

## ***What is Secondary Traumatic Stress?***

Secondary traumatic stress (STS) is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. This exposure may occur in the form of hearing stories, seeing images or videos, reading details of a case file, listening to graphic court testimony, and/or graphic debriefing by a colleague. It is, unfortunately, all too common among professionals working with traumatized children, with studies showing that up to 50% of child welfare workers are at high risk for STS.

### **Physical Signs of STS:**

- Physical Exhaustion
- Insomnia or hypersomnia
- Headaches and migraines
- Increased susceptibility to illness
- Somatization and hypochondria

### **Behavioral Signs of STS:**

- Increased use of alcohol or drugs; Other addictions
- Absenteeism from work
- Anger and irritability
- Exaggerated sense of responsibility
- Avoidance of clients
- Impaired ability to make decisions
- Forgetfulness
- Problems in personal relationships
- Leaving the job all together
- Compromised care for clients
- The silencing response

### **Psychological Signs of STS:**

- Emotional exhaustion
- Distancing
- Negative self-image
- Depression
- Reduced ability to feel sympathy and empathy
- Cynicism and embitterment
- Resentment
- Professional helplessness and/or loss of hope
- Diminished sense of enjoyment on the job
- Disrupted world view
- Problems with intimacy
- Hypervigilance
- Intrusive imagery
- Insensitivity to emotional material
- Difficulty separating personal and professional lives

## **Other commonly used terms** (from Mathieu, 2011)

- **Burnout** is the physical and emotional exhaustion helpers may experience due to low job satisfaction, having feelings of powerless, and being overwhelmed in the workplace.
- **Compassion fatigue** is the profound emotional and physical exhaustion that caregivers and people in helping professions can develop over the course of their career as helpers. It is experienced as a gradual erosion of the things that keep helpers connected to others in their caregiver role.
- **Vicarious trauma** is the profound shift that helpers experience in their world view when working with clients who experience trauma. Fundamental beliefs about the world are altered and possibly damaged due to repeated exposure to traumatic material.

## Why is it an issue for Child Welfare staff of all levels?

Child welfare systems are charged with improving the safety, permanency, and well-being of children. Child welfare staff work with children and families who have experienced trauma on a daily basis. These workers may be exposed to trauma *indirectly*, as they hear about it from their clients or see the effects of the trauma on children and families. They may also experience and witness trauma *directly* in their professional role as they intervene in complex family situations or partner with law enforcement. STS can take a severe toll on child- and family-serving professionals, impacting their professional functioning and their overall health, well-being and quality of life. Child welfare systems and child- and family-serving agencies, in general, need to support and protect their workforce by addressing STS through both policy and practice. This resource provides a summary of the National Child Traumatic Stress Network's (NCTSN) *Secondary Traumatic Stress in Child Welfare Practice: Trauma-Informed Guidelines for Organizations* report (Chadwick Trauma-Informed Systems Dissemination and Implementation Project, 2016) to review what is known about concrete strategies to address STS and provides links to additional information and resources.

## How can child welfare systems prevent and address STS?

Child- and family-serving systems can prevent and address STS in a variety of ways. However, it is important to note that these efforts are an on-going process and that STS cannot be addressed through a single training course or presentation. STS should also be addressed throughout the life of the child welfare workforce, beginning with recruitment, continuing through their tenure with the agency, and concluding with an exit interview process whenever a staff member leaves the agency. Successful implementation of an STS approach will require clear commitment and support from agency leadership, as well as the on-going resources to develop and deliver the STS strategies.

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## Strategies

### Begin at the Beginning – Recruitment and Hiring

- Ensure that the job description reflects the realities of the job, both the positive and the negative.
- Utilize realistic job previews that give an overview of a “day in the life” of a specific role – (Faller et al., 2009).
- Arrange for applicants to meet with current staff to ask questions and learn first-hand about the job.
- During the interview:
  - Ask about experience working with trauma survivors or relevant educational background and lived experience.
  - Ask about their personal stress management, self-care, and coping skills when dealing with work-related stress.
  - Provide information about the types of supports that are available on the job, such as EAP benefits, wellness programs, and peer support.

## Right out of the Gate – Supporting new employees

- Provide a Welcome and Wellness Packet for the employee's first day.
- Orient new employees to the facility and introduce co-workers, including potential mentors.
- Include education and discussion about STS in orientation training, as well as the agency's response and supports.
- Build the new employee's caseload thoughtfully.
- Focus on these key elements to help minimize the impact of STS (Killian & Mathieu, 2015):
  - Timely, regular, and quality debriefing
  - Timely, regular, and quality supervision
  - Social support at work
  - Rotation of a trauma caseload
  - Training on trauma-informed practices
  - Control over one's schedule
  - Success in one's work



## Day-to-Day Operations – Supporting all employees

- Assess all staff for STS on a regular basis through self-assessment surveys.
- Build resiliency among all staff through techniques such as active coping and mindfulness.
- Support a healthy work-life balance by implementing clear policies regarding coverage for time off, scheduling, on-call hours, and caseload size and composition.
- Empower all staff by valuing their feedback and opinions.
- Provide support systems, both internal (e.g., supervision, professional education) and external (e.g., EAP, health insurance, wellness programs), for all staff.
- Recognize successes regularly and facilitate team building activities.

## Saying Goodbye – feedback from departing employees

- Incorporate questions about STS into your agency's exit interview process to learn more about strengths and weaknesses in the agency's STS approach.

**Addressing Critical Incidents:** Events that happen outside of the range of what is considered normal casework experiences such as child fatalities, severe abuse, and violence against staff.

- Be aware that these incidents may overwhelm a person's ability to cope with stress in both their professional and personal lives and impact team morale or the organization as a whole. Have clear protocols for debriefing critical incidents that include:
  - Provide a timely response
  - Utilize a neutral party for debriefing
  - Provide peer support
  - Providing the option for time off from work

## On-line Resources

- NCTSN Resources: <https://www.nctsn.org/trauma-informed-care/culture-and-trauma/nctsn-resources>
- The Center for Child Welfare Trauma-Informed Policies, Programs, and Practices (TIPs Center): [www.tipscenter.org](http://www.tipscenter.org)
- National Child Welfare Workforce Institute: [www.NCWWI.org](http://www.NCWWI.org)
- TEND: <https://www.tendacademy.ca/>
- Advancing California's Trauma-Informed Systems (ACTS): <https://www.actsproject.com/>
- CEBC Child Welfare Workforce Development and Support Programs topic area: <https://www.cebc4cw.org/topic/child-welfare-workforce-development-and-support-programs/>

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