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Trauma Group:

<http://linkd.in/iik1mb>

Secondary Traumatic Stress Overview

Definitions:

Secondary Traumatic Stress/Vicarious Trauma (STS/VT):

STS is a secondary trauma which results from indirect exposure to trauma. Defined by Dr. Charles Figley, Secondary Traumatic Stress Disorder is “the natural consequent behaviors resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person” (Figley, 1995).

Burnout:

Although burnout has many of the same causes and symptoms of secondary trauma, burnout results from long term non-supportive work environments. It differs from secondary trauma in that exposure to clients’ trauma is not the precipitating factor (Siegfried, 2008).

Post Traumatic Stress Disorder (PTSD):

PTSD is a primary trauma which results from direct exposure to the traumatic experience. The symptoms of primary and secondary trauma can be similar (Conrad).

Common Sources of Secondary Traumatic Stress:

Secondary Trauma can be experienced after one exposure or over a prolonged period of time. Exposure to potentially traumatic sources is inherent in a child caseworker’s job, but the potential for STS and the severity of symptoms that occur can be mitigated.

“Common sources of secondary trauma in social workers include:

- *“Facing the death of a child or adult family member on the worker’s caseload*
- *Investigating a vicious abuse/neglect report*
- *Frequent/chronic exposure to emotional and detailed accounts by children of traumatic events*
- *Photographic images of horrific injuries or scenes of a recent serious injury or death*
- *Continuing work with families in which serious maltreatment, domestic violence, or sexual abuse is occurring*
- *Helping support grieving family members following a child abuse death, including siblings of a deceased child” (Siegfried, 2008).*

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Statistics:

In a study done among child protection staff in Colorado, approximately 50% of the staff was found to be suffering from “high or very high levels of compassion fatigue,” yet 70% reported “high or good potential for compassion satisfaction” (DePanfilis, 2006).

In a study done by Bride (2007), “70.2% of workers experienced at least one of the core symptoms of STS in the previous week” (Siegfried, 2008).

How to recognize it?

Signs of STS can include: fatigue or illness, cynicism, irritability, reduced productivity, feelings of hopelessness, anger, despair, sadness, feelings of re-experiencing of the event, nightmares, anxiety, avoidance of people or activities, or persistent anger and sadness (Siegfried, 2008 & Conrad).

Affects:

“Feelings of professional isolation, larger case loads, and frequent contact with traumatized people can exacerbate effects of Secondary Trauma (Stamm, 2002).” STS may lead to workers use of more sick leaves; create lower morale, and less effective workers. Consequently, this can produce poorer outcomes for children and families. One of the reasons that child case workers prematurely leave their jobs is thought to be exposure to Secondary Trauma (Siegfried, 2008). High turnover increases agency costs in the recruiting, hiring, and training of new staff.

Prevention:

“Experience has shown that a systemic prevention program can maintain helpers’ wellbeing and decrease individual and organizational losses like turn over (Stamm, 2002).” By showing recognition of secondary trauma agencies can begin to show workers that the agency cares about their health and well-being. Education on trauma informed care including secondary trauma is crucial in prevention and in the retention of workers. Agency acknowledgement helps to reduce the stigma and silence around the impact of their cases. Knowing others are experiencing similar affects, feeling supported and prepared to deal with cases can reduce the negative impacts on caseworkers and decrease the potential for secondary trauma.

Methods:

Methods to prevent and decrease exposure to secondary trauma can include: Senior leadership and recognition of STS; creating an agency statement regarding trauma support; agency encouragement and support of a healthy work life balance and wellness; initial trainings to develop an understanding of STS, identify symptoms, and learn prevention tools; ongoing trainings to support workers in implementation of prevention and reduction tools; regular peer support groups; supervisor trainings around issue of STS and staff support; regular individual supervisor support and STS evaluations; decreased exposure by dispersing high trauma cases among workers; providing staff with time flexibility for self care; and debriefing protocol.

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Current Practices:

States have an array of approaches and varying degrees of addressing Secondary Trauma among caseworkers. These approaches include: EAPs, voluntary STS training, new hire mandatory trainings, supervisor STS training, as well as ongoing trainings and peer support groups. A systemic approach appears to be most effective in prevention of STS and in turn has created lower turnover rates. In order to be effective, change must come from the top. Leadership's validation of the issue and support in addressing it will allow workers to feel that they are respected and supported. As a result, staff longevity will increase and the high costs of turnover will subside creating better outcomes for children and families.

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Stamm, B. H., Varra, E.M., Pearlman, L.A., & Giller, E. (2002). *The Helper's Power to Heal and To Be Hurt- Or Helped-By Trying.* Washington, D.C.: Register Report: A Publication of the National Register of Health Service Providers in Psychology.

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