Secondary Traumatic Stress: The Impact of Exposure to Indirect Trauma on Helping Professionals and Students in Training

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Abstract--- *Social workers and other helping professionals provide treatment and services to populations that have experienced trauma, and in doing so, are indirectly or secondarily exposed to explicit details of these traumatic events. Negative effects experienced by workers and students in training, associated with indirect trauma exposure, have been reported in the literature. The following paper describes related terms found in the literature to describe these specific negative effects, with primary emphasis on secondary traumatic stress and its prevention. Secondary traumatic stress effects reported by helping professionals and students in training will be discussed. This paper also reviews the literature on risk factors for developing secondary traumatic stress, and teaching strategies to prevent the development of secondary traumatic stress or reduce these effects, when present.*

Keywords--- *Compassion Fatigue, Prevention, Secondary Traumatic Stress, Teaching Strategies, Vicarious Trauma*

I. INTRODUCTION

THE World Health Organization recently reported that nearly four percent of the total responding population, that spanned over 20 countries, was found to meet the benchmark for Post-Traumatic Stress Disorder(PTSD)[1]. PTSD develops when a person directly experiences or witnesses a major traumatic event, such as extreme violence, sexual trauma, war, homelessness, and other natural or man-made catastrophes [2].People who experience or witness direct trauma often receive services from social workers and other helping professionals such as mental health, health-care, and emergency response professionals. As social workers and other helping professionals work with people who have directly experienced trauma, they themselves are indirectly exposed to the traumatic experiences of those they work with. This indirect traumatic exposure may take the form of detailed verbal written accounts of traumatic events and may elicit graphic images in the worker themselves. This indirect exposure may lead to negative effects in workers, referred to as Secondary Traumatic Stress effects [3]. These secondary traumatic stress effects may become debilitating if not recognized, and may interfere with the worker's ability to provide effective services and may result in some worker's leaving the field of profession [3].

When social workers and/or other helping professionals experience extreme negative effects, they are at risk of providing ineffective services and may ultimately leave the profession. Laura Van Dernoot Lipsky speaks to the impact of trauma exposure on workers, including how worker's indirect exposure to trauma may lead to psychological and physiological changes in the worker, including changes in the worker's general view of the world [4]

Raising self-awareness of secondary traumatic stress, along with intentional engagement in strategies to enhance resilience and prevent or reduce secondary traumatic stress, may advance personal and professional well-being for social workers, social work students, and other helping professionals; promote longevity in the profession; and ultimately lead to more effective outcomes for those social workers serve.

II. SECONDARY TRAUMATIC STRESS AND RELATED TERMS

Several terms have been used to describe the negative effects that social workers, social work students, and those in other helping professions experience as a result of being exposed to traumatic material. The term counter-transference has been used to describe the therapist's emotional reactions to a client that may be completely independent of the client's history and presentation. Such reactions may be positive, resulting in an enhancement of the treatment relationship or outcome, or negative, resulting in interference with the treatment relationship or outcome [5] [6]. Recognition, on the part of the therapist, of counter-transference effects can lead to better treatment outcomes by either illuminating inaccurate assumptions or reactions on the part of the therapist, or providing a window into how others may experience the client [5] [6].

The term burnout is used to describe a general sense of fatigue, reduction in interest or passion for one's work, and reduced sense of self-efficacy in response to one's work [5]. Burnout may be experienced by any worker, regardless of their chosen profession, trade, or field of practice [5]. However, several have reported a relationship between burnout and/or secondary exposure to traumatic material [7]. Symptoms of burnout include absenteeism, arriving late for work, lack of energy, reduced productivity, and providing insufficient services. Symptoms may also include diminished effectiveness in personal and professional relationships, and

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ineffective coping [6]. Social workers and other helping professionals who work with trauma survivors and who experience burnout, may also experience other negative effects including compassion fatigue [9][10], vicarious trauma [16], and secondary traumatic stress[3].

Compassion fatigue involves the impact on professionals and non-professionals in care giver roles, who may or may not work specifically with persons who have experienced trauma [9]. Compassion fatigue is thought to develop through the process of empathic engagement with persons who are in need of care or services. Compassion fatigue may develop in the absence of exposure to the indirect trauma of others, differentiating it from vicarious trauma and secondary traumatic stress [9] [10].

