemble. Psychotherapies, 25(1), 39-52.

817. Schudson, M. (1989). The present in the past versus the past in the present. Communication, 11(2), 105-113.

818. Schupp, L. J. (2007). Assessing and treating trauma and PTSD. Eau Claire, WI: PESI HealthCare.

819. Schwam, K. (1998). The phenomenon of compassion fatigue in perioperative nursing. AORN Journal, 68(4), 642-648.

820. Schwartz, R. (2008). Working conditions and secondary traumatic stress dissertationYeshiva University). Retrieved from http://proquest.umi.com/pqdweb?did=1428864461&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92281)

821. Scott, W. (1998). Lost in our own saintliness: The home life of the trauma therapist. Treating Abuse Today, 8(1), 31-34.

822. Seeley, K. M. (2008). Therapy after terror: 9/11, psychotherapists, and mental health. New York: New York: Cambridge University Press.

823. Sellers, P., & Sharratt, S. (1999). Interview with patricia viseur-sellers, legal officer on gender issues. Women and Therapy, 22(1), 53-78.

824. Sexton, L. (1999). Vicarious traumatisation of counsellors and effects on their workplaces. British Journal of Guidance & Counselling, 27(3), 393-403.

825. Shackelford, K. K. (2006). Preparation of undergraduate social work students to cope with the effects of indirect

trauma dissertationUniversity of Mississippi). Retrieved from http://proquest.umi.com/pqdweb?did=1331395811&Fmt=7&clientId=4347&RQT=309&VName=PQD. (92160)

826. Shah, S. A., Garland, E., & Katz, C. L. (2007). Secondary traumatic stress: Prevalence in humanitarian aid workers in india. Traumatology, 13(1), 59-70.

827. Shamai, M., & Ron, P. (2009). Helping direct and indirect victims of national terror: Experiences of israeli social workers. Qualitative Health Research, 19(1), 42-54.

828. Shanafelt, T., West, C., Kolars, J., & Habermann, T. (2006). 'Relationship Between Increased Personal Well-Being and Enhanced Empathy Among Internal Medicine Residents': Reply. Journal of General Internal Medicine, 21(4), 402-402.

829. Shay, J. (1995). No escape from philosophy in trauma treatment and research. Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators (pp. 247-256). Stamm, Beth Hudnall (ed.). Secondary traumatic stress: self-care issues for clinicians, researchers, and educators, (pp. 247-256) Lutherville, Maryland: Sidran Press, 1995.

830. Shay, J. (2009). The trials of homecoming: Odysseus returns from Iraq/Afghanistan. Smith College Studies in Social Work, 79(3-4), 286-298.

831. Sheldon, T. (2000). The day the world blew up. Nursing times, 96(22), June 1.

832. Shepel, L. M. (2008). Potential triple jeopardy: A descriptive cross-sectional study of the impact of vicarious traumatization and secondary traumatic stress on aboriginal child welfare social workers dissertationSmith College School for Social Work). (Ph.D. dissertation) (92545)

833. Shlesinger, Y. (2006). Vicarious traumatization among interpreters who work with torture survivors and their therapists. (Doctoral Dissertation, Chicago School of Professional Psychology, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(11-B), 2006. pp. 6293. AAI3196278.

834. Shortt, J. W., & Pennebaker, J. W. (1992). Talking versus hearing about holocaust experiences. Basic and Applied Social Psychology, 13(2), 165-179.

835. Shubs, C. H. (2008). Treatment issues arising in working with victims of violent crime and other traumatic incidents of adulthood. Psychoanalytic Psychology, 25(1), 142-155.

836. Shubs, C. H. (2008a). Countertransference issues in the assessment and treatment of trauma recovery with victims of violent crime. Psychoanalytic Psychology, 25(1), 156-180.

837. Shubs, C. H. (2008b). Transference issues concerning victims of violent crime and other traumatic incidents of adulthood. Psychoanalytic Psychology, 25(1), 122-141.

838. Sider, N. (2006). Peacebuilders healing trauma: The journey from victim to survivor to provider. (Doctoral Dissertation, Union Institute and University, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 67(2-B), 2006. pp. 1208. AAI3206903.

839. Simon, B. (1993). Obstacles in the path of mental health professionals who deal with traumatic violations of human rights. International journal of law and psychiatry, 16(3-4), 427-440.

840. Simon, C. E., Pryce, J. G., Roff, L. L., & Klemmack, D. (2005). Secondary traumatic stress and oncology social work: Protecting compassion from fatigue and compromising the worker's worldview. Journal of Psychosocial Oncology, 23(4), 1-14.

841. Simonds, S. L. (1996). Vicarious traumatization in therapists treating adult survivors of childhood sexual abuse dissertationFielding Institute). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9702738. (90219)

842. Sinclair, H. A., & Hamill, C. (2007) Does vicarious traumatisation affect oncology nurses? A literature review. European Journal of Oncology Nursing, 11(4), 348-56.

843. sing, I. (2007). Vom konzept des verwundeten heilers zur sekundären traumatisierung = from the concept of the wounded healer to secondary traumatization. Zeitschrift Für Psychotraumatologie, 5(3), 2007.

844. Skitol, L. (2005). Afterimage: Film, Trauma, and the Holocaust. Psychoanalysis, Culture & Society, 10(2), 216-219.

845. Skovholt, T. M. (2000). The Resilient Practitioner: Burnout Prevention and Self-Care Strategies for Counselors, Therapists, Teachers, and Health Professionals. City: Allyn and Bacon.

846. Slattery, S. M. (2003). Contributors to secondary traumatic stress and burnout among domestic violence advocates: An ecological approach dissertationBoston College). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3103222. (91645)

847. Slattery, S. M., & Goodman, L. A. (2009). Secondary traumatic stress among domestic violence advocates: Workplace risk and protective factors. Violence Against Women, 15(11), 1358-1379.

848. Slover, C. (1998). The effects of repeated exposure to trauma on volunteer victim advocates. (Doctoral Dissertation, University of Northern Colorado, 1998). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 58(8-B), Feb 1998. pp. 4473. AAM9806139.

849. Smart, L. E. (2009). The provision of social support by adolescent youth and their subsequent risk for secondary traumatic stress reactions dissertationUniversity of Denver). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1898286461&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92696)

850. Smith, A. J. M. (2002). Onmacht en houvast: Posttraumatische stress en cliëntgerichte psychotherapie = [powerlessness and grip: Posttraumatic stress and client-centered psychotherapy]. ICODO-Info, 19(2), 18-30.

851. Smith, A. J. M., Kleijn, W. C., & Stevens, J. A. (2000). '...En wij proberen te luisteren...': Reacties van therapeuten op traumatische evaringen van hun patiënten = "...and we will try to listen...": Reactions of therapists to traumatic experiences of their patients. Tijdschrift Voor Psychotherapie, 26(5), 289-307.

852. Smith, A. J. M., Kleijn, W. C., & Stevens, J. A. (2001). De posttraumatische stress-stoornis: Bedrijfsrisico voor

behandlehaars?: Een onderzoek naar werkstress bij traumtherapeuten = posttraumatic stress disorder: An occupational risk for therapists?: Research findings of workstress in trauma therapists. Tijdschrift voor Psychiatrie, 43(1), 7-19.

