

Compassion Fatigue

911

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Carrying the Weight of the World
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SUE PIVETTA

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ISBN 1-882960-39-4

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Printed in the United States of America

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*How It Begins**

At first we are glued to the television and everyone is talking about the horrible scenes. You watch and you cry — or you want to cry but you've learned to stuff tears. Then, one day, you don't turn the TV on, you switch the news off on the radio, and you avoid people who want to talk about Katrina. You don't want to cry and it's all stuck in your throat. You begin to notice the sadness we all felt at the beginning is turning into anger. People are angry at FEMA, or the government, or the police officer who made the 24 year old leave his 14 year old dog behind. You become angry and you scrunch up your forehead and join the others in trying to find someone to blame. You notice the injustices and hear the endless stories from the media who seem to want to divide us into the rich and the poor, black and white.

Then you try to seek out the good. You see a picture of a black child holding the hand of an elderly white woman and you cling to hope that people really do care about one another regardless of skin color or social status. You hear about the rescue efforts and you see people helping and giving and rushing to the scene. You privately think, *"I'm not really doing enough, am I?"* One day you find yourself laughing or enjoying the beautiful weather and it hits you. You begin to feel something come over you that feels strangely like 'guilt'. But you don't tell anyone. Who are you to complain about your silly feelings when terrible things are happening to others. So, you retreat into your own private thoughts and shut down your bad or ridiculous feelings. After all, feeling negative isn't nice. Now you feel bad about feeling bad. You shut down. And that is just one event.

It Has A Name!

You are now experiencing 'Compassion Fatigue'. You have been hit indirectly by the calls. People in the world who have access to the media have been inundated with human suffering and often negativity. There are the *wars / and politics*— which are divisive and bitter. Of course the newscasts and radio, numerous natural disasters and countless and endless images that bite little pieces out of our hearts. But it just isn't disasters that can create emotional trauma indirectly. Maybe it's a two hour special showing images of the meth or opioid epidemic. And school shooting or or cars mowing down people - which directly affect 911 as the first responders.

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**“ Compassion fatigue may occur in
a wide range of persons involved
in providing aid to others.”**

— Jay Green, Cross Foundation

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Think about how much you would be affected if you were just a simple person without a television or a newspaper, living around people who also did not have access to mass media. Then your world would only be what you could directly experience - would life be much easier?

In the world of Public Safety, even if you did not watch mass media, you are exposed to everyday human suffering. Not to mention a co-workers divorce, the beggar at your freeway exit, or your friend who has cancer. Sometimes it just seems too much and you just want to retreat — but again you are a helper and you want to do what you can to alleviate any suffering you can. And you do, when you can and where you can and it feels good. It feels good until that moment when you simply feel weighed down and sad to the bone and can't see the good anymore — even though you know intellectually it's out there somewhere.

The Cost Of Caring¹

Compassion Fatigue — the words just sound right don't they? Maybe not for you, but for someone you work with. You may be thinking there are more important things to worry about, care for — right? Compassion Fatigue can be the pre-cursor to Post Traumatic Stress Disorder, and we know that the effects of PTSD are serious physical and psychological disorders that can ruin a career, even lead to suicide or homicide as witnessed by returning war veterans. So what is it and what can we do about it?

Professionals who listen to the stories of fear, pain and suffering of others may feel similar fear, pain and suffering because they care. Professionals especially vulnerable to Compassion Fatigue (CF) include emergency workers, counselors, mental health professionals, medical professionals, clergy, advocate volunteers, and human service workers. If you ever feel as though you are losing your sense of self to those you serve — you may be suffering from CF.

¹ *9-1-1 Wellness, Stress Less Workbook, page 176-177, available through Professional Pride www.911trainer.com*

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**“ The only resource we had to
help us cope with this emotional,
physical and spiritual distress
was ourselves”**

— Bloom

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The concept of Compassion Fatigue emerged only in the last several years in the professional literature. It represents the cost of caring about and for traumatized people. Compassion Fatigue is the emotional residue of exposure to working with the suffering, particularly those suffering from the consequences of traumatic events. Professionals who work with people, particularly people who are suffering, must contend with not only the normal stress or dissatisfaction of work, but also with the emotional and personal feelings for the suffering.

