

## Professional Burnout, Vicarious Trauma, Secondary Traumatic Stress, and Compassion Fatigue: A Review of Theoretical Terms, Risk Factors, and Preventive Methods for Clinicians and Researchers

Jason M. Newell and Gordon A. MacNeil

*The emotional and psychological risks associated with providing direct social work services to vulnerable populations have been largely overlooked in social work educational curriculum and agency training (Cunningham, 2004; Courtois, 2002; Shackelford, 2006). These risks should be conceptualized as occurring in two separate forms: trauma-related stress and professional burnout. Vicarious trauma, secondary traumatic stress, and compassion fatigue are conditions related specifically to work with trauma populations, while professional burnout is considered a more general phenomenon which may occur within any social service setting. The forms of trauma-related stress conditions and professional burnout are often erroneously discussed either interchangeably or grouped together as one condition in the literature. It is best to conceptualize each of these conditions separately in order to have a comprehensive understanding of these complex phenomena. It is important that direct practitioners and educators understand the risk factors and symptoms associated with these phenomena in order to identify, prevent, and/or minimize their effects. As a best-practice initiative, it is appropriate that information on these conditions be infused into social work curricula as a first-line preventive measure for the training of inexperienced social workers who may be more vulnerable to the effects of these conditions (Lerias & Byrne, 2003). Information on these topics should also be included as part of agency training for practitioners already working in the field. This article provides a brief review of professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue, including the risk factors and symptoms associated with these conditions. Particular attention is paid to the inclusion of this material and the practice of self-care in both macro and micro social work education, as well as agency-training curriculum.*

Jason M. Newell is assistant professor of social work in the Department of Behavioral and Social Sciences at the University of Montevallo. Gordon A. MacNeil is associate professor of social work at the University of Alabama. Address correspondence to Jason Newell, The University of Montevallo, Department of Behavioral and Social Sciences, Station 6190, Montevallo, Alabama 35115; tel.: 205-665-6190; e-mail: [jnewell2@montevallo.edu](mailto:jnewell2@montevallo.edu)

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### **Introduction**

Social workers are dedicated to providing services to vulnerable populations, including the abused, neglected, mentally ill, and the elderly. It has been suggested that in order to effectively intervene with vulnerable clients, one must develop a strong working relationship that involves knowing about the client's life and the events (both past and present) that have led to the current state of disequilibrium (Figley, 2002a; Pearlman & Saakvitne, 1995). Such service inevitably involves listening to, and to some degree absorbing, the pain associated with the individual, family, or group's suffering (Morresette, 2004; Rothschild & Rand, 2006). The chronic day-to-day exposure to clients and the distress they experience may become emotionally taxing on social workers or other helping professionals, resulting in the experience of conditions known as *secondary traumatic stress*, *vicarious trauma*, *compassion fatigue*, or, ultimately, *professional burnout*.

The emotional and psychological risks associated with being a provider of direct social work services to vulnerable populations and professional self-care in response to these risks have been overlooked issues in social work practice, training, and education (Courtois, 2002; Dunkley & Whelan, 2006; Figley 2002b); however, within the last two decades, the social services community has acknowledged the existence of these risks and the possibility that they may be an underestimated *occupational hazard* for those providing social work services (Pryce, Shackelford, & Pryce, 2007). Indeed, many social workers find they are unable to meet the emotional and professional demands associated with direct practice (Bride, 2007; Maslach & Leiter, 1997; Maslach, Schaufeli, & Leiter, 2001). Despite the Council on Social Work Education's requirement that self-care be a part of the social work curriculum (CSWE, 2008), many graduating social work students have very little idea of how to identify the signs and symptoms of these problems or how to utilize self-care as a preventative measure (Lerias & Byrne, 2003; Shackelford, 2006). Clearly, such a lack of awareness increases their vulnerability to the effects of these conditions. It is vitally important that social workers and other helping professionals providing services to vulnerable populations understand the risk factors and symptoms associated with professional burnout, vicarious traumatization, secondary traumatic stress, and compassion fatigue. Toward this end, the current article reviews risk factors and symptoms associated with these conditions, provides strategies for addressing the conditions, and suggests areas where this information might best fit into educational and training curricula.

