Organizational Resilience:
Reducing the Impact of Secondary Trauma on Front Line Human Services Staff

By Meagan O'Malley, PhD, and Yolo Akili Robinson with Steve Hydon, EdD, James Caringi, PhD, and Maria Hu, MSW
Edited by Leora Wolf-Prusan, EdD

Many people experience a traumatic event in their lifetime. In most cases, a person will return to his or her normal functioning by relying on natural support systems and without substantial disruption to their lives.[1]   But for people in some professions, exposure to traumatic events can occur regularly, even daily. The experience of prolonged exposure to traumatic events can erode the natural buffers that typically propel people to resilience. When we think of professions for whom trauma exposure might occur regularly, emergency response personnel typically come to mind: emergency medical technicians, fire fighters, and police officers. The public increasingly recognizes that these individuals may be exposed to threats that can cause harm to their physical and psychological well-being. There is increasing recognition of the need to support first responders by preventing, interrupting, and responding effectively to the impacts of traumatic stress.

What is less often acknowledged, however, are the tens of thousands of individuals working on the front lines of the helping professions—teachers, social workers, health care workers, clergy, and the staff that support them—whose day-to-day experiences may be punctuated by stories of violence, victimization, and deprivation experienced by members of their communities. Such persistent exposure to the stories of others' suffering can cause physical, emotional, and psychological harm to these individuals serving on the front line. This ReCAST Issue Brief describes the phenomenon of secondary traumatic stress (STS) and provides practical strategies for organizations committed to preventing the onset and/or progression of STS among members of their communities serving on the front lines of human services.

What Is Secondary Traumatic Stress?

Secondary traumatic stress (STS) refers to the emotional strain or tension that one feels as a result of exposure to the trauma that another individual, group, or community, has experienced. One's susceptibility or vulnerability to STS depends upon his or her life experiences and personal background. For example, one may experience

STS after exposure to a single instance of secondary trauma, or following chronic exposure to cumulative instances of secondary trauma. Similarly, a person may be predisposed to experiencing STS in response to only one form of trauma, or many. Although the term "STS" is used here, complementary terms have been used to describe similar phenomena (Figure 1).

The Impacts of STS on Individuals and Organizations

Prolonged exposure to workplace stress has a number of grave consequences for individuals and organizations. Indeed, prolonged stress has been implicated in many chronic and life-threatening diseases[9-15]:

- lowered immune response
- high blood pressure, cardiovascular disease, and stroke
- insomnia
- chronic fatigue
- cancer
- obesity
- Type II diabetes
- headaches
- irritable bowel syndrome
- arthritis
- depression and mood disorders
- anxiety disorders
- smoking and alcohol misuse
- poor nutrition

When their employees—the most valuable assets in human services fields—are suffering from these physical and mental health-related illnesses, organizations pay high costs, in terms of both psychic and material resources[9-15]:

- increased employee absences and related sick leave and disability-related costs
- increased employee turnover and related onboarding and training costs
- increased employee conflict
- decreased employee satisfaction
- reduced productivity
- lower client satisfaction

Figure 1. Complementary Terms for Secondary Traumatic Stress (STS)[6, 17-18]

Burnout:
I'm exhausted and don't feel capable, prepared, or supported

- The physical, emotional, psychological, and spiritual exhaustion resulting from chronic exposure to populations that are vulnerable or suffering
- Experienced when helping professionals have low job satisfaction and feel powerless and overwhelmed at work
- A progressive state occurring cumulatively over time
- May be reduced by changing jobs or work-related responsibilities
- Is often described as the intersection between chronic exhaustion and the employee feeling underprepard for the tasks at hand
- Can stem from a toxic workplace environment

Vicarious Trauma:
Based on what I've seen, my beliefs about the world are fundamentally changed

- The profound shift in world view that occurs in helping professionals when they work with clients who have experienced trauma
- Cognitive shifts in beliefs and thinking that occur among personnel with direct practice with victims of trauma
- Cumulative over time. Carries from one work setting to another