Compassion Fatigue is NOT **burnout**. Burnout is associated with stress and hassles involved in your work; it is very cumulative, is relatively predictable and frequently a vacation or change of job helps a great deal. Compassion Fatigue is very different. Compassion Fatigue is a state of tension and preoccupation with the individual or cumulative trauma of others as manifested in one or more ways including re-experiencing the traumatic event, avoidance/numbing of reminders of the event, and persistent arousal. Although similar to critical incident stress (being traumatized by something you actually experience or see), with CF you are absorbing the trauma through the eyes and ears of your callers. It can be thought of as secondary post-traumatic stress.

Warning Signs

Although symptoms vary, the following red flags may indicate that you have compassion fatigue — especially if coupled with the inability to maintain balance of empathy and objectivity — you either shut down or you tear up when an emotionally disturbing event happens:

1. Abusing drugs, alcohol or food
2. Anger outbursts
3. Blaming and being picky
4. Chronic lateness
5. Little smiling or joy

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“The professional work centered on the relief of the emotional suffering of clients automatically includes absorbing information that is about suffering. Often it includes absorbing that suffering as well.”

— Figley

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6. Diminished sense of personal accomplishment
7. Exhaustion (physical or emotional)
8. Frequent headaches
9. Problems eating
10. Worry about calls
11. Hopelessness towards life
12. Increased irritability
13. Less ability to feel joy
14. Feeling you are making mistakes
15. Sleep disturbances
16. Workaholism or work avoidance

There are human costs associated with CF. Job performance goes down, mistakes go up. Morale drops and personal relationships are affected—peoples home lives start to deteriorate, personality deteriorates and eventually it can lead to overall decline in general health. These are the reasons leadership must have ways to identify CF when noticed. And peers must be alert to signs of their co-workers symptoms and take action. That action should be to see a counselor. For those who can identify a co-worker with CF, here is what to do — listen. Next, give that person this article, which suggests to them they may need to seek out a counselor or at the very least do some self reflection on what has happened to them.

Healthy Sideline Grieving

We all feel the stress of emotional empathy and compassion fatigue to some degree. It's natural to cry when watching TV or just thinking about those sad things happening in the world. Don't downplay your own emotional wellness just because your own house isn't destroyed.

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“We live in a world in which the media constantly bombards us with images of poverty and violence, bringing us to a point where we almost shut down because it becomes too emotionally taxing to feel for others. One way to prevent this from happening is to refrain from watching the news or reading the paper for a while. This mild escapism can help prevent your heart strings from being constantly tugged by all the sad things taking place in the world.”

— *from neurosy.org*

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There are many types of subtle emotional and mental trauma that can be unhealthy and create future distress or illness. Of course those directly feeling the loss and pain deserve our utmost attention and care — and they may or may not have severe trauma reactions. That does not mean your wellness should be neglected in lieu of them. There's enough care, compassion and love to go around. And helpers need to stay healthy as we never know when we will need ALL our emotional reserves and energy for others crisis. Take care of yourself with healthy attention to your own needs too. Those who get stuck most likely did not follow healthy coping techniques such as:

- Get away from the media — it's OK to shut the television and radio off and put down the newspaper.
- Look for the good in life — notice the happiness that is still happening — the good results of terrible events.
- Recognize the anger and blaming for what it is — release of emotions that have no where to go.
- Know that this too shall pass and allow whatever emotion pops up without condemning yourself.
- Celebrate when you again feel you can return to goodness and see the recovery happening.
- Notice when you or someone else is 'stuck' and say or do something about it.
- Value your own well being because the world needs healthy people in times of crisis by journaling.

**We are all angels with one wing — we need each other to fly.
STAY WELL!**

Compassion Fatigue Assessments

COMPASSION FATIGUE SURVEY

Consider each of the following characteristics about you and your current situation. Write in the number for the best response. Use one of the following answers. Both tests are similar but not exactly the same.

1 = Rarely/Never

2 = At Times

3 = Not Sure

4 = Often

5 = Very Often

1. ____ I find myself avoiding certain activities or situations because they remind me of a call that went bad.
2. ____ I have gaps in my memory about certain calls.
3. ____ I feel estranged from others.
4. ____ I have difficulty falling or staying asleep.
5. ____ I have outbursts of anger or irritability at work.
6. ____ I startle easily.
7. ____ While talking with a caller I thought about violence against the person or persons who victimized.
8. ____ I am a sensitive person.
9. ____ I have had flashbacks connected to my calls.
10. ____ I have had first-hand experience with traumatic events in my adult life.
11. ____ I have had first-hand experience with traumatic events in my childhood.