Vicarious trauma refers to the development of negative cognitions in workers who provide treatment to traumatized persons. These negative cognitions are thought to develop as a result of cumulative exposure to clients' traumatic material over time. Vicarious trauma effects develop when workers empathically engage with the traumatized persons that they are working with and are exposed to their explicit accounts of their trauma experience/s[11]. Constructivist Self-Development Theory is used to describe how when the worker is exposed to clients' traumatic material overtime, it has a cumulative effect, resulting in cognitive disruptions in the worker's sense of self, view of the world, and relationships [11].

Another term used to describe the negative effects workers may experience who work with traumatized persons and are indirectly exposed to their experiences of trauma, is secondary traumatic Stress [3].As with vicarious trauma, this indirect or secondary exposure to traumatic material may occur through hearing client reports of their trauma experience/s, reading case material and vignettes that describe traumatic events, and watching films or reading books with trauma content. The emotional distress in secondary traumatic stress takes the form of symptoms experienced by the worker, similar to those of Posttraumatic Stress Disorder (PTSD) [3], however, the etiology of secondary traumatic stress differs from PTSD in that the traumatic exposure is indirect [3]. These PTSD-like symptoms may include hypervigilance; avoidance of reminders of this indirect trauma, such as avoiding books or movies with trauma content; having intrusive thoughts such as thinking about clients' experiences of trauma when not intending to; having difficulty sleeping; having a depressed mood; feeling increased levels of anger, cynicism, or guilt; utilizing negative coping strategies such as using substances; and/ or reduced personal or professional self-care [3] [13].

Secondary traumatic stress may occur upon initial exposure, whereas vicarious traumatization is thought to involve changes in cognitive domains regarding self and others that develops from cumulative exposure to indirect trauma [11]. This indirect or secondary exposure to traumatic material may take place in professional organizations, private practice settings, academic settings, and while the clinician or student/ clinician in training is at work, at school, or at home.

Given that secondary traumatic stress may result from one incident of secondary trauma exposure, social work students and newer workers may be particularly at risk. Likewise, if the early symptoms of secondary traumatic stress are recognized and effective strategies are utilized, these symptoms may be reduced, therefore preventing the development of more chronic negative effects such as those found in vicarious traumatization[3] [4].

III. Secondary Traumatic Stress in Workers

Social workers and other helping professionals, who work with persons who have experienced trauma, report a range of negative effects associated with secondary exposure to the traumatic experiences of those they serve. These secondary traumatic stress effects in workers have been well documented in the literature [3] [4] [11]--[30].Effects reported by workers include symptoms similar to PTSD [3], with the exception that the clinician was not directly exposed to the traumatic event, and instead was secondarily exposed to the client's accounts of trauma. This secondary exposure may include detailed and often graphic verbal reports of the client's traumatic experience, related affective expression and overall impact of the trauma; and exposure to written case material. Effects on the worker may include having intrusive thoughts about this indirect trauma exposure, and avoiding reminders of the trauma, such as reading books or watching movies with similar traumatic themes [3] [14] [16] [18]-[20]emotional numbing [21] [23], and hypervigilance [18] [23].

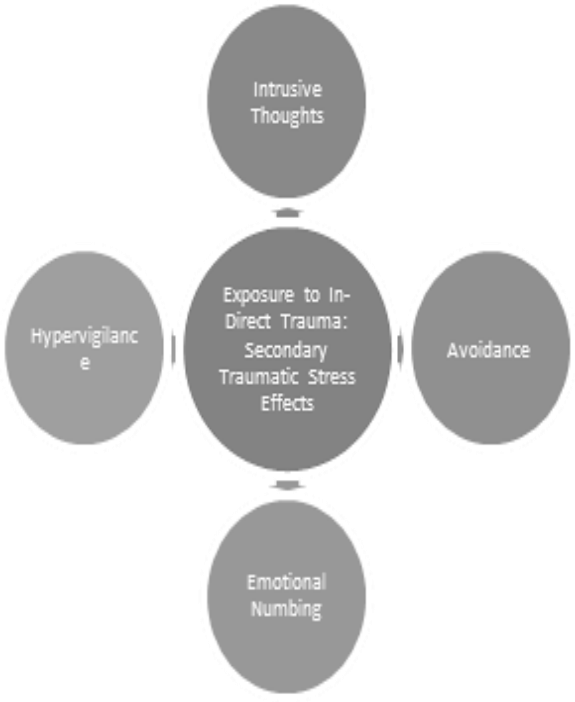

Figure 1: Secondary Traumatic Stress Effects

If secondary traumatic stress is not prevented, workers run the risk of developing vicarious trauma symptoms, such as disrupted cognitive schemas related to the self or others. Vicarious trauma symptoms reported by helping professionals who work with traumatized persons, include decreased self-