853. Smith, A. J. M., Kleijn, W. C., & Stevens, J. A. (2001). Reactie op 'secundaire traumatisering en slaapstoonissen' van angeline donk. Tijdschrift voor Psychotherapie, 27(4), 320-322.

854. Smith, A. J. M., Kleijn, W. C., Trijsburg, R. W., & Hutschemaekers, G. J. M. (2007). How therapists cope with clients' traumatic experiences. Torture, 17(3), 203-215.

855. Smith, B. D. (2007). Sifting through trauma: Compassion fatigue and HIV/AIDS. Clinical Social Work Journal, 35(3), 193-198.

856. Smith, B., Agger, I., Danieli, Y., & Weisæth, L. (1996). Health activities across traumatized populations: Emotional responses of international humanitarian aid workers: The contribution of non-governmental organizations. New York: Baywood: Amityville.

857. Smith, D. B. (2006). The interpersonal impact of a history of individual sexual trauma in the couple system dissertationKansas State University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3234514. (92066)

858. Smith, P. (2009). Healthy Caregiving: A Guide To Recognizing And Managing Compassion Fatigue - Presenter's Guide Level 1. City: CreateSpace.

859. Smith, P. (2009). To Weep For A Stranger: Compassion Fatigue in Caregiving. City: CreateSpace.

860. Sneeder WH. You're the flight surgeon. Benign transient confusional state related to self-imposed and occupational stressors. Aviat Space Environ Med. 2000 Nov;71(11):1160-2. PMID: 11086676.

861. Solomon, Z. (1995). The pathogenic effects of war stress: The israeli experience. The Netherlands: Kluwer Academic Publishers: Dordrecht.

862. Solomon, Z. (2001). The impact of posttraumatic stress disorder in military situations. Journal of Clinical Psychiatry, 62(Suppl 17), 11-15.

863. Somer, E., Buchbinder, E., Peled-Avram, M., & Ben-Yizhack, Y. (2004). The stress and coping of israeli emergency room social workers following terrorist attacks. Qualitative health research, 14(8), 1077-1093.

864. Sommer, C. A. (2003). Vicarious traumatization and the role of supervision: An exploration of sexual violence counselors' stories dissertationSouthern Illinois University at Carbondale). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3100778. (91646)

865. Sommer, C., & Cox, J. (2005). Elements of supervision in sexual violence counselors' narratives: A qualitative analysis. Counselor Education and Supervision, 45(2), 119-134.

866. Sork, J. (2006). A study of health care professionals' experiences of witnessed suffering. (Doctoral Dissertation, University of British Columbia, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(12-B), 2006. pp. 6523. AAINR10569.

867. Specht, J. (2006). Parental strategies for addressing children's responses arising from vicarious exposure to acts of terrorism. (Doctoral Dissertation, University of Wisconsin – Milwaukee, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 67(3-B), 2006. pp. 1717. AAI3208859.

868. Spellmann, M. E. (1993). Direct and vicarious trauma and beliefs as predictors of PTSD dissertationYeshiva University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9328582. (90590)

869. Sprang, G. (1999). Post-disaster stress following the oklahoma city bombing: An examination of three community groups. Journal of Interpersonal Violence, 14(2), 169-183.

870. Sprang, G. (2000). Coping strategies and traumatic stress symptomatology following the oklahoma city bombing. Social Work and Social Sciences Review, 8(2), 207-218.

871. Sprang, G. (2001). Vicarious stress: Patterns of disturbance and use of mental health services by those indirectly affected by the oklahoma city bombing. Psychological reports, 89(2), 331-338.

872. Sprang, G. (2003). The psychological impact of isolated acts of terrorism. England: Wiley: Chichester.

873. Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional quality of life. Journal of Loss and Trauma, 12 (3), 259-280.

874. Sproul, J. M. (1987). The treatment of trauma victims and depression in clinicians dissertationUniversity of Virginia). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/8819834. (90844)

875. Srour, R. W., & Srour, A. (2006). Communal and familial war-related stress factors: The case of the palestinian child. Journal of Loss and Trauma, 11(4), 289-309.

876. Stalker, C. A., Palmer, S. E., Wright, D. C., & Gebotys, R. (2005). Specialized inpatient trauma treatment for adults abused as children: A follow-up study. American Journal of Psychiatry, 162(3), 552-559.

877. Stamm, B. H. & Hudnall, A. (2006). Telecommuting to Support Workers in Disasters. In R. J. Sternberg & L. Barbanel (Eds.). Psychologists Responding to Disaster (pp. 99-118). New York: Springer Publishing Co., Inc.

878. Stamm, B. H. (??CHECK) Compassion Satisfaction and Fatigue Instrument, In Buchholz, S. & Schwartz, K. The Nurse's Spiritual Self. In K. Mauk & N. Schmidt (Eds.) Spiritual Care in Nursing (2003). Philadelphia: Lippincott, Williams, & Wilkins.

879. Stamm, B. H. (1995). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators. Maryland: Sidran Press: Lutherville.

880. Stamm, B. H. (1997). Work-related secondary traumatic stress (reprint). Anxiety Disorders Association of America Reporters, Summer/Fall.

881. Stamm, B. H. (1997). Work-related secondary traumatic stress. PTSD Research Quarterly, 8(2), 1-6.

882. Stamm, B. H. (1999) Creating virtual community: Telehealth and self-care updated. In B. H. Stamm (Ed.), Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, and Educator (2nd ed.) (pp. 179-210). Baltimore: Sidran Press.

883. Stamm, B. H. (1999). Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers and Educators (2nd ed.). Baltimore: Sidran Press

884. Stamm, B. H. (2002). Measuring compassion satisfaction as well as fatigue: Developmental history of the compassion satisfaction and fatigue test. Figley, Charles R (ed.). Treating compassion fatigue, (pp 107-119) New York: New York: Brunner-Routledge.

885. Stamm, B. H. (2002). Terrorism risks in rural and frontier America. IEEE Engineering in Medicine and Biology, 2, 100-111.

886. Stamm, B. H. (2006). Recruitment and Retention of a Quality Health Workforce in Rural Areas. Number 10: Health Care Administration, An issue paper from NRHA. National Rural Health Association (2006). National Rural Health Association Issue Paper: Recruitment and Retention Of A Quality Health Workforce in Rural Areas Number 15: Issues of Preserving Rural Professional Quality of Life. Approved by NRHA Policy Board, Author: B. H. Stamm.

887. Stamm, B. H. (2006). The Professional Quality of Life Scales: A Measurement for Caregivers to Assess the Positive and Negative Aspects of Work in the Field. p 16-19. The Dialogue: A quarterly technical assistance bulletin on disaster mental health, Winter. Rockville, MD: U. S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. Retrieved March 3, 2006 http://www.mentalhealth.samhsa.gov/media/ken/pdf/ dtac/dialoguewinter2006.pdf.

888. Stamm, B. H. (2008). The ProQOL Test Manual, 2nd Ed. Baltimore: Sidran Press and the ProQOL.org.

889. Stamm, B. H. (2008). The ProQOL. www.proqol.org.

890. Stamm, B. H. (Ed). (1995). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators. Baltimore: Sidran Press.

891. Stamm, B. H., & Pearce, F. W. (1995). Creating virtual community: Telemedicine and self care. Maryland: Sidran Press: Lutherville.