**UNIT EIGHT EXERCISE FROM
'9-1-1 WELLNESS' STRESS LESS WORKBOOK**

12. ____ I have thought that I need to “work-through” a traumatic experience in my life.
13. ____ I have thought that I need more close friends.
14. ____ I have thought that there is no one to talk with about highly stressful experiences.
15. ____ I have concluded that I work too hard.

Items about your callers:

16. ____ I worry about things traumatized people and their family have said.
17. ____ I experience troubling dreams similar to these events.
18. ____ I have experienced intrusive thoughts of calls with especially difficult calls.
19. ____ I have suddenly and involuntarily recalled a frightening experience while working.
20. ____ I am preoccupied with some call types.
21. ____ I am losing sleep over a call.
22. ____ I have thought that I might have been “infected” by the traumatic stress of my callers.
23. ____ I remind myself to be less concerned about the well-being of callers.
24. ____ I have felt trapped by my work.
25. ____ I have felt a sense of hopelessness associated with working in 9-1-1.
26. ____ I have felt “on edge” about various things and I attribute this to working in 9-1-1.

**UNIT EIGHT EXERCISE FROM
'9-1-1 WELLNESS' STRESS LESS WORKBOOK**

27. ____ I have wished that I could avoid taking certain call types.
28. ____ I have felt in danger at work.
29. ____ I have felt that some of my calls were not done well enough.

Items about being a helper and your work environment:

30. ____ I have felt weak, tired, rundown as a result of my work at 9-1-1.
31. ____ I have felt depressed as a result of my work as a helper.
32. ____ I am unsuccessful at separating work from personal life.
33. ____ I feel little compassion toward most of my co-workers.
34. ____ I feel I am working more for the money than for personal fulfillment.
35. ____ I find it difficult separating my personal life from my work life.
36. ____ I have a sense of worthlessness/disillusionment/resentment associated with my work.
37. ____ I have thoughts that I am a “failure” as a helper.
38. ____ I have thoughts that I am not succeeding at achieving my life goals.
39. ____ I have to deal with bureaucratic, unimportant tasks in my work life.

**UNIT EIGHT EXERCISE FROM
'9-1-1 WELLNESS' STRESS LESS WORKBOOK**

SCORING INSTRUCTIONS

Make sure you have responded to ALL questions.

Next, circle the following 23 items: 1-8, 10-13, 17-26 and number 29.

Now ADD the numbers you wrote next to the items circled.

Total: _____

Note your risk of Compassion Fatigue

26 or LESS = Extremely LOW risk

27 to 30 = LOW risk

31 to 35 = Moderate risk

36 to 39 = HIGH risk

High Risk? Retreat, play, find the good, talk to someone who cares about you, accept and feel your feelings.

COMPASSION SATISFACTION AND FATIGUE (CSF) TEST

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. This self-test helps you estimate your compassion status: How much at risk you are of burnout and compassion fatigue and also the degree of satisfaction with helping others. Consider each of the following characteristics about you and your current situation. Write in the number that honestly reflects how frequently you experienced these characteristics in the last week. Then follow the scoring directions at the end of the self-test.

0 = Never

1 = Rarely

2 = A Few Times

3 = Somewhat Often

4 = Often

5 = Very Often

Items About You

1. ____ I am happy.
2. ____ I find my life satisfying.
3. ____ I have beliefs that sustain me.
4. ____ I feel estranged from others.
5. ____ I find that I learn new things from those I care for.
6. ____ I force myself to avoid certain thoughts or feelings that remind me of an experience.
7. ____ I find myself avoiding certain activities or situations because they remind me of an experience.