Compassion Fatigue:
I can't locate one reason why my ability to empathize is challenged and I can't refuel

- A more general term describing the overall experience of emotional and physical fatigue that helping professionals experience as a result of chronic use of empathy
- A syndrome consisting of a combination of symptoms of burnout and secondary traumatic stress/vicarious trauma
- Cumulative over time. Carries from one work setting to another
- Because someone cares about the people they are helping and they are compassionate, a person can sometimes feel tired or weary because they overly invest in the work they do with traumatized others

Risk Factors for Developing STS

Although STS can impact anyone, working in a helping profession is a substantial risk factor for experiencing STS.[6] "Helping professions" include occupational fields such as education, social work, emergency medical or rescue services, and criminal justice and law enforcement, just to name a few. In careers such as these, professionals routinely ensure the health, safety, and/or general well-being of others by providing them with some form of advocacy or assistance. The objective of "helping" others in this way often entails extending emotional support amidst crises or traumatic events. The risk of developing STS is greater among women, individuals with unresolved personal trauma histories, and individuals with preexisting anxiety disorders and mood disorders.[2-5] Organizational factors contribute to the development of STS as well. Prevalence of STS is higher among professionals who carry heavy caseloads (in terms of frequency of assignments and total volume), especially caseloads involving traumatized children, and who work in organizations beset by bureaucratic constraints, poor supervision, and weak collegial networks.[6]

Racism and STS. There is compelling evidence linking racial and ethnic disparities in the prevalence of mental illness and PTSD to the experience of racism and discrimination among persons of color.[7] Perceived discrimination deteriorates one's personal sense of well-being.[8] Empirical evidence linking exposure to stories of racism and discrimination and the development of STS among helping professionals is forthcoming. However, there is reason to believe that as with exposure to other types of traumatic events, repeated and prolonged exposures to others' stories of race-based trauma can contribute to the development of STS.

Key Strategies for Addressing STS in the Workplace

Organizations can reduce the prevalence and severity of STS in their human services workforces by amplifying attention to the health and well-being of individual employees, by reducing employees' exposure to risk factors in their working environments, and by creating a trauma-informed organizational culture that resists re-traumatization. Listed below are key strategies for addressing STS in the workplace.

1. Start with Organizational Culture

Any effort to address employee STS must start with a critical examination of workplace norms. A toxic organizational culture can perpetuate stigma and interfere with employee help-seeking, which contributes to the worsening of symptoms of traumatic stress. Preventing STS in the workplace requires that organizations acquire and refine trauma-informed norms:
- Acknowledge the demanding nature of this work; stressors are seen as real and legitimate.
- The challenge of reducing the impact of work-related stress on employees is seen as an institutional challenge to solve.
- The general approach to addressing employee work-related stress is to seek solutions, not to assign blame.
- Variations in individual needs and related supports are welcomed and the organization is aware of enculturated notions of distress, illness, and well-being.
- Support is expressed clearly, directly, and abundantly in the form of praise, commitment, and affection.
- Communication is open and effective; there are few sanctions against what can be said.
- The quality of communication is good; messages are clear and direct.

- There is considerable flexibility of roles; individuals are not rigidly restricted to particular roles.
- Material, social, and institutional resources are utilized efficiently.
- The subculture is free of violence.