### **Professional Burnout and Social Work Practice**

Professional burnout can be defined as a state of physical, emotional, psychological, and spiritual exhaustion resulting from chronic exposure to (or practice with) populations that are vulnerable or suffering (Pines and Aronson, 1998).

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The actual process of *burning out* is best described as a progressive state occurring cumulatively over time with contributing factors related to both the individual, the populations served, and the organization (Maslach, 2001; 2003a; 2003b). Burnout is conceptualized as a multidimensional or *meta*-construct, with three distinct domains: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment (Maslach, 1982, 1998; Maslach & Jackson, 1981; Maslach & Leiter, 1997). A multidimensional approach to burnout provides a holistic conceptualization of this otherwise complex phenomenon (Lee & Ashworth, 1996; Maslach, 1998). *Emotional exhaustion* is a state that occurs when a practitioner's emotional resources become depleted by the chronic needs, demands, and expectations of their clients, supervisors, and organizations (Maslach, 1998; Maslach, Schaufeli, & Leiter, 2001). *Depersonalization* (also referred to as cynicism) refers to the negative, cynical, or excessively detached responses to coworkers or clients and their situations (Maslach, 1998; Maslach, Schaufeli, & Leiter, 2001). This domain is a representation of the change in interpersonal thoughts and feelings regarding practice with clients that may occur in the process of professional burnout. *Reduction in one's sense of personal accomplishment* occurs when social workers feel inadequate when clients do not respond to treatment, despite efforts to help them. This domain of the burnout phenomenon may also occur in response to bureaucratic constraints and administrative demands that often accompany social work practice, such as dictating client records or completing required administrative documentation.

Factors contributing to professional burnout may occur at the individual, organizational, or client levels (or in combination). The single largest risk factor for developing professional burnout is human service work in general. The emotional expectations involved with human service work, such as requirements to either repress or display emotions routinely, as well as the chronic use of empathy, are strongly associated with the experience of professional burnout (Maslach, Schaufeli, & Leiter, 2001; Maslach & Leiter, 1997). As many direct practitioners work within bureaucratic social service agencies, the organization plays a key role in the professional burnout process. Organizational factors shown to contribute to professional burnout include excessively high caseloads, lack of control or influence over agency policies and procedures, unfairness in organization structure and discipline, low peer and supervisory support, and poor agency and on-the-job training (Barak, Nissly, & Levin, 2001; Maslach & Leiter, 1997). Organizational behaviors, such as frequent absenteeism, chronic tardiness, chronic fatigue, evidence of poor client care, and low completion rates of clinical and administrative duties, should be considered warning signs for burnout (Barak, Nissly, & Levin, 2001; Cyphers, 2001; Lloyd, King, & Chenoweth, 2002). At the individual level, factors such as conflicting relationships with coworkers, individual personality and coping styles, and difficulty interacting with and understanding clients and their situations may also contribute to the experience of professional burnout (Barak, Nissly, & Levin, 2001; Lloyd, King, & Chenoweth, 2002; Thorton, 1992).

### **Social Work Practice with Trauma Populations**

A great deal of social work practice relates to addressing client's crisis situations (crisis intervention) or helping clients deal with trauma that occurs in the aftermath of crisis. Providing trauma-intervention services places these workers at risk for traumatic responses themselves (Farrell & Turpin, 2003; Hesse, 2002; McCann & Pearlman, 1990; Palm, Polusny, & Follette, 2004). Three common terms cited in the literature describe the negative psychological reactions social work professionals may experience when working with traumatized clients: *vicarious traumatization (VT)*, *secondary traumatic stress (STS)*, and *compassion fatigue (CF)* (Rothschild & Rand, 2006). Although these conditions are distinct from each other, these terms are often erroneously used interchangeably in the literature. *Vicarious traumatization* refers to "a process of [cognitive] change resulting from [chronic] empathic engagement with trauma survivors" (Pearlman, 1999, p. 52). Vicarious traumatization represents the resulting cognitive shifts in beliefs and thinking that occur in social workers in direct practice with victims of trauma. Examples of changes in cognition when one experiences vicarious traumatization include alterations in one's sense of self; changes in world views about key issues such as safety, trust, and control; and changes in spiritual beliefs (Pearlman, 1998; Pearlman & McCann, 1995; Pearlman & Saakvitne, 1995).

