NCTSN The National Child Traumatic Stress Network

Secondary Trauma and Child Welfare Staff:

Guidance for Supervisors and Administrators

Introduction: Why address STS within child welfare

Child Welfare has the mission of promoting child safety, well-being, and permanence through the provision of child-focused, family-based practice. As part of their day-to-day work, child welfare staff interact with people who have experienced trauma, and frequently multiple traumas, over the course of years and often over the course of generations.

Secondary traumatic stress (STS) is the emotional duress that results when an individual hears about the firsthand trauma experiences of another person.[i] Given the nature of their work, child welfare staff are at very high risk of developing STS, and they can be at risk of experiencing trauma first-hand.[ii] In addition, the trauma and secondary trauma experienced by their clients and staff can affect organizations and the organizational culture. If left unaddressed, STS can have a negative impact on the ability of individuals and organizations to help children and families.

Child welfare supervisors and administrators have the challenging task of developing and maintaining high-quality practice in a traumatogenic environment. This fact sheet provides information on how STS manifests itself in child welfare, the kinds of staff who are at risk for STS, and strategies for prevention of and intervention for STS.

How Individuals Experience STS

As secondary traumatic stress plays out on both the individual and organizational levels, supervisors and administrators should recognize its warning signs on both fronts.

On the individual level, symptoms can echo those of post-traumatic stress disorder (PTSD)—people can become hypervigilant, experience intrusive thoughts, avoid reminders of past clients, or feel numb or detached. Staff experiencing such symptoms may become short-tempered with clients or colleagues, sometimes in response to things that seem benign to others, or avoid answering calls from or asking detailed questions of new clients whose experiences may remind them of former clients' trauma stories. There are several STS assessment tools to help people better understand how they are affected by this aspect of their work and keep track of their experiences over time (see Box 1).

Box 1: Individual STS assessment tools:

- PROQoL
  http://www.proqol.org/
- Bride STSS Scale
  http://academy.extensiondlc.net/file.php/1/resources/TMCrisis20CohenSTSScale.pdf
- IES-R
  http://www.emdrhap.org/content/wp-content/uploads/2014/07/VIII-E_Impact_of_Events_Scale_Revised.pdf

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Individuals affected by STS can also experience changes in their worldview, which often is referred to as *vicarious trauma*.[iii] They can feel more negative and pessimistic, hopeless about the possibility for change, and overwhelmed by the obstacles they face. They may project their work experiences onto others; for example, they might see a father and daughter holding hands in the park and, instead of seeing a happy family, worry about whether the girl is being abused. Staff with vicarious trauma must deal with the effects on their personal lives and relationships, challenges that may be hard to reverse.

Organizations, too, can show signs of traumatic stress. In agencies affected by STS, the organization may be very reactive or avoidant, communication and collaboration may break down, and staff and clients may feel a lack of psychological safety.[iv, v, vi] Given how common trauma exposure is in child welfare, some organizations have a "stiff upper lip" ethos that discourages talking about the emotional impact of the work. Leadership should monitor these dynamics and, when necessary, directly address them. The Secondary Traumatic Stress Informed Organization Assessment (STSI-OA) is a tool organizations can use to identify how well they attend to secondary traumatic stress.[vii]

Understanding Who is at Risk

Although typically supervisors think that staff who have direct interaction with clients are at highest risk for developing secondary traumatic stress—given the pervasive presence of trauma in child welfare work—*all* staff in child welfare agencies are at risk. In fact, staff whose roles are supportive—receptionists, drivers, maintenance workers, among others—may be at higher risk because of a lack of opportunity to process the stories they hear as part of their jobs with clinically trained supervisors.

Supervisors have a particular STS-related challenge, as they are responsible for supporting staff affected by STS while potentially being affected themselves. Additionally, supervisors who are not trained to identify or manage staff STS-related symptoms can become overwhelmed and less effective.

Child welfare staff at all levels may have chosen to go into a helping profession because of their own history of trauma. While such experiences can be a source of strength and a basis for empathetic connection with clients, they can also make people more vulnerable to developing secondary traumatic stress symptoms.[viii, ix]
All staff should understand that their personal experiences may put them at higher risk of STS and should have access to appropriate supportive or therapeutic services.

Strategies for Mitigating STS

Evidence exists that organizational climate can mitigate some of the effects of STS. Child welfare staff who describe their work environments as supportive report less STS.[x, xi] Staff affected by their exposure to traumatic material should have access to support. Organizations should include information about STS symptoms, resources, referrals, and the process for accessing them, in new employee orientation materials and post such STS-related information in a prominent location. Staff should receive consistent supervision that includes not only developing administrative and case-based skills, but also acknowledges the effects of the work on the employee. In-service trainings should regularly feature self-care strategies, including how to manage difficult emotions.