892. Stamm, B. H., Higson-Smith, C., & Hudnall, A. C. (2004). The Complexities of Working with Terror. In D. Knafo (Ed.), Living with terror, working with terror: A Clinician's Handbook (pp. 369-395). Northvale, NJ: J.Aronson.

893. Stamm, B. H., Larsen, D., & Davis, K. (2004). Measuring the Effect of Telehealth on Professional Quality of Life. American Telemedicine Association. Tampa, FL. Telemedicine Journal and e-Health. May 2004, 10(supplement 1): 79-91.

894. Stamm, B. H., Stamm, H. E., Hudnall, A. C., & Higson-Smith, C. (2004). Considering a theory of cultural trauma and loss. Journal of Loss and Trauma, 9(1), 89-111.

895. Stamm, B. H., Tuma, F., Norris, F. H., Piland, N. F., van der Hart, O., Fairbank, J. A., et al. (2004). The Terror Part of Terrorism: The Role of Human Infrastructure in Terrorism Risks and Responding. IEEE Engineering in Medicine and Biology, 23, 149-161.

896. Stamm, B. H., Varra, E. M., Pearlman, L. A., & Giller, E. (2002). The helper's power to heal and to be hurt, or helped by trying. Washington, DC: Register Report: A Publication of the National Register of Health Service Providers in Psychology.

897. Stamm, B., & Cunningham, B. (2005). The education part of telehealth. Education for Health: Change in Learning & Practice, 18(3), 427-431. Retrieved Wednesday, January 10, 2007 from the PsycINFO .

898. Stamm, B.H. (1997). Work-related Secondary Traumatic Stress (reprint). Anxiety Disorders Association of America Reporter Summer/Fall.

899. Stamm, B.H. (2001, Nov). September 11, 2001: A Tragic Reminder of the Importance of Caring for the Caregiver. American Psychological Association: Public Service Psychology (Div. 18).

900. Stamm, B.H. (2005). The ProQOL Manual: The Professional Quality of Life Scale: Compassion Satisfaction, Burnout & Compassion Fatigue/Secondary Trauma Scales. Baltimore, MD: Sidran Press.

901. Stamm, B.H. (Ed.) (1995). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators. Lutherville, MD: Sidran Press.

902. Stamm, B.H. (Ed.) (1996). Measurement of trauma, stress and adaptation. Lutherville, MD: Sidran Press.

903. Stamm, B.H. (Ed.) (1999). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators, 2nd Edition,. Lutherville, MD: Sidran Press.

904. Stamm, B.H. (Ed.) (2002). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators, 2nd Edition; German Edition,. Authorized by Towson, MD: Sidran Press.

905. Stamm, B.H. (Ed.) (2003). Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators, 2nd Edition; Japanese Edition,. Authorized by Towson, MD: Sidran Press.

906. Stamm, B.H., Varra, E.M., Pearlman, L.A., & Giller, E. (2002) The Helper's Power to Heal and To Be Hurt - Or Helped - By Trying. Washington, DC: Register Report: A Publication of the National Register of Health Service Providers in Psychology http://www.isu.edu/~bhstamm/tests/S_VT%20One%20 Page%20Handout.pdf.

907. Stearns, S. D. (1993). Psychological distress and relief work: Who helps the helpers? Refugee Participation Network, 15, 3-8.

908. Stebnicki, M. A. (2007). Empathy fatigue: Healing the mind, body, and spirit of professional counselors. American Journal of Psychiatric Rehabilitation, 10(4), 317-338.

909. Stebnicki, M.A. (2008).Empathy Fatigue: Healing the Mind, Body, and Spirit of Professional Counselors . City: Springer Publishing Company.

910. Steed, L. G., & Bicknell, J. (2001). Trauma and the therapist: The experience of therapists working with the perpetrators of sexual abuse. Australasian Journal of Disaster and Trauma Studies, 2001(1)

911. Steed, L. G., & Downing, R. (1998). A phenomenological study of vicarious traumatisation amongst psychologists and professional counsellors working in the field of sexual abuse/assault. Australasian Journal of Disaster and Trauma Studies, 1998(2) Retrieved from http://www.massey.ac.nz/~trauma/issues/1998-2/steed.htm

912. Steed, L., & Downing, R. (1998). A phenomenological study of vicarious traumatisation amongst psychologists and professional counsellors working in the field of sexual abuse/assault. Australasian Journal of Disaster and Trauma Studies, 2(2).

913. Steele, K. (1991). Sitting with the shattered soul. Treating Abuse Today, 1(1), 12-15.

914. Steinberg, A. (1998). Understanding the secondary traumatic stress of children. Florida: CRC Press: Boca Raton.

915. Stevens-Guille B. (2003). Compassion fatigue: who cares for the caregivers? The key to recovery. Alberta RN, 59(7), 18-9.

916. Stewart, D.W., (2009). Casualties of war: compassion fatigue and health care providers. MedSurg Nursing, (18), 2, 91-96.

917. Stoler, L. (2002). Researching childhood sexual abuse: Anticipating effects on the researcher. Feminism & Psychology, 12(2), 269-274.

918. Strom-Gottfried, K., & Mowbray, N. (2006). Who Heals the Helper? Facilitating the Social Worker's Grief. Families in Society, 87(1), 9-15.

919. Sullivan, L. L. (2003). Staff development and secondary traumatic stress among AIDS staff dissertationYeshiva University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3136129. (91779)

920. Summit, R. C. (1983). The child sexual abuse accommodation syndrome. Child Abuse and Neglect, 7(2), 177-193.

921. Suozzi, J. M., & Motta, R. W. (2004). The relationship between combat exposure and the transfer of trauma-like symptoms to offspring of veterans. Traumatology, 10(1), 17-37.

922. Surhone, L.M., Tennoe, M.T. & Henssonow, S.F. (2010). Vicarious Traumatization. City: Betascript Publishing.

923. Sutton, L. R. (2007). Counselor emotional expression through written essays: Mitigating effects on vicarious traumatization dissertationUniversity of Northern Colorado). Retrieved from http://proquest.umi.com/pqdweb?did=1400967831&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92246)

924. Swain, S. (2009). Trinity, trauma and transformation: A trinitarian pastoral theology reflected in the experience of the chaplains at the 9/11 temporary mortuary at ground zero dissertationUnion Theological Seminary). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1900251191&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92697)

925. Swanepoel, A. C. (1994). The educationist psychologist as the evaluator of the validity of the testimony of the six- to eight-year-old sexually abused child dissertationUniversity of Pretoria (South Africa)). (90604)

926. Taubman-Ben-Ari, O., & Weintroub, A. (2008). Meaning in life and personal growth among pediatric physicians and nurses. Death Studies 32(7), 621-45.

927. Teegen, F., & Gönnenwein, C. (2002). Posttraumatische belastungsstörungen bei dolmetschern für flüchtlinge = posttraumatic stress disorder of interpreters for refugees. Verhaltenstherapie und Verhaltensmedizin, 23(4), 419-436.

928. Tennant, C. (2001). Work-related stress and depressive disorders. Journal of psychosomatic research, 51(5), 697-704.

929. Terr, L. (1985). Psychic trauma in children and adolescents. Psychiatric Clinics of North America, 8(4), 815-835.

930. Terry, M. (1995). Kelengakutelleghpat: An Arctic community-based approach to trauma. Secondary traumatic stress: Self-care issues for clinicians, researchers, and educators (pp. 149-178). The Sidran Press.