*Secondary traumatic stress* relates to the "natural and consequential behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other [or client] and the stress resulting from helping or wanting to help a traumatized or suffering person [or client]" (Figley, 1995, p. 7). STS results from engaging in an empathic relationship with an individual suffering from a traumatic experience and bearing witness to the intense or horrific experiences of that particular person's trauma (Figley, 1995). The symptoms of secondary traumatic stress mirror the symptoms of post-traumatic stress disorder (PTSD) experienced by the primary victim of trauma. The experience of secondary traumatic stress may include a full range of PTSD symptoms, such as intrusive thoughts, traumatic memories or nightmares associated with client trauma, insomnia, chronic irritability or angry outbursts, fatigue, difficulty concentrating, avoidance of clients and client situations, and hypervigilant or startle reactions toward stimuli or reminders of client trauma (APA, 1994; Bride, 2007; Rothschild, 2000; Figley, 1995).

Vicarious traumatization and secondary traumatic stress have similar defining features, which may be challenging when attempting to clearly understand the pathologies of these conditions. A helpful distinction between them is to conceptualize vicarious traumatization as a cognitive change process resulting from chronic direct practice with trauma populations, in which the outcomes are alterations in one's thoughts and beliefs about the world in key areas such as safety, trust, and control (McCann & Pearlman, 1990; Pearlman, 1998; Pearlman & Saakvitne, 1995). Secondary traumatic stress, grounded in the field of traumatology, places more emphasis on the outward behavioral symptoms rather than

intrinsic cognitive changes (Figley, 1995). Like vicarious trauma, secondary traumatic stress occurs as a result of direct practice or exposure to victims of trauma. The focal features of STS are the behavioral symptoms that mirror the PTSD presented in the primary victim(s) of trauma, not changes in cognition. In order to best understand these two conditions, it is helpful to think of vicarious traumatization and secondary traumatic stress as two different disorders with similar features, which may occur either independently of each other or as co-occurring conditions.

*Compassion fatigue*, also used interchangeably in the literature with *secondary traumatic stress* and *vicarious trauma*, is best defined as a syndrome consisting of a combination of the symptoms of secondary traumatic stress and professional burnout (Adams, Boscarino, & Figley, 2006; Bride, Radney, & Figley, 2007; Figley, 1995). Compassion fatigue recently emerged in the literature as a more general term describing the overall experience of emotional and physical fatigue that social service professionals experience due to the chronic use of empathy when treating patients who are suffering in some way (Figley, 2002b; Rothschild & Rand, 2006). The chronic use of empathy combined with the day-to-day bureaucratic hurdles that exist for many social workers, such as agency stress, billing difficulties, and balancing clinical work with administrative work, generate the experience of compassion fatigue (Figley, 1995, 2002b). Much like professional burnout, the experience of compassion fatigue tends to occur cumulatively over time; whereas vicarious trauma and secondary traumatic stress have more immediate onset. For mental health professionals who treat victims of trauma, secondary traumatic stress may contribute to the overall experience of compassion fatigue; however, mental health professionals who treat populations other than trauma victims (such as the mentally ill) may also experience compassion fatigue without experiencing secondary traumatic stress.

For clinicians currently in trauma practice, there are risk factors which may contribute to the development of vicarious traumatization, secondary traumatic stress, and compassion fatigue. It has been suggested that practitioners with a pre-existing anxiety disorder, mood disorder, or personal trauma history (particularly child abuse and neglect), may be at greater risk of experiencing these conditions (Lerias & Byrne 2003; Dunkley & Whelan, 2006; Gardell & Harris, 2003). Professionals with high caseloads of trauma-related situations despite having little clinical experience practicing with trauma clients are particularly vulnerable to the effects of these conditions (Lerias & Byrne, 2003; Pearlman & MacIain, 1995). Lastly, the individual use of maladaptive coping skills in response to trauma work, such as suppression of emotions, distancing from clients, and reenacting of abuse dynamics, are identified warning signs for these conditions (Dunkley & Whelan, 2006; Farrell & Turpin, 2003; Schauben & Frazier, 1995).