esteem [16] [24], and decreased sense of self-trust in one's own competence [16] [25]. Helping professionals also report having disrupted cognitive schemas related to their view of others and the world, such as perceiving the world to be less safe [21] [23]-[25], decreased trust in others [21] [24] [25], disrupted cognitions about intimacy with others [26], and increased cynicism [21]. Relational difficulties noted in the literature include clinicians' reports of sexual difficulties [16] [21] [24], and feelings of isolation [21].

All helping professionals who are exposed to indirect trauma are at risk for developing secondary traumatic stress. Those found to be at greater risk include those reporting as female [3], those having their own history of trauma [3] [16] [26]-[30], highly empathic workers, workers who are newer to the field [16] [31] [32], and younger workers [30]. Other factors found in the literature associated withthe development of secondary traumatic stress include working in isolated settings, being over burdened by one's workload, and the self-perception of not being adequately trained for one's work role [7] [8].

IV. Secondary Traumatic Stress in Students Training

Given the prevalence of adults who have experienced at least one traumatic event in their life time (80%) [2], increased awareness of the broad nature of trauma across the lifespan, to include for example, interpersonal violence, terrorism, and natural disasters [33]; increased awareness of the chronic adverse effects of trauma amidst a lack of resources, such as trained personnel to work with trauma survivors; educational programs that train social workers and other helping professionals are called upon to emphasize the impact of trauma across the life span, and prepare students in training for the unique hazards of providing trauma-informed services [33].

Despite this identified need, less is known about the impact on students in helping professions (e.g., social work, psychology, and counseling) who are exposed to traumatic material in the classroom or in their field training sites as part of their training program. Several authors have identified potential risks in exposing students in higher education (within and outside of helping profession disciplines) with traumatic material in courses, e.g., videos, readings, and in encouraging self-disclosure of students' own trauma histories in writing or in classroom discussion [33]--[35]. Recent literature has begun to explore the impact on students in social work programs who were exposed to trauma through case material presented in class, i.e., case vignettes, assigned readings, and videos [36] [37].

Research findings suggest that students in helping professions are also at higher risk for developing secondary traumatic stress when they are placed in field settings where they are exposed to people who have trauma histories [31] [38]; particularly when they are trauma survivors themselves [31] [33] [34][36] [39]. Consistent with literature focused on workers, risk factors for students in developing secondary traumatic stress include having high caseloads, being younger and/ or less experienced [34], and self-reporting receiving inadequate supervision and/or training [31].

V. Preventing Secondary Traumatic Stress in Students Training

So then, how might social work educators better prepare social work students for trauma work without retraumatization and/or contributing to the development of secondary traumatic stress effects? Students in social work and other helping professions are exposed to trauma content in the classroom through assigned readings that include trauma content, videos depicting traumatic experiences, and also in field training settings where students are exposed to trauma survivors and their relaying of personal trauma narratives. Therefore, prevention of secondary traumatic stress effects must take place in the classroom, and early on in student's professional training. There is a growing body of literature that explores students' level of secondary traumatic stress effects associated with trauma exposure in the classroom, while it is difficult to parcel out whether these effects are due singularly to this exposure, or whether these effects are confounded with students' own experience of trauma or other indirect trauma exposure occurring in work settings outside of the students' training [8] [34] [36] [37]. In any event, there is consensus about the need to engage in prevention strategies in social work and other helping professional training programs to mitigate these effects and to advance life-long strategies that may increase worker resilience [40].

Teaching strategies to advance the level of preparedness for students in helping professions to work with populations who have been exposed to trauma, while preventing the development of secondary traumatic stress effects include providing students with information early on in their training about secondary traumatic stress and vicarious trauma effects [36] [37]. Informing students about potential negative effects associated with providing treatment to traumatized populations will assist students, who will later become helping professionals, recognize these effects in themselves and/ or colleagues, and normalize these effects, rather than promoting a perceived sense of stigma, weakness, or pathology.

In the classroom, there is emerging consensus that pedagogy must promote student safety as both an ethical imperative and necessity to prepare social work students for work with people who have experienced trauma [36]. Elements of creating safety for students include providing informed consent, which includes increasing student awareness of the inherent hazards of doing trauma work, i.e., the risk for potential negative effects such as secondary traumatic stress, vicarious trauma, compassion fatigue, and burnout; along with the necessity of utilizing intentional self-care strategies to prevent or reduce these effects [27] [33][36] [37] [41].