931. Thomas, B. J. (2007). The relationship between affect balance, self-care behavior, and secondary traumatic stress reactions dissertationFielding Graduate University). Retrieved from http://proquest.umi.com/pqdweb?did=1372037281&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92170)

932. Thomas, J. L., Adler, A. B., & Castro, C. A. (2005). Measuring operations tempo and relating it to military performance. Military Psychology, 17(3), 137-156.

933. Thomas, J. L., Adler, A. B., Wittels, P., Enne, R., & Johannes, B. (2004). Comparing elite soldiers' perceptions of psychological and physical demands during military training. Military Medicine, 169(7), 526-530.

934. Thomas, J. L., Dickson, M. W., & Bliese, P. D. (2001). Values predicting leader performance in the U.S. Army Reserve Officer Training Corps Assessment Center: Evidence for a personality-mediated model. The Leadership Quarterly, 12, 181-196.

935. Thomas, R. B., & Wilson, J. P. (2004). Issues and controversies in the understanding and diagnosis of compassion fatigue, vicarious traumatization, and secondary traumatic stress disorder. International Journal of Emergency Mental Health, 6(2), 81-92.

936. Thompson, S. (2003). Vicarious Traumatisation: Do We Adequately Support Traumatised Staff?. Journal of Cognitive Rehabilitation, 21(3), 24-25.

937. Ting, L., Jacobson, J. M., & Sanders, S. (2008). Available supports and coping behaviors of mental health social workers following fatal and nonfatal client suicidal behavior. Social Work, 53(3), 211-221.

938. Ting, L., Jacobson, J., Sanders, S., Bride, B., & Harrington, D. (2005). The Secondary Traumatic Stress Scale (STSS): Confirmatory factor analyses with a national sample of mental health social workers. Journal of Human Behavior in the Social Environment, 11(3), 177-194.

939. Town, M.A. (2004). Is compassion fatigue an issue for judges?(Stresslines) Florida Bar News, 31, 11 26.

940. Townsend, S. (2006). Organizational correlates of secondary traumatic stress and burnout among sexual assault nurse examiners. (Doctoral Dissertation, University of Illinois at Chicago, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(12-B), 2006. pp. 6961. AAI3099893.

941. Trippany, R. (2001). Predictors of vicarious traumatization: Female therapists for adult survivors versus female therapists for child survivors of sexual victimization. (Doctoral Dissertation, University of Alabama, 2001). Dissertation Abstracts International Section A: Humanities and Social Sciences, Vol 62(3-A), Sep 2001. pp. 926. AAI3008569.

942. Trippany, R. L., Wilcoxon, S. A., & Satcher, J. F. (2003). Factors influencing vicarious traumatization for therapists of survivors of sexual victimization. Journal of Trauma Practice, 2(1), 47-60.

943. Trippany, R., Kress, V., & Wilcoxon, S. (2004). Preventing Vicarious Trauma: What Counselors Should

Know When Working With Trauma Survivors. Journal of Counseling & Development, 82(1), 31-37.

944. Troxell, R. M. (2008). Indirect exposure to the trauma of others: The experiences of 9-1-1 telecommunicators dissertationUniversity of Illinois at Chicago). (D.P.H. dissertation.) Retrieved from http://proquest.umi.com/pqdweb?did=1619485531&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92498)

945. Truman, B. M. (1996). Secondary traumatization, counselor's trauma history, and styles of coping dissertationUniversity of Memphis). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9705708. (90237)

946. Tucker, J. S., Sinclair, R. R., & Thomas, J. L. (2005). The multilevel effects of occupational stressors on soldiers' well-being, organizational attachment, and readiness. Journal of Occupational Health Psychology, 10(3), 276-299.

947. Turner, S. D. (2009). Exploring resilience in the lives of women leaders in early childhood health, human services, and education dissertationOregon State University). (Ph.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1917903911&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92701)

948. Tyson, J. (2007). Compassion fatigue in the treatment of combat-related trauma during wartime. Clinical Social Work Journal, 35(3), 183-192.

949. Tyssen, R., Vaglum, P., Grønvold, N. T., & Ekeberg, Ø. (2000). The impact of job stress and working conditions on mental health problems among junior house officers. A nationwide Norwegian prospective cohort study. Medical Education, 34(5): 374-384

950. U. S. Army Medical Department (2003, December 16). Operation Iraqi Freedom Mental Health Advisory Team (MHAT) report chartered by U.S. Army Surgeon General and HQDA G-1. Retrieved from http://www.armymedicine.army.mil/reports/mhat/mhat/mhat_report.pdf

951. U. S. Army Medical Department (2008, March 6). Mental Health Advisory Team V (MHAT-V) Report from Operation Iraqi Freedom, chartered by U.S. Army Surgeon General. Retrieved from http://www.armymedicine.army.mil/reports/mhat/mhat_v/MHAT_V_OIFandOEF-Redacted.pdf

952. Ubogy, S. G. (2003). Empathic exhaustion and its impact on the intimate lives of psychotherapists dissertationCalifornia Institute of Integral Studies). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3078804. (91588)

953. Ueda, T. (2006). A study of gender factor of secondary traumatization in police officers. Japanese Journal of Traumatic Stress, 4(2), 75-83.

954. Underwood, M., & Kalafat, J. (2002). Crisis intervention in a new context: New Jersey post-September 11, 2001. Brief Treatment and Crisis Intervention, 2(1), 75-83.

955. Unger, K. B. (1994). Mitigating posttraumatic stress disorder. Western Journal of Medicine, 160(1), 56-57.

956. Urquiza, A. J., Wyatt, G. E., & Goodlin-Jones, B. L. (1997). Clinical interviewing with trauma victims: Managing interviewer risk. Journal of Interpersonal Violence, 12(5), 759-772.

957. Valent, P. (1995) Survival strategies: A framework for understanding secondary traumatic stress and coping in helpers. In C. R. Figley (Ed.), Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized (pp. 21-50). New York: Brunner/Mazel.

958. Valent, P. (2002) Diagnosis and treatment of helper stresses, traumas, and illnesses. In C. R. Figley (Ed.), Treating compassion fatigue (pp. 17-37). New York: Brunner-Routledge.

959. Van De Water, R. (1996). Vicarious traumatization of therapists: The impact of working with trauma survivors. (Doctoral Dissertation, Boston University, 1996). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 57(3-B), Sep 1996. pp. 2168. AAM9622595

960. Van der Ploeg, E., Dorresteijn, S. M., & Kleber, R. J. (2003). Critical incidents and chronic stressors at work: Their impact on forensic doctors. Journal of occupational health psychology, 8(2), 157-166.

961. Van der Veer, G. (1992). The consequences of working with refugees for the helping professional. England: Wiley: Chichester.

962. Van Dernoot-Lipsky, L. & Burk, C. (2009). Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others. City: Berrett-Koehler Pubilshers.

963. Van Minnen, A., & Keijsers, G. P. J. (2000). A controlled study into the (cognitive) effects of exposure treatment on trauma therapists. Journal of Behavior Therapy and Experimental Psychiatry, 31(3-4), 189-200.

964. Van Minnen, A., Kroon, A., & Keijsers, G. P. J. (1998). Gevolgen voor therapeuten bij de behandeling van posttraumatische stress-stoornis = [consequences for therapists in the treatment of post-traumatic stress disorder]. Tijdschrift voor Psychotherapie, 24(4), 217-230.