At the macro level, there are several organizational features that have been identified as risk factors for these conditions. These factors include organizational setting and bureaucratic constraints, inadequate supervision, lack of availability of client resources, and lack of support from professional colleagues (Dunkley &

Whelan, 2006; Farrell & Turpin, 2003; Catherall, 1999, 1995). It is also important for practitioners to consider organizational culture and the affect of agency culture on individual workers (Catherall, 1995). Generally, organizational or agency culture is comprised of the assumptions, values, norms and tangible signs (artifacts) of agency members and their behaviors (Catherall, 1995). This is of particular importance to social workers practicing within agencies catering specifically to trauma populations (Bell, Kulkarni, & Dalton, 2003; Rudolph, Stamm, & Stamm, 1997). For example, whether or not an agency culture acknowledges the existence of VT, STS, and CF as normal reactions to client traumas may significantly contribute to the coping ability of individuals experiencing these conditions. An accepting organizational culture helps to alleviate stigmas trauma workers may have about experiencing these reactions, such as feeling inadequate or incapable of completing work responsibilities effectively (Bell, Kilkarni, & Dalton, 2003).

### **Self-Care as a Practice Behavior**

In addition to understanding work-related stress conditions, it is also important to have a professional awareness of preventive measures that may be used both individually and within the organization to address them. Professional self-care is the utilization of skills and strategies by workers to maintain their own personal, familial, emotional, and spiritual needs while attending to the needs and demands of their clients (Figley, 2002b; Stamm, 1999). Suggested individual self-care strategies for burnout include setting realistic goals with regard to workload and client care, utilizing coffee and lunch breaks, getting adequate rest and relaxation, and maintaining positive connections with close friends and family (Maslach, 2003a). There is substantial evidence suggesting that support from professional colleagues and supervisors may also serve to decrease the effects of professional burnout (Lakey & Cohen, 2000; Ray & Miller, 1994; Whittaker, 1983; Winnubst, 1993). Social support from professional colleagues can include concrete support, such as assisting with excess clerical work or taking on a particularly difficult client, or emotional support, such as comfort, insight, comparative feedback, personal feedback, and humor (Maslach, 2003b; Shinn, Rosario, Morch, & Chestnut, 1984).

The practice of self-care and development of individual coping strategies and coping skills are also useful for workers experiencing STS, VT, or CF. General bi-behavioral strategies, such as maintaining physical health, balanced nutrition, adequate sleep, exercise, or recreation, serve to buffer the effects of these conditions (O'Halloran & O'Halloran, 2001; Pearlman, 1999; Zimering, Munroe, & Gulliver, 2003). Maintaining general self-care may also involve the use of positive forms of self-expression, such as drawing, painting, sculpting, cooking, or outdoor activities (Hesse, 2002). Maintaining spiritual connections through church, meditation, yoga, philanthropic activities, and self-revitalization all serve to enhance general self-care, which buffers the effects of these conditions. For individuals experiencing secondary traumatic stress, psychotherapy may be a reasonable

treatment option, particularly for those with past trauma history (Gardell & Harris, 2003; Hesse, 2002). Finally, the use of emotional and social support from close family and friends has been indicated as a useful defense against the symptoms of STS, VT, and CF (Figley & Barnes, 2005; Phipps & Byrne, 2003; Ray & Miller, 1994; Stamm, 1999).

One way for agency supervisors and administrators to demonstrate their sensitivity to and support in addressing burnout and trauma-related stress is to regularly administer instruments to evaluate the extent to which these conditions exist within their workforce. Scales such as the Maslach Burnout Inventory, the Secondary Traumatic Stress Scale, and the Professional Quality of Life scale have been validated as measures of burnout and traumatic stress (Bride, Radney, & Figley, 2007; Bride, Robinson, Yegidis, & Figley, 2004; Schaufeli et al., 2001). This could be done during agency training or continuing education seminars on these topics. This can legitimize these problems for workers. If indications of burnout and traumatic stress are detected, efforts to address the problem, such as developing a support group for the discussion of worker experiences amongst peers (Catherall, 1999; Pearlman, 1999; Whitaker, 1983) can be initiated.

### **Self-Care in Social Work Educational Curriculum**

Although there is evidence that professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue all occur in a variety of social work settings (Conrad & Keller-Guenther, 2006; Gillespie, 1987; Maslach & Florian, 1988), there is a substantial gap in the literature regarding practical methods of preventing and treating these conditions. The concepts of burnout and secondary traumatic stress can be introduced in human behavior and the social environment (HBSE) courses as a topic highlighting the existence of career life course trajectories (which run parallel to individual's personal developmental trajectories). This also highlights the interplay of social environment as key factors affecting individual behaviors and conditions.