**COMPASSION SATISFACTION
AND FATIGUE (CSF) TEST**

8. ____ I have gaps in my memory about negative events.
9. ____ I feel connected to others.
10. ____ I feel calm.
11. ____ I believe that I have a good balance between my work and my free time.
12. ____ I have difficulty falling or staying asleep.
13. ____ I have outburst of anger or irritability with little provocation
14. ____ I am the person I always wanted to be.
15. ____ I startle easily.
16. ____ While working with a caller, I thought about violence against the perpetrator.
17. ____ I am a sensitive person.
18. ____ I have flashbacks connected to some calls.
19. ____ I have good peer support when I need to work through a highly stressful call.
20. ____ I have had first-hand experience with traumatic events in my adult life.
21. ____ I have had first-hand experience with traumatic events in my childhood.
22. ____ I think that I need to “work through” a traumatic experience in my life.
23. ____ I think that I need more close friends.
24. ____ I think that there is no one to talk with about highly stressful calls.
25. ____ I have concluded that I work too hard for my own good.

**COMPASSION SATISFACTION
AND FATIGUE (CSF) TEST**

26. ____ Working with those I help brings me a great deal of satisfaction.
27. ____ I feel invigorated after working with those I help.
28. ____ I am frightened of things a person I helped has said or done on a call or what has happened to them that was told to me.
29. ____ I experience troubling dreams similar to certain calls.
30. ____ I have happy thoughts about those I help and how I could help them.
31. ____ I have experienced intrusive thoughts of times with especially difficult people I helped.
32. ____ I have suddenly and involuntarily recalled a frightening experience while working with a person I helped.
33. ____ I am pre-occupied with more than one caller.
34. ____ I am losing sleep over a caller's traumatic experiences.
35. ____ I have joyful feelings about how I can help the callers I work with.
36. ____ I think that I might have been "infected" by the traumatic stress of callers.
37. ____ I think that I might be positively "inoculated" by the traumatic stress of callers.
38. ____ I remind myself to be less concerned about the well being of callers.
39. ____ I have felt trapped by my work as a helper.
40. ____ I have a sense of hopelessness associated with working with 9-1-1 calls.
41. ____ I have felt "on edge" about various things and I attribute this to working in 9-1-1 and all the challenges.

**COMPASSION SATISFACTION
AND FATIGUE (CSF) TEST**

42. ____ I wish that I could avoid working with some callers.
43. ____ Some callers are particularly enjoyable to work with.
44. ____ I have been in danger working with certain calls.
45. ____ I feel that some callers dislike me personally.

Items About Being a Helper and Your Helping Environment

46. ____ I like my work.
47. ____ I feel like I have the tools and resources that I need to do my work.
48. ____ I have felt weak, tired, run down as a result of my work at 9-1-1.
49. ____ I have felt depressed as a result of my work.
50. ____ I have thoughts that I am a “success”
51. ____ I am unsuccessful at separating work from personal life.
52. ____ I enjoy my co-workers.
53. ____ I depend on my co-workers to help me when I need it.
54. ____ My co-workers can depend on me for help when they need it.
55. ____ I trust my co-workers.
56. ____ I feel little compassion toward most of my co-workers
57. ____ I am pleased with how I am able to keep up with technology.
58. ____ I feel I am working more for the money/prestige than for personal fulfillment.
59. ____ Although I have to do some calls I don't like, I still have time to work with those I help.

**COMPASSION SATISFACTION
AND FATIGUE (CSF) TEST**

60. ____ I find it difficult separating my personal life from my work life.
61. ____ I am pleased with how I am able to keep up with agency protocols.
62. ____ I have a sense of worthlessness/disillusionment/resentment associated with my work.
63. ____ I have thoughts that I am a “failure” on some calls.
64. ____ I have thoughts that I am not succeeding at achieving my life goals.
65. ____ I have to deal with bureaucratic, unimportant tasks in my work.
66. ____ I plan to be in this work for a long time.

COMPASSION SATISFACTION AND FATIGUE (CSF) TEST

Scoring Instructions

Please note that research is ongoing on this scale and the following scores should be used as a guide, not confirmatory information.