965. Van Tuinen-Youngs, E. (2005). Secondary traumatic stress and countertransference in the trauma therapist: A comparative analysis dissertationChicago School of Professional Psychology). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3215604. (92017)

966. van Wijk C. Factors influencing burnout and job stress among military nurses.Mil Med. 1997 Oct;162(10):707-10. PMID: 9339089.

967. Vanbergeijk, E. O., & Sarmiento, T. L. L. (2006). The consequences of reporting child maltreatment: Are school personnel at risk for secondary traumatic stress? Brief Treatment and Crisis Intervention, 6(1), 79-98.

968. Vandeusen, K. M., & Way, I. (2006). Vicarious trauma: An exploratory study of the impact of providing sexual abuse treatment on clinicians' trust and intimacy. Journal of Child Sexual Abuse, 15(1), 69-85.

969. VanDeusen, K., & Way, I. (2006). Vicarious Trauma: An Exploratory Study of the Impact of Providing Sexual Abuse Treatment on Clinicians' Trust and Intimacy. Journal of Child Sexual Abuse, 15(1), 69-85.

970. Varner, J. M. (2004) ASNA independent study activity--compassion fatigue. Alabama Nursing 31(1), 30.

971. Vassons, S. (2006). C-head wellness corner: Compassion fatigue. International Journal of Humanities and Peace. (22) 1, 89.

972. Veeninga, A. (2006). Beroering over 'secundaire traumatisering', Een storm in een glas water? [Conflicting opinions concerning secondary traumatisation: A storm in a glass]. Cogiscope, 2(2), 2-4.

973. Veilleux, N., Moro, M. R., Leplomb, M., & Baubet, T. (2004). Trauma extrême et deuil: Prise en charge psychothérapique en situation de guerre = extreme trauma and loss: Psychotherapy during wartime. Revue Francophone du Stress et du Trauma, 4(4), 265-270.

974. Versola-Russo, J. (2005). Workplace violence: Vicarious victims of trauma in the psychiatric setting. (Doctoral Dissertation, Capella University, 2005). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 65(8-B), 2005. pp. 4308. AAI3144303.

975. Versola-Russo, J. M. (2005). Vicarious victims of trauma: A literature review. Journal of Police Crisis Negotiations, 5(2), 59-80.

976. Versola-Russo, J. M. (2006). Workplace violence: Vicarious trauma in the psychiatric setting. Journal of Police Crisis Negotiations, 6(2), 79-103.

977. Vio, C., & Saiz Vidallet, J. L. (2007). Examen psicométrico de la escala de estrés traumático secundario: Un estudio en profesionales chilenos = psychometric examination of the secondary traumatic stress scale: A study on chileans professionals. Psicología Conductual, 15(3), 441-456.

978. Violanti, J. M., & Gehrke, A. (2004). Police trauma encounters: Precursors of compassion fatigue. International Journal of Emergency Mental Health, 6(2), 75-80.

979. Violanti, J., & Gehrke, A. (2004). Police Trauma Encounters: Precursors of Compassion Fatigue. International Journal of Emergency Mental Health, 6(2), 75-80.

980. Viseur-Sellers, P., & Sharratt, S. (1999). Interview with patricia viseur-sellers, legal officer on gender issues. Women and Therapy, 22(1), 53-78.

981. Vrklevski, L. P., & Franklin, J. (2008). Vicarious trauma: The impact on solicitors of exposure to traumatic material. Traumatology, 14(1), 106-118.

982. Wade, K., Beckerman, N., & Stein, E. J. (1996). Risk of posttraumatic stress disorder among AIDS social workers: Implications for organizational response. Clinical Supervisor, 14(2), 85-97.

983. Wagner, D., Heinrichs, M., & Ehlert, U. (1998). Prevalence of symptoms of posttraumatic stress disorder in german professional firefighters. American Journal of Psychiatry, 155(12), 1727-1732.

984. Wahlen, S. D. (1997). Secondary victimization among learners of violence issues. Journal of Aggression, Maltreatment and Trauma, 1(2), 307-319.

985. Walton, D. T. (1997). Vicarious traumatization of therapists working with trauma survivors: An investigation of the traumatization process including therapists' empathy style, cognitive schemas and the role of protective factors. (Doctoral dissertation, Temple University, 1997). DAI-B 58/03, p. 1552, Sep 1997. AAT 9724295

986. Warren, T., Lee, S. C., & Saunders, S. M. (2003). Factors influencing experienced distress and attitude toward trauma by emergency medicine practitioners. Journal of Clinical Psychology in Medical Settings, 10(4), 293-296.

987. Wasco, S., & Campbell, R. (2002). Emotional reactions of rape victim advocates: A multiple case study of anger and fear. Psychology of Women Quarterly, 26(2), 120-130.

988. Wassel ML. A stress management incentive program for nursing staff during Operation Desert Storm. AAOHN J. 1993 Aug;41(8):393-5. PMID: 8397556.

989. Way, I., VanDeusen, K., & Cottrell, T. (2007). Vicarious trauma: Predictors of clinicians' disrupted cognitions about self-esteem and self-intimacy. Journal of Child Sexual Abuse, 16(4), 81-97.

990. Way, I., vanDeusen, K., Martin, G., Applegate, B., & Jandle, D. (2004). Vicarious trauma: A comparison of clinicians who treat survivors of sexual abuse and sexual offenders. Journal of Interpersonal Violence, 19(1), 49-71.

991. Weaks, K. A. (1999). Effects of treating trauma survivors: Vicarious traumatization and style of coping dissertationTexas Woman's University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9944511. (91196)

992. Weaver, T., Chard, K., & Resick, P. (1998). Issues in treating rape and sexual assault. Treating complex cases: The cognitive behavioural therapy approach (pp. 377-398). John Wiley & Sons Ltd.

993. Webb, K. (2006). 'Talk to Someone Who Cares, Why Don't You?': Psychotherapists Experiencing Distress. PsycCRITIQUES, 51(31).

994. Webber, J., Bass, D., & Yep, R. (2005). Terrorism, trauma, and tragedies: A counselor's guide to preparing and responding. American Counseling Association.

995. Wee, D. F., & Myers, D. G. (2002). Stress response of mental health workers following disaster: The Oklahoma City bombing. In C. R. Figley (Ed.), Treating compassion fatigue (pp. 57-83). New York: Brunner-Routledge

996. Wee, D. F., & Myers, D. G. (2003). Compassion satisfaction, compassion fatigue, and critical incident stress management. International Journal of Emergency Mental Health, 5(1), 33-37.

997. Wegner, D.E. & Harowski, K.J. (2003). Essentials of Crisis Counseling and Intervention. City: Wiley.

998. Weidmann, A. (2008). Primäre und sekundäre traumatisierung: Ein berufsrisiko für journalisten?: Überblick zum stand der forschung = primary and secondary trauma: A professional hazard for journalists?: A review of the empirical literature. Trauma Und Gewalt, 2(3), 234-245.

999. Weinberg, H., Nuttmann-Schwartz, O., & Gilmore, M. (2005). Trauma groups: An overview. Group Analysis, 38(2), 187-202.

1000. Weiss, D. (1996). Psychometric review of the Impact of Events Scale—Revised. In B. H. Stamm (Ed.). Measurement of stress, trauma, and adaptation. Lutherville, MD: Sidran Press.