Individual, social, and institutional strategies may be useful in either preventing or intervening with professional burnout, but there are few tested models for the treatment of these conditions once they occur (Leiter & Maslach, 2005; Maslach and Goldberg, 1998; Phipps & Byrne, 2003; Pines & Aronson, 1988; Rothschild & Rand, 2006). Therefore, social work educators should teach students the key features, warning signs, and symptoms associated with professional burnout and STS, as well as self-care strategies and techniques as preventive practice behaviors. One approach to educating new social work students about professional burnout is to integrate content in this area across foundation-level micro and macro social work courses. For example, organizational risk factors for burnout could easily be infused into macro social work course curriculum. Helping students to understand these organizational risk factors prior to their beginning field education experiences may serve to decrease their vulnerability to professional burnout.

Micro social work courses are ideal settings for providing education and skills training on individual self-care strategies as preventive measures. This material is also appropriate for any mental health practice course, particularly when infused with lectures on crisis intervention and crisis management. Lastly, discussion of these conditions with students in field placement during seminar and practicum courses may be the best way to integrate this material in a way that is meaningful to students as beginning practitioners (Cunningham, 2004; O'Halloran & O'Halloran, 2001).

### **Conclusion**

Working in direct practice with vulnerable populations is taxing for social workers who invest themselves in the provision of services to these clients. It is important to recognize that professional burnout is a phenomenon that can occur in most any social work setting, while vicarious trauma, secondary traumatic stress, and compassion fatigue are unique to direct practice with crisis and trauma populations (McCann, Sakheim, & Abrahamson, 1998; Schauben & Frazier, 1995; Sexton, 1999). It has been suggested that the best defense against these conditions is education about them, including a clear understanding of the phenomena themselves, their risk factors, and symptoms (Figley, 1995; Zimering, Monroe, & Gulliver, 2003). Despite evidence indicating the existence of these conditions in a variety of social work settings, there is little indication that information about them is being included in social work curricula (Courtois, 2002; Cunningham, 2003; Shackelford, 2006). A number of reasons for not including content on this topic can be considered: the limited time to present an already packed curriculum of "core" material, the reluctance of instructors to present material that can place practice "in a bad light," the lack of manualized and tested interventions to implement and treat these problems, and a desire to focus on strengths-based orientations to practice. With the increased likelihood that students preparing to practice in social work settings will encounter clients experiencing crisis and trauma, it seems logical that this topic be addressed as part of curriculum in schools of social work. Our experience in presenting content on this topic in practicum seminars suggests that students are somewhat familiar with these issues, and are thankful for information on how to identify clinically significant levels of these conditions, and how to address the problems.

For social workers already practicing in the field, information on these conditions should be included in agency training as well as continuing education courses. Social workers should be made aware of the emotional and psychological risks involved with treating vulnerable populations, particularly victims of trauma (Pryce, Shackleford, and Pryce, 2007), and should be encouraged to advocate for themselves for resources to address the consequences they face in providing potentially-traumatizing services to difficult populations. Instruments such as the Maslach Burnout Inventory (MBI) and the Professional Quality of Life scale (ProQOL) should be administered on a regular basis to assess both organizational and individual risk of burnout and trauma-related conditions in "high-risk" set-

tings. It is hopeful that the material presented in this article will be useful for social work educators as well as practitioners welcoming new social workers into their respected agencies and practice worlds.