As a sense of physical safety is essential in the prevention of STS, child welfare agencies should make this a core element of training, skill development, policies, and practices. Administrators should routinely survey staff about their sense of safety and their confidence in their ability to manage explosive or risky situations with clients.

Staff who feel that they are increasing competency in job skills—especially if they are employing evidence-based practices—also generally experience less STS.[xii, xiii] A particular hazard in child welfare is that an emphasis on complying with policies and procedures may detract from the central mission of protecting children and preserving families. Although the core task of child welfare work is protecting children, the system's legal and administrative requirements can make it difficult to sustain this focus.

One's feeling of *compassion satisfaction*, that is, the positive emotions that come through helping others, is another protective factor against secondary traumatic stress. However, the high-stakes nature of child welfare work means that the system's attention is often on the things that could or do go wrong—while the many things that go right are overlooked. Developing this kind of "negative lens" is a common outcome of trauma exposure. Helping staff to stay attuned to their motivations for working in the child welfare field and intentionally recognizing the positive impact they have on children's and families' lives can help mitigate secondary traumatic stress.[xiv]

As mentioned earlier, child welfare supervisors need training in identifying and managing staffs' STS-related symptoms and integrating this information into regular supervision. Organizations should also have a defined protocol for managing the emotional well-being of staff directly following critical incidents, such as the death of a client. The response should include a discussion of common reactions for staff to self-monitor, an opportunity for all to deal with difficult emotions, and a plan for addressing difficulties that may arise. The approach should encourage mutual support among team members, but also respect individual coping styles.

Strategies for Intervention

Supervisors should recognize and address staffs' emotional reactions to the often-intense nature of child welfare work during supervision so that they can normalize STS-related risk and emphasize self-care. Child welfare organizations should provide training to supervisors in reflective supervision techniques, which encourage looking at the personal impact of client-worker relationships and promote the exploration of perceptions and emotions that may be affecting worker effectiveness and impeding case progress. The demonstration and practice of skills such as cognitive reframing and mindfulness (e.g., visualization, conscious breathing) can be integrated into supervisory sessions to help workers become proficient in strategies that decrease reactivity and increase a sense of control.

Professional development efforts may focus on building skills associated with resilience and this skill-building can be accomplished in formal and informal ways. For example, ongoing "check-ins" and coaching that occur at the small group or unit level can reinforce resilience-focused training. As team members actively practice coping skills and other strategies for individual-level stress reduction and self-care, the ongoing collaborative discussion, reflection, and application of resilience skills can become integrated into agency practice and culture.

Formal peer mentoring programs can be an effective means of providing staff support, especially to newer staff who may have had expectations about child welfare work that do not match the reality of their jobs.[xv] For example, many people become caseworkers because they are interested in helping kids, but instead spend much of their time struggling with burdensome paperwork and overcoming challenges to accessing services. Peer mentors can support ongoing self-assessment regarding the personal impact of child welfare work and may assist the mentee in recognizing unhealthy changes in functioning and accessing additional support, if warranted.

Agency practices based on valuing and promoting self-care (e.g., taking a lunch break, asking for help, schedule flexibility, maintaining work-life boundaries) can help workers shift their focus from what they cannot control to what they can. Agency leadership should "practice what they preach" by not only modeling these things themselves, but also by ensuring that they are not sending inconsistent messages to staff by, for example, talking about the importance of home-work boundaries while still expecting staff to respond to routine emails at night and over weekends. Offering supportive services after critical incidents—in addition to consistent recognition of staff, agency, and system achievements—can also promote a sense of empowerment and connection between agency management and line staff.

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"...We are stewards not just of those who allow us into their lives but of our own capacity to be helpful..."[1]

Secondary Traumatic Stress

A Fact Sheet for Child-Serving Professionals

INTRODUCTION

Each year more than 10 million children in the United States endure the trauma of abuse, violence, natural disasters, and other adverse events.[2] These experiences can give rise to significant emotional and behavioral problems that can profoundly disrupt the children's lives and bring them in contact with child-serving systems. For therapists, child welfare workers, case managers, and other helping professionals involved in the care of traumatized children and their families, the essential act of listening to trauma stories may take an emotional toll that compromises professional functioning and diminishes quality of life. Individual and supervisory awareness of the impact of this indirect trauma exposure—referred to as secondary traumatic stress—is a basic part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them.