Rethink and Redesign Organizational Policies

To better align organizational practices with trauma-informed norms, organizations may consider examining and revising policies in order to both *limit* exposure to traumatic stress and *improve* access to and quality of supports designed to mitigate the effects of exposure to traumatic stress. Organizations should work to:

- *Improve orientation and pre-service training.* This includes incorporating information about the organization's priority on reducing traumatic stress on employees. Use the opportunity to improve awareness of signs and symptoms of STS, as well as resources available to support employees.
- *Improve access to health care and mental health care. Select health care plans with strong mental health care coverage.* Allow flexible time off for employees to attend appointments to attend to their physical and mental health.
- *Improve access to confidential counseling supports.* Provide access to employee assistance programs (EAPs) to provide an easy-to-access avenue for obtaining confidential guidance with personal and/or work-related issues, including incident debriefing, and for linkages to appropriate resources.
- *Reduce caseloads.* Reduce exposure to traumatic stress by decreasing the number of cases assigned to individual helping professionals.
- *Increase opportunities for choice in work schedules, provide flexibility in work hours, and provide adequate time off.* Give increased autonomy to helping professionals to determine the working hours that best balance client care and self-care. Encourage helping professionals to take days off to prevent the buildup of work-related stress.

Train and Empower Organizational Leaders

Organizational leaders carry a heavy burden for setting a trauma-informed tone in their organizations; they must both model STS awareness in relation to their own health and well-being and provide thoughtful supports for the health and well-being of their employees. Leaders must play a proactive role in providing employees with empathetic guidance and strategic resources that will motivate employees and help employees thrive. To meet this demand, leaders need to be empowered and equipped with sustainable tools and strategies. No one-time professional development day will be effective over the long term.

- Encourage effective and reflective supervision. Regular meetings between front line staff and their supervisors is critical to preventing the accumulation of stress. Supervisors must be equipped with skills and techniques for effective consultation and supervision.

Organizations Offering STS-related Resources and Training Supports

Futures without Violence | futureswithoutviolence.org
Futures Without Violence trains helping professionals on improving responses to violence and abuse.

Headington Institute | headington-institute.org
Headington Institute partners with humanitarian relief and development organizations and emergency responders before, during, and after deployment to ensure well-being of individuals.

National Child Traumatic Stress Network | nctsn.org
NCTSN seeks to raise the standard of care and improve access to services for traumatized children, their families and communities throughout the United States.

TEND Academy | tendacademy.ca
TEND offers resources and training supports for addressing the needs of individuals working in high-stress workplaces where trauma exposure is common.

The Compassion Fatigue Awareness Project | compassionfatigue.org
The mission of the Compassion Fatigue Awareness Project is to promote awareness and understanding of compassion fatigue and its effect on caregivers.

2. Focus on Prevention

While most helping professionals receive thorough training on how to maintain their composure during incidents of secondary trauma, they often do not receive adequate support post-exposure. For example, in some workplaces, employers may reprimand employees for engaging in self-care on the job, on the grounds that doing so violates a professional code of conduct. If employers do not provide adequate time for helping professionals to debrief and process their emotions after encountering intense situations in their work, this unaddressed need can eventually lead to burnout, compassion fatigue, and/or STS.

Organizations committed to decreasing the prevalence and severity of STS within their staff must take a public health approach that focuses on reducing stigma by building awareness and reinforcing natural support systems.

Be Proactive

- Conduct a thorough mapping of all the workplace supports available to employees. When an employee is in crisis it is NOT the time to be gathering resources. Resource mapping may involve calls to catalog the resources available through health insurance companies, employee assistance programs, and local community organizations.
- Encourage employees to develop self-care plans *before the onset of STS*. Self-care plans may include:
  - Committing to reducing or eliminating negative coping strategies, including use of alcohol or drugs and overeating.
  - Committing to boosting positive coping strategies, including exercising, engaging in meditation, and spending time with personal friends and loved ones.
  - Identifying obstacles to maintaining healthy self-care and making plans for overcoming them.
  - Making an emergency intervention plan for managing crisis experiences.
- Provide ongoing opportunities to learn and practice effective relaxation and stress-management practices in the workplace. The likelihood of these practices working is increased when they are available for a sustained period, rather than a short-term period (e.g., less than one month). Practices that have evidence for reducing the negative impact of STS include:
  - *Meditation and mindfulness-based practices.* Provide training on basic meditation and mindfulness practices, encourage employees to come together for brief periods of meditation, and allow time during the workday to pause for meditation practice.
  - *Exercise*. Allow time during the workday for healthy movement and physical activity, provide space for employees to gather for group fitness experiences, and encourage employees to form social networks around exercise goals.