## References

- 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.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: American Psychiatric Association.
- Barak, M. E. M., Nissly, J. A., & Levin, A. (2001). Antecedents to retention and turnover among child welfare, social work, and other human service employees: What can we learn from the past research? A review and metaanalysis. *Social Service Review*, 625–661.
- Bride, B. E. (2007). Prevalence of secondary traumatic stress among social workers. *Social Work*, 52(1), 63–70.
- Bride, B. E., Radney, M., & Figley, C. R. (2007). Measuring compassion fatigue. *Clinical Social Work Journal*, 35, 155–163.
- Bride, B. E., Robinson, M. M., Yegidis, B., & Figley, C. R. (2004). Development and validation of the secondary traumatic stress scale. *Research on Social Work Practice*, 14(1), 27–35.
- Catherall, D. R. (1995). Preventing institutional secondary traumatic stress disorder. In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 232–247). Levittown, PA: Brunner/Mazel.
- Catherall, D. R. (1999). Coping with secondary traumatic stress: The importance of the therapist's professional peer group. In B. Hudall Stamm (Ed.), *Secondary Traumatic stress: Self-care issues for clinicians, researchers, and educators* (pp. 80–92). Baltimore, MD: Sidram Press.
- Conrad, D., & Keller-Guenther, Y. (2006). Compassion fatigue, burnout, and compassion satisfaction among Colorado child protection workers. *Child Abuse and Neglect*, 30, 1071–1080.
- Council on Social Work Education. (2008). Educational Policy and Accreditation Standards. Retrieved from [www.cswe.org](http://www.cswe.org)
- Courtois, C. A. (2002). Education in trauma practice: Traumatic stress studies, the need for curricula inclusion. *Journal of Trauma Practice*, 1(1), 33–57.
- Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Work Education*, 40(20), 305–317.
- Cyphers, G. (2001). *Child welfare workforce survey: State and county data and findings*. American Public Human Services Association. Retrieved from <http://www.aphsa.org/cwvsurvey.pdf>

- Dunkley, J., & Whelan, T. A. (2006). Vicarious traumatization: Current status and future directions. *British Journal of Guidance and Counseling, 34*(1), 107–116.
- Farrell, R. S., & Turpin, G. (2003). Vicarious traumatization: implications for the mental health of health workers? *Clinical Psychology Review, 23*(3), 449–480.
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Levittown, PA: Brunner/Mazel.
- Figley, C. R. (2002a). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Psychotherapy In Practice, 58*(11), 1433–1411.
- Figley, C. R. (2002b). *Treating compassion fatigue*. New York: Brunner-Routledge.
- Figley, C. R., & Barnes, M. (2005). External trauma and families. In P. C. McKenry, & S. J. Price (Eds.), *Families and change* (3rd ed.). Los Angeles: Sage Publishers.
- Gardell, D. N., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare, 82*(1), 5–26.
- Gillespie, D. F. (1987). *Burnout among social workers*. New York: Haworth Press.
- Hesse, A. (2002). Secondary trauma: How working with trauma survivors affects therapists. *Clinical Social Work Journal, 30*(3), 293–311.
- Lakey, B., & Cohen, S. (2000). Social support theory and measurement. In S. Cohen, L. G. Underwood, & B. H. Gottlieb (Eds.), *Social support measurement and intervention: A guide for health and social scientists* (pp. 29–52). New York: Oxford University Press.
- Lee, R., & Ashworth, B. E. (1996). A meta-analytic examination of the correlates of three dimensions of burnout. *Journal of Applied Psychology, 81*, 123–133.
- Leiter, M. P., & Maslach, C. (2005). *Banishing burnout: Six strategies for improving your relationship with work*. San Francisco: Jossey-Bass.
- Lerias, D., & Byre, M. K. (2003). Vicarious traumatization: Symptoms and predictors. *Stress and Health, 19*, 129–138.
- Lloyd, C., King, R., & Chenoweth, L. (2002). Social work, stress and burnout: A review. *Journal of Mental Health, 11*(3), 255–265.
- Maslach, C. (1982). Understanding burnout: Definitional issues in analyzing a complex phenomenon. In W. S. Paine (Ed.), *Job stress and burnout* (pp. 29–40). Beverly Hills, CA: Sage.
- Maslach, C. (1998). A multidimensional theory of burnout. In C. L. Cooper (Ed.), *Theories of organizational stress* (pp. 68–85). Oxford, England: Oxford University Press.
- Maslach, C. (2003a). *Burnout: The cost of caring*. Cambridge, MA: Malor Book.
- Maslach, C. (2003b). Job Burnout: New directions in research and intervention. *Current Directions in Psychological Science, 12*, 189–192.
- Maslach, C., & Florian, V. (1988). Burnout, job setting, and self-evaluation among rehabilitation counselors. *Rehabilitation Psychology, 33*(2), 85–93.