1. Be certain you respond to all items.
2. Mark the items for scoring:
 - a. Put an x by the following 26 items: 1-3, 5, 9-11, 14, 19, 26-27, 30, 35, 37, 43, 46-47, 50, 52-55, 57, 59, 61, 66.
 - b. Put a check by the following 16 items: 17, 23-25, 41, 42, 45, 48, 49, 51, 56, 58, 60, 62-65.
 - c. Circle the following 23 items: 4, 6-8, 12, 13, 15, 16, 18, 20-22, 28, 29, 31-34, 36, 38-40, 44.
3. Add the numbers you wrote next to the items for each set of items and note:
 - a. **Your potential for Compassion Satisfaction (x):** _____
118 and above=extremely high potential;
100-117=high potential;
82-99=good potential;
64-81=modest potential;
below 63=low potential.
 - b. **Your risk for Burnout (check):** _____
36 or less=extremely low risk;
37-50=moderate risk;
51-75=high risk;
76-85=extremely high risk.
 - c. **Your risk for Compassion Fatigue (circle):** _____
26 or less=extremely low risk,
27-30=low risk;
31-35=moderate risk;
36-40=high risk;
41 or more=extremely high risk.

PTSD
Bonus
Section

What is Post Traumatic Stress Disorder (PTSD)?

We have recognized the condition that creates a disconnect with the grief and sadness of others and called it Compassion Fatigue. There is another condition that can be a very real part of the Telecommunicator's life and that is Post Traumatic Stress Disorder (PTSD). PTSD is an anxiety disorder that can occur after a person has been through a traumatic event. This need not be YOUR event, it could be handling a traumatic 911 call or being involved in a terrible tragedy in the agency — something horrible and scary that you see or that happens to you can affect you for a long time – and that means emotionally, mentally and physically. During this type of event, you think that life or is in danger or you are a part of the loss of a life or a potentially critical situation – regardless if it is resolved.. You may feel afraid or feel that you have no control over what is happening of what will happen in the future. It matters not that you have been in similar circumstances, handled similar calls, worked on the job for 20 years or one. This event could involved a responder, a child, a family member as there is no formula as to who or why or where – but we know PTSD is the result of a person's mental result of experiencing an event or a series of events. There is no predictor but there are very clear signs that you have somehow crossed the line from OK to unhealthy.

When you learn more about this condition you can recognize it in your own worklife, with peers, responders, family or callers.¹

PTSD symptoms could start soon after the traumatic event, but they may not appear until months or years later. In fact they may start after a series of difficult events — for example — call after call after call. Symptoms also may come and go over many years. If the symptoms last longer than 4 weeks, cause great distress, or interfere with work or home life, suspect PTSD. For wellness to happen agencies must take purposeful steps to ensure there is training and processes to recognize and deal with the very real consequences of PTSD – loss of health, loss of ability to do good work or even loss of the job.

1 This information is from the National Center for Post Traumatic Stress Disorders.

There are four types of symptoms: reliving the event, avoidance, numbing, and feeling keyed up.

Reliving:

- Bad memories of the traumatic event can come back at any time. For example a certain type of call may trigger the stress felt when the event took place. There may be nightmares. The person may feel like they are going through the event again or fear going through it again when going to work. This is called a flashback. Sometimes there is a trigger: a sound or sight that causes him or her to relive the event. Or this could be simply a thought.

Avoiding:

The person may try to avoid situations or people that trigger memories of the traumatic event. The person may even avoid talking or thinking about the event. As you can imagine, this would certainly affect the work.

- Avoiding call taking, avoiding radio dispatching, avoiding certain agencies, avoiding working with certain people
- Avoiding working a certain shift, a holiday, a date.
- Refusing or missing CISD on the event
- Refusing to talk about the event or watch any news or follow up.

Feeling numb:

He or she may find it hard to express feelings. This is another way to avoid memories.

- The person may increase negativity, complaining about people and not show positive or loving feelings toward other people and may stay away from relationships, gatherings or complain about fun events.
- He or she may not do activities once enjoyed or quit previous outside things like fairs or community events

- They may forget about parts of the traumatic event or not be able to talk about them.

Feeling keyed up (also called hyperarousal):

May be jittery, or always alert and on the lookout for danger. This is known as hyperarousal. It can cause:

- Suddenly become angry or irritable
- Have a hard time sleeping
- Have trouble concentrating
- Fear for safety and always feel on guard
- Be very startled when someone surprises

What are other common problems?

People with PTSD may also have other problems. These include:

- Drinking or drug problems
- Feelings of hopelessness, shame, or despair
- Employment problems
- Relationships problems including divorce and violence
- Physical symptoms such as headaches, stomach ache, weight loss or gain

Arizona State Trooper Wins Precedent-Setting Court Case on PTSD Claim

An Arizona state trooper has won a precedent-setting court case that affects police officers, firefighters, and other emergency services workers throughout the United States.