**Secondary Traumatic Stress:
Know the Signs, Protect Yourself**

STS can feel and/or look like chronic anxiety about work, exhaustion, irritability at work, or slipping job performance. You might detect characteristics of STS in yourself or your colleagues after observing a pattern of behaviors or reactions that may include:
- difficulty managing strong emotions
- experiencing difficulty in your relationships
- being easily startled
- feeling paranoid or being watchful of your surroundings
- having unwanted memories, or flashbacks
- isolating yourself from social experiences
- experiencing physical aches and pains, illness, and/or accidents
- having trouble going to sleep and/or staying asleep
- feeling disconnected from what's happening in your life
- feeling a loss of meaning or hope

What to do? If you start to notice the accumulation of these signs and symptoms, you need to take action as early as possible. Steps may include:
- take a break and rest: eat nutritious foods, exercise, and sleep
- limit exposure to media and reminders of traumatic experiences
- carve out time to connect with family and friends
- take comfort in spiritual and religious practices
- connect with a professional psychotherapist
- work with your employer to reevaluate your responsibilities and workload

---

  - *Healthy nutrition and eating habits.* Encourage nutritious eating habits by reducing the number of low-nutrition value foods available in the workplace, avoiding using low-nutrition value foods as rewards (e.g., bringing donuts in as a reward for a challenging week), and by giving employees easy access to healthy alternatives such as salad bars and low-calorie beverages.
- Engage in implicit bias and microaggression dialogue. Organizational and workplace cultures can perpetuate stress, dislocation, and isolation if a person or people experience work environments that dismiss employees' stress and trauma or continue to activate emotional wounds in the office. Micro aggressions are the external manifestations of implicit bias (i.e., preconceptions and attitudes that influence behavior) and are often chronic, ongoing stressors for employees. Ensure a climate that addresses race-based stress or trauma (chronic or in response to a critical event) and validate any perceived discrimination or oppression.

Communicate about Signs and Symptoms

- Place posters describing STS-related signs and symptoms, best practices for prevention of disease onset, and related workplace supports in visible locations throughout the organization.
- Provide wallet-sized cards describing STS signs and symptoms and prevention and intervention approaches and supports, and encourage employees to keep them at their workstations and in their wallets.
- Provide regular training by qualified professionals on what STS is, when and how to seek help, and what to do if you are concerned about yourself or a colleague.

Build and Reinforce Natural Social Support Systems

Relating to your colleagues' experiences of STS and receiving affirmation in return can prove to be cathartic. Dialogue normalizes the commonplace issue of STS in the workplace, and fosters an office climate that prioritizes openness and transparency about emotional well-being. Creating a supportive community in the workplace is best done with deliberate attention to the following:

- Help encourage healthy communication pathways. Offer training on becoming self-aware and learning to be effectively assertive when personal limits are met and help is needed.
- Build support networks. Develop support networks and encourage employees to meet with others in their network regularly. Networks can be organized around developing and practicing healthy coping strategies, including opportunities for creativity and play.
- Encourage the marking of meaningful moments. Social networks should take time to celebrate joys and mourn losses through traditions and ceremonies.
- Provide debriefing opportunities. Provide adequate time for helping professionals to debrief and process their emotions after encountering intense situations in their work.
- Incorporate individual and group supervision opportunities. Enhance support for front-line staff by deliberately carving out time for consultation with supervisors trained in collaborative consultation and debriefing strategies.
- Find affinity groups that are bound by shared identity to be able to process what may be identity-specific stressors.

3. Notice Early and Connect Immediately

- Encourage self-screening. Provide opportunities for employees to self-screen for STS risk and to self-refer before symptoms interfere substantially with functioning at home and work. Several STS screening tools are available and noted elsewhere in this Issue Brief.