In courses that specifically address trauma content or expose students to trauma survivors and their traumatic experiences in the field, it is particularly necessary to prepare students for this level of exposure and the possibility of secondary traumatic stress effects [8] [33] [34] [36] [37]. Providing specific coursework and training in trauma

informed practice, and training students in evidence-based trauma treatments, may reduce the likelihood of developing secondary traumatic stress effects, whereas not feeling adequately trained leads to greater secondary traumatic stress effects [33] [34] [36].

Research indicates that about one third of students in the helping professions are trauma survivors themselves [34]. Students with a trauma history have been found to experience more difficulties in courses focused on trauma [34] [36]. Therefore, social work educators and educators in related fields must not only teach trauma content, but also consider implications for teaching students, who are also trauma survivors. A trauma-informed perspective is recommended in which educators understand the impact of trauma, recognize the reality that many students are in fact trauma survivors themselves, understand and provide education about the multidimensional aspects of trauma, e.g., individual and socio-cultural factors; and prepare students for the risk of experiencing re-traumatization and secondary traumatic stress reactions in the classroom or in their fieldwork [33]-[36].

When students are placed in field sites that expose them to working with traumatized populations, it is necessary that close supervision is offered. This supervision should address not only the content of the work, but normalize the inherent challenges and risks of doing the work, in addition to exploring and supporting the need for student engagement in intentional self-care strategies as a primary tool for prevention [34] [36]. Personal and professional self-care strategies are essential tools to prevent and/or manage secondary traumatic stress effects and are necessary for effective and ethical practice [4] [38]-[43]. Engaging in self-care strategies is particularly important for students in training and workers newer to the field [8] [36] [37]. Self-care strategies are considered optimal when they are proactive; intentional; self-selected based on one's own preferences, cultural background, and social context; and maintained through a supportive system, e.g., work setting, supervisory relationship [40].

Shannon et al. [37] recommends that social work educators provide students with opportunities in trauma-focused courses to become socialized into the practice of self-care. Toward this end, Shannon et al. [37] recommends using assignments that require students to utilize self-selected self-care strategies throughout the course, such as mindfulness strategies and journaling, as a basis to increase the likelihood that students will engage in career-long self-care strategies.

In summary, creating a classroom environment that recognizes the difficult nature of the trauma content presented, normalizes a range of student reactions, provides assignments that offer students the opportunity to engage in self-care practices, and allows for alternative assignments in situations (for example) where the main assignment is too sensitive given an individual's own exposure to trauma, promotes student safety in the classroom and models self-care, necessary components in secondary traumatic stress prevention [36] [37]. Educational programs should also inform students of available resources they can utilize if they do struggle in the classroom or field, such as encouraging them to reach out to safe faculty, and/ or provide contact information for counseling services on or off campus.

VI. Student and Worker Self-assessment

Self-assessment of the effects of providing trauma-focused services to others is an important tool to increase student and worker self-awareness of their own level of secondary traumatic stress. There are several tools available today that may increase student and worker self-awareness of secondary traumatic stress effects. These include the Professional Quality of Life Scale (PROQOL 5) [45], that has 30 items measuring compassion satisfaction, burnout, and secondary traumatic stress. The PROQOL 5 [45] is free and can be provided to students and workers to gauge their own reactions to their work. The Self-Care Assessment [44], adapted from [46], is a useful checklist of a wide range of self-care strategies that coverspiritual, emotional, and relational domains, among others. The Vicarious Trauma Action Plan [47] is also a useful tool for developing a plan to prevent the development of vicarious trauma.

VII. Conclusion

Those who work with traumatized persons and are exposed to their traumatic experiences, including social workers, other helping professionals, and social work students in training, potentially may develop secondary traumatic stress effects [3][36] [37]Social work students, who are exposed to traumatic case material in the classroom and in practice settings, are also at risk, particularly when they are survivors of trauma themselves. In order to provide effective services to traumatized people over the long-term, social workers, social work students in training, and other helping professionals must be knowledgeable about the potential for developing secondary traumatic stress, be self-aware of their own level of secondary traumatic stress, and proactively and intentionally utilize evidence-based personal and professional self-care strategies to prevent or reduce secondary traumatic stress.

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