On January 20, 2000, Department of Public Safety Officer David D. Mogel killed a shotgun-toting car thief wanted for bank robbery after the suspect attempted to shoot him.

Because of the trauma in taking a human life, Mr. Mogel was diagnosed with Post Traumatic Stress Disorder, and could no longer function as a police officer. When he applied for Workers' Compensation benefits, he was denied. The Arizona Department of Public Safety and Workers' Compensation (State of Arizona, DOA Risk Management) claimed that shooting suspects was part of the job, and not an "unexpected" event as required by Arizona law.

Mr. Mogel's attorney, Robert E. Wisniewski, says, "The state raised the defense that working in police work everyday was not a substantial contributing cause of my client's post traumatic stress disorder because police are exposed to such hazards everyday so that is routine."

In her Findings and Award of December 19, 2002 awarding Mr. Mogel Workers' Compensation benefits, Administrative Law Judge Karen Calderon states, "I find that shooting and killing another human being in the line of duty is an extraordinary stress related to the employment."

The implications of this decision are far-reaching. A police officer's claim of PTSD has not won a court case in Arizona before, and rarely succeeds in other jurisdictions. Mr. Wisniewski says, "This case made a great difference in establishing that post traumatic stress disorder is a cognizable claim for a police officer involved in such a life threatening event."

If Mr. Mogel had lost his case, the decision may have prevented not only police officers, but also firefighters and other emergency workers from collecting Workers' Compensation benefits if injured psychologically on the job.

5 Steps for Helping CF or PTSD

In the event you feel or you believe someone may be heading for one of these conditions, here are some helpers.

1. Let Go

Strive for Realistic Control. Talk about the feelings of loss of control. Discourage the person from trying to achieve an absolute sense of control of his or her external environment – it doesn't work. The Serenity Prayer is relevant here:

Grant me the serenity to accept the things I cannot change, the courage to change the things I can and the wisdom to know the difference.

2. SOS

Seek Out Support. Encourage the person to find sources of support when you recognize signs.

As a leader for your agency make sure you know the supportive/nurturing resources available at home, at work, through church, with friends — in person, over the phone, on the Internet; is there an online or offline support group available?

Create a WHERE TO TURN booklet.

3. Take Steps

Take Some Action Steps. Encourage the person to focus on two or three actions steps that would help the individual feel a small but significant degree of enhanced feelings of effectiveness. For example – play a tape of someone who saved a life at 9-1-1.

Example of a SAVE.

4. Don't Be A Counselor

Explore the Need for Counseling. Let people know about the counseling option. If in the next few weeks the person feels stuck in one of the grief

stages or the post-traumatic or compassion fatigue symptoms are not subsiding, professional guidance can be suggested (or in some agencies required).

Listening is not counseling. If listening seems to result in zero relief, more is needed.

5. This Too Shall Pass

Communicate Optimism. Reaffirm that post-traumatic stress and compassion fatigue are natural. Also make sure the person knows that to do this work, they must be at peak performance.

Reassure the 'this too shall pass' with support and action. Remind the person that crisis can heighten a person's problem solving capacity, enhance a person's circle of support

PTSD self-quiz

Have you experienced, witnessed or learned of an extremely traumatic event, events, call or dispatch that seemed to affect you more than usual?

After the traumatic event:

1. Did you avoid being reminded of the experience by staying away from certain places, people, or activities?
2. Did you ever avoid a particular console, radio, day or work for fear of a similar event?
3. Did you lose interest in workplace activities that were once important or enjoyable?
3. Did you begin to feel more isolated or distant from other people? Do you avoid social events at work?
4. Did you find it hard to have love or affection for other people? Are you negative about others more now?
5. Did you begin to feel you don't want to go to work on certain days?
6. Did you have more trouble than usual falling asleep or staying asleep?
7. Did you become jumpy or get easily stressed by ordinary noises or movements?
8. Do certain calls bother you more than others, do you try to avoid handling certain calls?

If you have experienced trauma and has answered 'yes' to some of these questions, discuss them with your supervisor and possibly a doctor.