- Allow for changes in assignments and/or caseloads. Provide opportunities for temporary or permanent shifts in work-related roles and responsibilities.
- Provide warm hand-off to employee assistance program and/or other internal supports. Simply directing an employee to call an employee assistance program is not enough. Always place a premium on employee confidentiality and personal preference, while offering to locate the EAP phone number and to be present while they call, or call on their behalf. Although all members of management should have training to identify STS in the workplace, it may also make sense to have some individuals receive specialized training and coaching in workplace supports for addressing STS and for developing referral strategies for individuals.

4. Evaluate Your Efforts

The organization must consistently evaluate the effectiveness of STS-informed organizational practices, making sure to engage employees in the process. Leaders should be open to honest feedback about organizational practices that contribute to STS and should be careful not to take constructive criticism personally. Employees should feel safe to voice input about the types of organizational practices that are harmful or toxic, without fear of retaliation.

Find an organization-level evaluation of workplace supports for self-care at Futures Without Violence:

http://promising.futureswithoutviolence.org/ files/2012/01/Org-and-Self-Care.pdf

Do Your Part: How YOU Can Help

You do not have to be a director of your organization to contribute to reducing the impact of STS on yourself and your colleagues. Below are day-to-day practices that you can follow to improve your well-being and the well-being of others.

EVERYONE
- Become emotionally aware.
- Learn to notice and name your emotions.
- Learn to identify the things in your environment that trigger your emotions (e.g., people, places, or topics that provoke an extreme emotional response in you).
- Learn to regulate your emotions and stress response system in response to identified trigger.
- Practice effective communication. Learn how to assert your interests, needs, and wants in a productive way. Learn how to ask for help and how to accept help when offered.
- Regularly practice mindfulness and meditation.
- Take care of yourself through regular exercise, a balanced diet, and regular sleep patterns.
- Carve out time for social support. Spend time with friends and loved ones.

Director	Manager or Supervisor	Front Line Worker
• Model a healthy, balanced lifestyle. • Lead a thorough needs assessment of your workplace supports for employee health and well-being. • Eliminate organizational practices that interfere with employees' ability to maintain a healthy balance of exercise, nutrition, and sleep. • Advocate for training management staff on supervision strategies that interrupt the accumulation of employee stress. • Allocate organizational resources to build employee awareness of STS risks and improve risk reduction behaviors.	• Model a healthy, balanced lifestyle. • Meet one-on-one with your employees regularly and use reflective supervision techniques. • Encourage healthy habits at the workplace, including healthy nutrition and physical activity. • Encourage employees to conduct self-screenings for STS risk. • Prepare a set of resources to address STS-related referrals before they arise. • Encourage employees to come to you at the earliest signs of STS and take immediate action.	• Regularly screen yourself for STS risk. • Attend to stress hygiene. • Take time to play through art, music, or other avenues. • Eat nutritious foods. • Reduce use of alcohol and other drugs. • Monitor your media intake. • Exercise and be physically active. • Connect with your community. • Use meditation and mindfulness. • Advocate for yourself at the earliest signs of STS. • Request a change in caseload. • Request a change in work group. • Request time off. Take a step back, rest, and recover. • Connect with your employee assistance program.

Want to Learn More? Check Out These Resources:

SCREEN

Self-Screening for STS | Professional Quality of Life Scale (PROQOL)
http://proqol.org/ProQol_Test.html

Self-Screening for Compassion Fatigue | Florida State University
http://www.ptsdsupport.net/compassion_fatugue-selftest.html
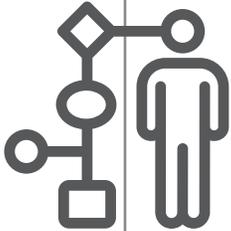
PLAN

The Vicarious Trauma Toolkit | Office for Victims of Crime, Department of Justice
https://vtt.ovc.ojp.gov/