Our main goal in preparing this fact sheet is to provide a concise overview of secondary traumatic stress and its potential impact on child-serving professionals. We also outline options for assessment, prevention, and interventions relevant to secondary stress, and describe the elements necessary for transforming child-serving organizations and agencies into systems that also support worker resiliency.

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1 How Individuals Experience Secondary Traumatic Stress

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD). Accordingly, individuals affected by secondary stress may find themselves re-experiencing personal trauma or notice an increase in arousal and avoidance reactions related to the indirect trauma exposure. They may also experience changes in memory and perception; alterations in their sense of self-efficacy; a depletion of personal resources; and disruption in their perceptions of safety, trust, and independence. A partial list of symptoms and conditions associated with secondary traumatic stress includes[3]

- **Hypervigilance**
- **Hopelessness**
- **Inability to embrace complexity**
- **Inability to listen, avoidance of clients**
- **Anger and cynicism**
- **Sleeplessness**
- **Fear**
- **Chronic exhaustion**
- **Physical ailments**
- **Minimizing**
- **Guilt**

Clearly, client care can be compromised if the therapist is emotionally depleted or cognitively affected by secondary trauma. Some traumatized professionals, believing they can no longer be of service to their clients, end up leaving their jobs or the serving field altogether. Several studies have shown that the development of secondary traumatic stress often predicts that the helping professional will eventually leave the field for another type of work.[4,5]

2 Understanding Who is at Risk

The development of secondary traumatic stress is recognized as a common occupational hazard for professionals working with traumatized children. Studies show that from 6% to 26% of therapists working with traumatized populations,and up to 50% of child welfare workers, are at high risk of secondary traumatic stress or the related conditions of PTSD and vicarious trauma.

Any professional who works directly with traumatized children, and is in a position to hear the recounting of traumatic experiences, is at risk of secondary traumatic stress. That being said, risk appears to be greater among women and among individuals who are highly empathetic by nature or have unresolved personal trauma. Risk is also higher for professionals who carry a heavy caseload of traumatized children; are socially or organizationally isolated; or feel professionally compromised due to inadequate training.[6,8] Protecting against the development of secondary traumatic stress are factors such as longer duration of professional experience, and the use of evidence-based practices in the course of providing care.[7]

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary traumatic stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a label proposed by Figley4 as a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with that term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client.[13] It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material. The primary symptoms of vicarious trauma are disturbances in the professional's cognitive frame of reference in the areas of trust, safety, control, esteem, and intimacy.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

3 Identifying Secondary Traumatic Stress

Supervisors and organizational leaders in child-serving systems may utilize a variety of assessment strategies to help them identify and address secondary traumatic stress affecting staff members.

The most widely used approaches are informal self-assessment strategies, usually employed in conjunction with formal or informal education for the worker on the impact of secondary traumatic stress. These self-assessment tools, administered in the form of questionnaires, checklists, or scales, help characterize the individual's trauma history, emotional relationship with work and the work environment, and symptoms or experiences that may be associated with traumatic stress.[4,9]

Supervisors might also assess secondary stress as part of a reflective supervision model. This type of supervision fosters professional and personal development within the context of a supervisory relationship. It is attentive to the emotional content of the work at hand and to the professional's responses as they affect interactions with clients. The reflective model promotes greater awareness of the impact of indirect trauma exposure, and it can provide a structure for screening for emerging signs of secondary traumatic stress. Moreover, because the model supports consistent attention to secondary stress, it gives supervisors and managers an ongoing opportunity to develop policy and procedures for stress-related issues as they arise.

Formal assessment of secondary traumatic stress and the related conditions of burnout, compassion fatigue, and compassion satisfaction is often conducted through use of the Professional Quality of Life Measure (ProQOL).[7,8,10,11] This questionnaire has been adapted to measure symptoms and behaviors reflective of secondary stress. The ProQOL can be used at regular intervals to track changes over time, especially when strategies for prevention or intervention are being tried.

4 Strategies for Prevention

A multidimensional approach to prevention and intervention—involving the individual, supervisors, and organizational policy—will yield the most positive outcomes for those affected by secondary traumatic stress. The most important strategy for preventing the development of secondary traumatic stress is the triad of psychoeducation, skills training, and supervision. As workers gain knowledge and awareness of the hazards of indirect trauma exposure, they become empowered to explore and utilize prevention strategies to both reduce their risk and increase their resiliency to secondary stress. Preventive strategies may include self-report assessments, participation in self-care groups in the workplace, caseload balancing, use of flextime scheduling, and use of the self-care accountability buddy system. Proper rest, nutrition, exercise, and stress reduction activities are also important in preventing secondary traumatic stress.