1001. Welton, R. S., & Blackman, L. R. (2006). Suicide and the air force mental health provider: Frequency and impact. Military Medicine, 171(9), 844-848.

1002. Wertz, C. A. (2001). Vicarious traumatization: The relationship of absorption, emotional empathy and exposure to traumatized clients to PTSD symptom-like behavior in therapists. (Doctoral dissertation, Clark University, 2000). DAI-B 61/09, p. 5013, Mar 2001. AAT 9988060

1003. Wertz, C. A. (2000). Vicarious traumatization: The relationship of absorption, emotional empathy and exposure to traumatized clients to PTSD symptom-like behavior in therapists dissertationClark University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9988060. (91255)

1004. Whealin, J. M., Batzer, W. B., Morgan, C. A., Detwiler, H. F., Schnurr, P. P., & Friedman, M. J. (2007). Cohesion, burnout, and past-trauma in tri-service medical and support personnel. Military Medicine, 172(3), 266-272.

1005. White, G. D. (1998). Trauma treatment for Bosnian and Croatian mental health workers. American Journal of Orthopsychiatry, 68(1), 58-62.

1006. White, G. D. (2001). Near ground zero: Compassion fatigue in the aftermath of september 11. Traumatology, 7(4), 169-172.

1007. White, G. D. (2002). Trauma treatment training for bosnian and croatian mental health workers. In C. R. Figley (Ed.) Treating Compassion Fatigue (pp. 171-180). New York: Brunner-Routledge.

1008. White, S. D. (2001). A microethnography of secondary traumatic stress in hospice culture dissertationFlorida State University). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3014366. (91308)

1009. White, T. L. (2006). An investigation into vicarious traumatization, secondary traumatic stress, and burnout across groups in the helping professions dissertationUniversity of Memphis). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3230976. (92072)

1010. Wicks, R. J. (2006). Overcoming secondary stress in medical and nursing practice: A guide to professional resilience and personal well-being. New York: Oxford University Press.

1011. Wicks, R.J.J. (2007). The resilient clinician. New York: Oxford University Press.

1012. Williams, M. B., & Nuss, S. G. (2002). Developing and maintaining a psychoeducational group for persons diagnosed as DID/MPD/DDNOS. New York: Haworth Press: Binghamton.

1013. Williams, M. B., & Sommer, J. F. (1995). Self-care and the vulnerable therapist. Maryland: Sidran Press: Lutherville.

1014. Williams, M. B., Sommer, J. F., Stamm, B. H., & Harris, C. J. (1994). Ethical considerations in trauma treatment, research, publication, and training. Connecticut: Greenwood Press: Westport.

1015. Williams, M., & Gindlesperger, S. (1996). Developing and maintaining a psycho-educational group for persons diagnosed as DID/MPD/DDNOS. Dissociation: Progress in the Dissociative Disorders, 9(3), 210-220.

1016. Wilson, J. P. (2004). Empathic strain, compassion fatigue and countertransference in the treatment of trauma and PTSD. Maryland: Jason Aronson: Lantham.

1017. Wilson, J. P., & Thomas, R. B. (2004). Empathy in the treatment of trauma and PTSD. New York: Brunner-Routledge.

1018. Wilson, S. (2006). The effect of vicarious traumatization on trainees' counseling self-efficacy. (Doctoral Dissertation, University of Oregon, 2006). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 66(9-B), 2006. pp. 5111. AAI3190555.

Witterholt, S., & Jaranson, J. M. (1998). Caring for victims on site: Bosnian refugees in Croatia Washington: American Psychiatric Press.

1019. Witterholt, S., & Jaranson, J. M. (1998). Caring for victims on site: Bosnian refugees in croatia. Jaranson, James M; Popkin, Michael K (ed.). Caring for victims of torture (1st ed.), (pp 243-252) Washington: Washington: American Psychiatric Press.

1020. Wood, H. (2009). Prevention of secondary traumatization: A manual for training psychology graduate students dissertationAlliant International University, San Francisco Bay). (Psy.D. dissertation) Retrieved from http://proquest.umi.com/pqdweb?did=1793536721&sid=1&Fmt=2&clientId=4347&RQT=309&VName=PQD. (92604)

1021. Woodall, S. J. (1998). Ask not why the wounded fall, but how the valiant continue to march: New theory on work-related stress management in the fire service dissertationFielding Institute). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/9907671. (91031)

1022. Woodward, L. E. (2003). Empathy and interpersonal style: A mediational model of secondary traumatic stress symptomology dissertationUniversity of Louisville). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3089525. (91591)

1023. Woodward, L. E., Murrell, S. A., & Bettler, R. F. (2005). Empathy and interpersonal style: A mediational model of secondary traumatic stress symptomology following 9/11. Journal of Aggression, Maltreatment and Trauma, 11(4), 1-27.

1024. Worley, C. A. (2005) The art of caring: compassion fatigue. Dermatology Nursing 17(6), 416.

1025. Wortman, C. B., Carnelley, K. B., Lehman, D. R., Davis, C. G., & Exline, J. J. (1995). Coping with the loss of a family member: Implications for community-level research and intervention. The Netherlands: Kluwer Academic Publishers: Dordrecht.

1026. Wrenn, L. J. (2005). The relationship between personal trauma exposure and secondary traumatic stress for social workers dissertationLoyola University Chicago). Retrieved from http://wwwlib.umi.com/dissertations/fullcit/3174273. (91893)

1027. Wright, K. M., Thomas, J. L., Adler, A. B., Ness, J. W., Hoge, C. W., & Castro, C. A. (2005). Psychological screening procedures for deploying U.S. forces. Military Medicine, 170(7), 555-562.

1028. Wylie, M. S. (1996). Going for the cure. Family Therapy Networker, 20(4), 20-37.

1029. Yamashita, Y., Ito, M., Shimazaki, J., Sasagawa, M., & Konishi, T. (2004). Mental health of public health nurses in the respect to the influences of secondary traumatic stress. Japanese Journal of Traumatic Stress, 2(2), 75-87.

1030. Yassen, J. (1995). Preventing secondary traumatic stress disorder. Figley, Charles R (ed.). Compassion fatigue: coping with secondary traumatic stress disorder in those who treat the traumatized, (pp 178-208) New York: New York: Brunner/Mazel.

1031. Yassen, J. (2002) Preventing secondary traumatic stress disorder. In C. R. Figley (Ed.), Compassion fatigue:

Coping with secondary traumatic stress disorder in those who treat the traumatized (pp. 178-206). New York: Brunner/Mazel.

1032. Young, C. (2000). Vicarious traumatization in psychotherapists who work with physically or sexually abused children. (Doctoral Dissertation, California School of Professional Psychology, 2000). Dissertation Abstracts International: Section B: The Sciences and Engineering, Vol 60(9-B), Apr 2000. pp. 4918. AAI9945867.

1033. Ziegler, M., & McEvoy, M. (2000). Hazardous terrain: Countertransference reactions in trauma groups. Klein, Robert H; Schermer, Victor L (ed.). Group

psychotherapy for psychological trauma, (pp 116-137) New York: New York: Guilford Press.

1034. Zimmerman, G., & Weber, W. (2000). Care for the caregivers: A program for Canadian military chaplains after serving in NATO and United Nations peacekeeping missions in the 1990s. Military Medicine, 165(9), 687-690.