Developing a Self-Care Plan | School of Social Work, SUNY Buffalo
http://socialwork.buffalo.edu/resources/self-care-starter-kit/developing-your-self-care-plan.html

ACT

What about you? A workbook for those that work with others | The National Center on Family Homelessness
http://508.center4si.com/SelfCareforCareGivers.pdf

Self-Care Poster | School of Social Work, SUNY Buffalo
https://socialwork.buffalo.edu/content/dam/socialwork/home/self-care-kit/self-care-poster.pdf

Study Text: Understanding & Addressing Vicarious Trauma | The Headington Institute
http://www.headington-institute.org/files/vtmoduletemplate2_ready_v2_85791.pdf

Citations

1. Bonanno, G. (2004). Loss, trauma, and human resilience: have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*, 20–28

2. Lerias, D., & Byre, M. K. (2003). Vicarious traumatization: Symptoms and predictors. *Stress and Health, 19*, 129–138.

3. Dunkley, J., & Whelan, T. A. (2006). Vicarious traumatization: Current status and future directions. *British Journal of Guidance and Counseling, 34*, 107–116.

4. Gardell, D. N., & Harris, D. (2003). Childhood abuse history, secondary traumatic stress, and child welfare workers. *Child Welfare, 82*, 5–26.

5. Sprang, G., Clark, J. J., & Whitt-Woosley, A. (2007). Compassion fatigue, compassion satisfaction, and burnout: Factors impacting a professional's quality of life. *Journal of Loss and Trauma, 12*, 259–280.

6. Newell J. M. MacNeil, G (2010). Professional burnout, vicarious trauma, secondary traumatic stress, and compassion fatigue: A review of theoretical terms, risk factors, and preventive methods for clinicians and researchers. *Best Practice in Mental Health, 6*, 57-68.

7. Office of the Surgeon General (US); Center for Mental Health Services (US); National Institute of Mental Health (US). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2001 Aug.Available from: https://www.ncbi.nlm.nih.gov/books/NBK44243/

8. Schmitt MT, Branscombe NR, Postmes T, Garcia A. (2014). The consequences of perceived discrimination for psychological well-being: a meta-analytic review. *Psychol. Bull, 140*, 921–48.

9. Austin, W., Goble, E., Leier, B., & Byrne, P. (2009). Compassion fatigue: The experience of nurses. *Ethics and Social Welfare, 3*, 195-214

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

11. Caringi, J. & Hardiman, E. (2011). Secondary traumatic stress among child welfare in the United States. *International Journal of Child and Family Welfare, 14*, 50-63.

12. Catherall, D. R. (1995). 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 educators* (pp. 80–94). Lutherville, MD: Sidran.

13. Phelps, A., Lloyd, D., Creamer, M., & Forbes, D. (2009). Caring for carers in the aftermath of trauma. *Journal of Aggression, Maltreatment & Trauma, 18*, 313-330.

14. Ray, S.L., Wong, C., White, D., Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology, 19*, 255-267.

15. White, D. (2006). The hidden costs of caring: what managers need to know. *Health Care Manager, 25*, 341-347.

16. Hensel J. M., Ruiz C., Finney C., Dewa C. S. (2015). Meta-analysis of risk factors for secondary traumatic stress in therapeutic work with trauma victims. *Journal of Traumatic Stress 28*, 83–91.

17. TEND Academy (2017). What is compassion fatigue? Retrieved from: https://www.tendacademy.ca/what-is-compassion-fatigue/

18. Malachi, C. (2001) What have we learned about burnout and health? *Psychology and Health 16,* 607–611.

The Now Is The Time Technical Assistance (NITT-TA) Center

Toll-Free Phone: (844) 856-1749
Email: NITT-TA@cars-rp.org
Website: www.samhsa.gov/NITT-TA

Substance Abuse and Mental Health Services Administration
SAMHSA
www.samhsa.gov   1-877-SAMHSA-7 (1-877-726-4727)