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- Maslach, C., & Goldberg, J. (1998). Prevention of burnout: New perspectives. *Applied and Preventive Psychology, 7*, 63–74.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior, 2*, 99–113.
- Maslach, C., & Leiter, M. P. (1997). *The truth about burnout*. San Francisco: Jossey-Bass.
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52*(1), 397–423.
- McCann, L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress, 3*(1), 131–147.
- McCann, L., Sakheim, D. K., & Abrahamson, D. J. (1998). Trauma and victimization: A model of psychological adaptation. *The Counseling Psychologist, 16*(4), 531–594.
- Morrisette, P. (2004). *The pain of helping: Psychological injury of helping professions*. New York: Taylor & Francis Books.
- O'Halloran, M. S., & O'Halloran, T. (2001). Secondary traumatic stress in the classroom: Ameliorating stress in graduate students. *Teaching in Psychology, 28*(2), 92–97.
- 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.
- Pearlman, L. A. (1998). Trauma and the self: A theoretical and clinical perspective. *Journal of Emotional Abuse, 1*(1), 7–25.
- Pearlman, L. A. (1999). Self-care for trauma therapists: Ameliorating vicarious traumatization. In B. Hundall Stamm (Ed.), *Secondary traumatic stress: Self-Care issues for clinicians, researchers, and educators* (pp. 51–64). Baltimore, MD: Sidram Press.
- Pearlman, L. A., & MacJan, P. S. (1995). Vicarious traumatization: An empirical study of the effects of trauma work on trauma therapists. *Journal of Psychology: Research and Practice, 26*(6), 558–565.
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Counter-transference and vicarious traumatization in psychotherapy with incest survivors*. New York: Norton.
- Phipps, A. B., & Byrne, M. K. (2003). Brief Interventions for secondary trauma: review and recommendations. *Stress and Health, 19*, 139–147.
- Pines, A., & Aronson, E. (1988). *Career burnout: Causes and cures*. New York: Free Press.
- Pryce, J. G., Shackleford, K. K., & Pryce, D. H. (2007). *Secondary traumatic stress and the child welfare professional*. Chicago: Lyceum.
- Ray, E. B., & Miller, K. I. (1994). Social support, home/stress, and burnout: Who can help? *Journal of Applied Behavioral Science, 30*(3), 357–393.
- Rothschild, B. (2000). *The Body remembers: The psychophysiology of trauma and trauma treatment*. New York: W.W. Norton.

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- Rothschild, B., & Rand, M. (2006). *Help for the helper, self-care strategies for managing burnout and stress: The psychophysiology of compassion fatigue and vicarious trauma*. New York: W. W. Norton.
- Schauben, L. J., & Frazier, P. A. (1995). Vicarious trauma: The effects of female counselors working with sexual violence survivors. *Psychology of Women Quarterly, 19*, 49–64.
- Schaufeli, W. B., Bakker, A. B., Hoogduin, D., Schaap, C., & Kladler, A. (2001). On the clinical validity of the maslach burnout inventory and the burnout measure. *Psychology and Health, 16*, 565–582.
- Sexton, L. (1999). Vicarious traumatization of counselors and effects on their workplaces. *British Journal of Guidance and Counseling, 27*(3), 393–404.
- Shackelford, K. (2006). *Preparation of undergraduate social work students to cope with the effects of indirect trauma*. Unpublished Doctoral Dissertation. Department of Social Work: University of Mississippi.
- Stamm, H. B. (1999). *Secondary traumatic stress: Self-Care issues for clinicians, researchers, and educators*. Baltimore, MD: Sidran Press.
- Thorton, P. I. (1992). The relation of coping, appraisals, and burnout in mental health workers. *Journal of Psychology, 126*(3), 261–272.
- Whittaker, J. K. (1983). *Mutual helping in human service practice*. In J. K. Whittaker & J. Garbarino (Eds.), *Social support networks: Informal helping in the human services* (pp. 28–67). New York: Aldine.
- Winnubst, J. (1993). Organization structure, social support, and burnout. In W. B. Schaufeli (Ed.), *Professional burnout: Recent developments in theory and research* (pp. 151–160). Washington, DC: Taylor and Francis.
- Zimering, R., Munroe, J., & Gulliver, S. B. (2003). Secondary traumatization in mental health care providers. *Psychiatric Times, 20*(4), 20–28.

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