1035. Zinner, E. S., & Williams, M. B. (1999). Summary and incorporation: A reference frame for community recovery and restoration. Zinner, Ellen S; Williams, Mary Beth (ed.). When a community weeps: case studies in group survivorship, (pp 237-254) Philadelphia: Philadelphia: Brunner/Mazel.

SECTION 11: FREQUENTLY ASKED QUESTIONS

Q: I understand that the ProQOL 5 is the current version of the Compassion Fatigue Self Test or the Compassion Satisfaction and Fatigue Test. What happens to the old tests?

A: The ProQOL is the current version of the earlier tests. The scales are the same and the "tone" of the measure is the same across the versions. The new version it is a much better test. It is more psychometrically sound, and it is shorter reducing the burden on the test taker. Additional information can be found in the ProQOL manual (www.proqol.org).

Q: Can I compare the ProQOL 5 to previous versions?

A: Yes. Starting with the ProQOL 5 scores are reported in standardized format, using a t-score. This allows you to compare across versions of the ProQOL simply by standardizing those scores. More information about standardizing scores is found in the ProQOL manual under scoring.

Q: Why did start using a standardized score?

A: Standardized scores have multiple advantages. The greatest advantage is for the test taker. With the raw score format, the numbers on each scale meant something different. A 23 on one scale was not equivalent to a 23 on another. By using a standardized score, scores across the scales can be interpreted the same. The mean is 50 and the standard deviation is 10, regardless of the scale.

Q: How do I calculate the standardized scores?

A: There are several methods depending on what works best for you. There is computer code on the ProQOL manual. There is also a table that you can look up scores. For applications when you do not need a great deal of information, you can use the self score version.

Q: May I use the ProQOL?

A: Yes. We encourage people to use the measure. The permission you need to use the measure is on the test itself in the footer.

Q: Do I have to pay for the ProQOL?

A: That depends. We have intentionally kept the ProQOL available at no or low cost in order to make it easy to use for anyone, anywhere in the world. The choice is up to you. If you would like to collect the materials up yourself, you can do that for free. If you would like to have them delivered to you in an organized package, Sidran will do that for you.

- For Free: You may download the measure and other information about it for free from www.proqol.org.

- At Cost: Through an agreement with the non-profit/charity organization The Sidran Foundation (www.sidran.org), the ProQOL and materials are available for a small charge to cover the costs of handling. You can access the measure directly at http://www.sidran.org/catalog/ProQOL.html.

Q: May I make copies the measure?

A: The permission that you need is in the copyright agreement at the bottom of the measure. You may use the measure freely as long as (a) author is credited, (b) no changes are made, and (c) it is not sold.

Q: May I reformat the ProQOL?

A: You may reformat the measure to fit with your needs. Please make sure to keep the content the same.

Q: May I change the ProQOL to better match the people that I am working with?

A: Yes. We tried to use the most generic form of address we could find, "helper" but we recognize that this is not suitable for everyone. Thus, we include permission to replace the word helper and its derivatives with words that are more suited for your group. You will note on the measure that the terms are in bracket and italicized. You may replace the bracketed term with one that is more suitable for your group. If you are working with teachers, for example, you may want to replace helper with teacher and help with teach. For nurses, replace the word helper with nurse and help with nurse. For attorneys, replace the word helper with attorney and help with represent and so forth. You do not need to seek special permission to make these changes.

Q: How is the ProQOL typically used?

A: People typically use the ProQOL one of three ways

- For research studies.

- To monitor the professional quality of life among staff at an organization like a state's social wokers or group such as aid workers.

- To self-monitor one's status for personal interest.

Q: Who is the "target" of the ProQOL?

A: While therapists were the original target, the measure is used widely with other groups including medical health professionals (particularly nurses), teachers, lawyers, humanitarian workers, social service employees, public service employees such as law enforcement, reporters and journalists, juries at trials, and even soldiers and peace keepers. The key to the ProQOL's appropriateness is the theoretical possibility of being exposed to another's potentially traumatizing material as a result of paid or volunteer work. If this relationship can exist, the measure is likely appropriate.

Q: I am interested in working with family caregivers. Is the ProQOL appropriate for these people?

A: We do not recommend the ProQOL for family caregivers. There are a number of measures for family caregivers available. You may wish to check The Caregiver Burden Scale which can be seen at http://www.mywhatever.com/cifwriter/content/41/pe1278.html, or others to find something that meets your needs.

Q: Can you tell me about the articles that have been published using the measure?

A: We try to keep a comprehensive and reasonably up-to-date bibliography at www.proqol.org. We recommend that you check the PILOTS database at the National Center for PTSD for additional references http://biblioline.nisc.com/scripts/login.dll.

Q: Where can I get more information about the ProQOL, and secondary/vicarious traumatization or Compassion Fatigue?

A: You can find many handouts and documents at www.proqol.org the "Handouts" link. There is more technical information on the "Research" link at www.proqol.org. If you are looking for handouts and a quick overview, the handouts section is the best location. If you are looking for more scientific and research detailed information, go to the research section of www.proqol.org.

Q: Is there a single score for the measure across all of the three scales?

A: No. We have tried for years to create a composite score without success. However, we are not giving up! The reason there is no sensible composite score is that we as yet do not fully understand the relationship between Compassion Satisfaction, Burnout and Compassion Fatigue/Secondary Trauma. One of the problems encountered over the years was the problems with the original scale that clearly showed collinearity between the scales. Thus, we revised the scales to minimize the destructive effects of collinearity and are now re-collecting data to see if we can understand the inter-relatedness of the three scales. In fact, this would be a great dissertation for someone!

Q: I am only interested in Compassion Fatigue/Secondary Trauma. Can I use just the Compassion Fatigue Scale?

A: We strongly suggest this is not a good idea. While we do not as yet fully understand the relationship between the three subscales, we do know that Compassion Satisfaction is a moderator, if not a mediator of Compassion Fatigue/Secondary Trauma. Burnout rarely exists at the same time as Compassion Satisfaction and when both Burnout and Compassion Fatigue/Secondary Trauma are present, it seems to suggest the most negative outcome. Thus, we believe it is important to know all three scores. Moreover, including the positive items reduces negative response set, improving the psychometric properties of the scale.

Q: Can I diagnose PTSD from the ProQOL?

A: No. The ProQOL is a screening and research tool that provides information but does not yield a diagnosis. If you suspect PTSD or any other psychopathology as a result of work-related trauma exposure, we suggest you use a clinical diagnostic tool such as the SCID or CAPS. More information about these tools may be obtained using any search engine online.

Q: Can you give me the psychometric information about the measure?

A: Reliability and validity information in contained in the ProQOL Manual which can be found at our website at www.proqol.org.

Q: What norms do I use?

A: The general norms are available in the ProQOL manual at www.proqol.org, There are also general norms on the scoring sheet handout. These are the best norms at this time.

Q: What are the cut scores for the measure?

A: We provide norms at the 25th and 75th percentiles. However, we strongly suggest that the measure is most sensitive when using the continuous scores. Please note that the measure is not to be used for diagnostic purposes, and thus, cut scores are typically not used. If your study design requires the less powerful categorization of participants (as opposed to using continuous scores), we suggest the 25th and 75% percentiles provided with the norms.

Q: When I reverse the scores, what do I do with the 0 score?