PREVENTION

- **Psychoeducation**
- **Clinical supervision**
- **Ongoing skills training**
- **Informal/formal self-report screening**
- **Workplace self-care groups**
  (for example, yoga or meditation)
- **Creation of a balanced caseload**
- **Flextime scheduling**
- **Self-care accountability buddy system**
- **Use of evidence-based practices**
- **Exercise and good nutrition**

5 Strategies for Intervention

Although evidence regarding the effectiveness of interventions in secondary traumatic stress is limited, cognitive-behavioral strategies and mindfulness-based methods are emerging as best practices. In addition, caseload management, training, reflective supervision, and peer supervision or external group processing have been shown to reduce the impact of secondary traumaticstress. Many organizations make referrals for formal intervention from outside providers such as individual therapists or Employee Assistance Programs. External group supervision services may be especially important in cases of disasters or community violence where a large number of staff have been affected.

The following books, workbooks, articles, and self-assessment tests are valuable resources for further information on self-care and the management of secondary traumatic stress:

- Volk, K.T., Guarino, K., Edson Grandin, M., & Clervil, R. (2008). *What about You? A Workbook for Those Who Work with Others.* The National Center on Family Homelessness. http://508.center4si.com/SelfCare-forCareGivers.pdf
- *Self-Care Assessment Worksheet* http://www.ecu.edu/cs-dhs/rehb/uploa Wellness_Assessment.pdf
- Hopkins, K. M., Cohen-Callow, A., Kim, H. J., Hwang, J. (2010). Beyond intent to leave: Using multiple outcome measures for assessing turnover in child welfare. *Children and Youth Services Review, 32*,1380-1387.
- Saakvitne, K. W., Pearlman, L. A., & Staff of TSI/CAAP. (1996). *Transforming the Pain: A Workbook on Vicarious Traumatization.* New York: W.W. Norton.
- Van Dernoot Lipsky, L. (2009). *Trauma Stewardship: An everyday guide to caring for self while caring for others.* San Francisco: Berrett-Koehler Publishers.
- Compassion Fatigue Self Test http://www.ptsdsupport.net/compassion_fatugue-selftest.html
- *ProQOL 5* http://proqol.org/ProQol_Test.html
- Rothschild, B. (2006). *Help for the helper. The psychophysiology of compassion fatigue and vicarious trauma.* New York: W.W. Norton.

INTERVENTION

Strategies to evaluate secondary stress

Cognitive behavioral interventions

Mindfulness training

Reflective supervision

Caseload adjustment

Informal gatherings following crisis events (to allow for voluntary, spontaneous discussions)

Change in job assignment or workgroup

Referrals to Employee Assistance Programs or outside agencies

6 Worker Resiliency in Trauma-informed Systems: Essential Elements

Both preventive and interventional strategies for secondary traumatic stress should be implemented as part of an organizational risk-management policy or task force that recognizes the scope and consequences of the condition. The Secondary Traumatic Stress Committee of the National Child Traumatic Stress Network has identified the following concepts as essential for creating a trauma-informed system that will adequately address secondary traumatic stress. Specifically, the trauma-informed system must

- Recognize the impact of secondary trauma on the workforce.
- Recognize that exposure to trauma is a risk of the job of serving traumatized children and families.
- Understand that trauma can shape the culture of organizations in the same way that trauma shapes the world view of individuals.
- Understand that a traumatized organization is less likely to effectively identify its clients' past trauma or mitigate or prevent future trauma.
- Develop the capacity to translate trauma-related knowledge into meaningful action, policy, and improvements in practices.

These elements should be integrated into direct services, programs, policies, and procedures, staff development and training, and other activities directed at secondary traumatic stress.

> *"We have an obligation to our clients, as well as to ourselves, our colleagues and our loved ones, not to be damaged by the work we do."*[12]

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NCTSN The National Child Traumatic Stress Network

About the National Child Traumatic Stress Network

Established by Congress in 2000, the National Child Traumatic Stress Network (NCTSN) is a unique collaboration of academic and community-based service centers whose mission is to raise the standard of care and increase access to services for traumatized children and their families across the United States. Combining knowledge of child development, expertise in the full range of child traumatic experiences, and attention to cultural perspectives, the NCTSN serves as a national resource for developing and disseminating evidence-based interventions, trauma-informed services, and public and professional education.