A: The ProQOL 5 uses the more familiar 1-5 Likert scale so the 0 is no longer an issue.

If you have used the ProQOL IV, below is information about the 0. Please do remember that all of the versions of the ProQOL scores can be compared by using the standardized score.

On the ProQOL IV, the 0 remains 0 and all other scores are reversed. While this seems odd at first, conceptually, you can understand it. The person answering the item selects never/not at all which translates mathematically to a null set, that is 0. The other items are reversed because of the way that they load on the different scales. This is because the concept is the "other side" of the item asked. For example, if I ask if you are happy and you say never, that is a 0. If you say sometimes (2) that can be reverse scored to mostly (4) I am not happy. It is a way to allow the item to be phrased in the positive while addressing the flip side of the concept. Frankly, from a scoring perspective if we had it all to do over again, we would not include 0 in the score. It worked easily originally since all of the items were positive scored. Over time and thousands of data points, we realized that the test was more effective reflecting people's perceptions when we reverse scored some of the items. Sadly, for the researcher, this causes moments of mathematical consternation. However, for the person taking the measure, it is vastly useful to have an option to respond "not at all, 0" so we have learned to live with the mathematical oddities of the reverse scoring. All of the psychometric analysis has been done using the 0-5 scoring with the items reverse scored 0=0, 1=5, 2=4, 3=3.

Q: I have heard that if I donate a copy of my raw data to the databank, you will run comparisons to specific groups for me.

A: Yes, if you donate a copy of your data to the data bank, we will run a comparison to the closest group for you. Please be aware that this is largely a volunteer effort on our part so we need some time to schedule your request.

Q: If I donate a copy of my data to the databank, will I lose the ownership of my study?

A: No. We never publish any one dataset alone. We always combine databank data so your study will never be published by us. For example, we run analyses by country, types of participants, rural/urban, male/female, etc.

Q: If I send you my study, will you review it and make comments on it?

A: We try as much as possible to support research with the ProQOL. If you would like us to make comments on your study, please send us <irh@isu.edu> an overview (not more than 5 pages) of the study and we will try to

respond to you with our thoughts. We cannot promise to review every study, but we do make an effort to assist in every way possible.

Q: Will someone on your team be on my thesis or dissertation committee?

A: We have in the past been able to participate in a number of studies. However, please realize that we receive many requests each year. If you would like us to work with you on your thesis or dissertation, send us <irh@isu.edu> a request that includes (a) your university, (b) the area and level of degree, (c) the name of your chair and as many of your other committee members as you know of, (d) an abstract of your proposal not longer than one page, and (e) a brief details of the way your university includes outside participants. We will review the information and see if there is anyone on our larger team who can work with you.

ABOUT THE AUTHOR

Beth Hudnall Stamm, Ph.D., educated in psychology and statistics at Appalachian State University (BS, MA) and University of Wyoming (Ph.D.), is a Research Professor at the Idaho State University Institute of Rural Health. She has held appointments at the Veterans Affairs National Center for Posttraumatic Stress Disorder, Dartmouth Medical School, State University of New York at Oswego, and at the University of Alaska Anchorage.

Working primarily with helpers and underserved people; Stamm's efforts focuses on secondary trauma among helpers and cultural trauma. She has served on boards and committees for multiple organizations including The International Society for Traumatic Stress Studies (ISTSS), the American Psychological Association (APA), the National Association for Rural Mental Health (NARMH), the National Association of Rural Health (NRHA), and the American Telemedicine Association (ATA). She has been a principal on $27 million dollars worth of grants focusing on rural and urban children and adults address the effects of difficult life events.

Stamm has worked with secondary traumatic stress and professional quality of life since 1990. She originally became interested in the topic when she was directing a longitudinal study on self-reported perceptions of traumatic stress at which time she discovered the research on trauma had a negative effect on the researchers. Since that time she has worked with humanitarian aid organizations from around the world assisting them in developing professional quality of life resiliency programs that focus on prevention and intervention of burnout and secondary trauma. She has worked with health professionals of all types in in North and South America, Europe, New Zeland, Australia and several countries in Asia and Africa. She has also

worked with military and Red Cross/Red Crescent personnel in the United States, The Palestinian Territories, and Jordan.

Stamm's activities focus on recovery from exposure to war and civil violence as well as to terrorism and disaster for all people in community, including helpers. Among her other activities, in 2008, she testified on Post-Traumatic Stress Disorder (PTSD) Health Care Symposium to the House Committee on Veterans' Affairs regarding the needs of our service men and women who have experienced injury in Iraq and Afghanistan. In 2006 she traveled to Amman, Jordan to a NATO Advanced Research Workshop to help identify ways to mitigate the effects of terrorism on individuals and communities. Following that work, she was an invited speaker at the 10th International Torture Rehabilitation Council Meeting, in Berlin, Germany. In the aftermath of the South Asian Tsunami in 2004, Stamm was the U.S. Representative to the Inter-Governmental Meeting of Experts To Formulate Psychosocial Programme for Rehabilitation of Tsunami Survivors. She also provided technical assistance to the Indonesia's oldest psychosocial recovery program, Pulih, who were providing local rehabilitation to tsunami survivors. In 2003, as part of a U.S. State Department program, Stamm worked with the Palestine Red Crescent Society to address using technology to address secondary trauma among emergency and primary care health professionals. In 1992, she was a delegate with the Truman Foundation, People to People Program teaching about posttraumatic stress disorder across eastern China.

Her work has been recognized by multiple organizations. In 2005, she received a *Presidential Citation* from the American Psychological Association naming her as one of the "outstanding psychologists of this generation." She was credited with helping to establish the fields of traumatic stress, telehealth, and their effects on rural health. In 2004, she received the International Society for Traumatic Stress Studies *Public Interest Award* for "fundamental and outstanding contributions to the public's understanding of trauma." With her colleagues, she has been recognized multiple times by the American Telemedicine Association for "scientific rigor and contributions to the field." In 2004, Stamm was selected as the Idaho State University Distinguished Researcher. In 2003, she was recognized by the National Rural Health Association as one of the nation's *Distinguished Researchers*. She is a fellow in the Division of Traumatic Stress and the Division of Public Service of the American Psychological Association.

Stamm is a traumatic brain injury survivor from 1987 and 2004. As a person with a disability, she is an advocate for the use of assistance animals to mitigate disabilities. She is an Associate Animal Behavior Consultant (AABC) with the International Association of Animal Behavior Consultants; a member of the International Association of Assistance Dog Partners; and is listed in the Delta Society Service Animal Training Registry.

Stamm has over 100 professional publications and is the Editor of the *Journal of Rural Mental Health*. Her books include Secondary Traumatic Stress (1995, 1999, Sidran Press, English Editions, 2002 Japanese edition and 2004, German); *Measurement of Stress, Trauma and Adaptation* (1996, Sidran Press); *Cultural Issues and the Treatment of Trauma and Loss* (with Kathleen Nader and Nancy Dubrow, 1999, Brunner/Mazel); *Rural Behavioral Health Care* with APA Books (2003); and *The Professional Quality of Life Test Manual* (Sidran, 2005, 2008).

Her work is used in over 30 countries and diverse fields including health care, bioterrorism and disaster responding, news media, and the military. She makes her home in a log cabin in the mountains of Idaho with her historian-husband and her service dog Sophie. See www.proqol.org and www.isu.edu/irh for more information.