

SECONDARY TRAUMA IN FRONTLINE HELPING PROFESSIONS

Many people have or will experience a traumatic event in their lifetime. In most cases, a person can return to normal functioning through relying on support systems and without significant disruption to their lives. But for people in some professions, exposure to traumatic events can occur regularly, even daily. When we think of professions for whom trauma exposure is most prevalent, those in our frontline helping professions come to mind: emergency medical technicians, fire fighters, law enforcement personnel, teachers, social workers, health care workers, and their supporting staff, amongst others. These individuals' day-to-day experiences may entail stories of violence and victimization experienced by members of their communities. Continual exposure to the stories of others' suffering can cause physical, emotional, and psychological harm.

Secondary trauma, also commonly referred to as vicarious trauma, compassion fatigue, or burnout, can arise from an individual hearing about the firsthand trauma experiences of another. Although they did not experience the incident themselves, the essential act of listening to the stories may take an emotional toll on the person, affecting their mental wellbeing. Anyone can experience the effects of secondary trauma, but those in frontline helping professions are at increased risk due to the nature of their work.



Symptoms of Secondary Trauma

People respond to secondary trauma in many ways. Some people are more affected than others and may experience a wider range of symptoms, which generally fall into one of five categories:

- **Emotional** symptoms can include lasting feelings of grief, anxiety, or sadness. Some people may become irritable or angry, become distracted frequently, and/or experience changes in mood or sense of humor.
- **Behavioral** symptoms might include isolation, increase in alcohol or substance consumption, and difficulty sleeping. People may engage in risky behavior and avoid people or tasks, or they might find it difficult to separate work and personal life and may increase their workload.
- **Physiological** symptoms, which affect physical well-being, can appear in the form of headaches, rashes, ulcers, or heartburn, among others.
- **Cognitive** symptoms may take the form of cynicism and negativity. A helping professional may also find it difficult to stop thinking about the trauma experienced by a person in their care, even when not at work.
- **Spiritual** symptoms can include a loss of hope, a decreased sense of purpose, and feelings of disconnect from others and the world in general.

Building a Trauma-Informed Environment

Individuals serving in frontline helping professions ensure the health, safety, and general wellbeing of our community members. Oftentimes, the amount of energy they devote toward others may far exceed the energy they devote to their own self-care. It is possible for even the most experienced professionals to find themselves struggling with secondary traumatization.

Some of the organizational effects that can result from secondary trauma are increased absenteeism, impaired judgment, low productivity, poorer quality of work, higher staff turnover, and greater staff friction. Below are strategies for addressing secondary trauma at both the individual and organizational levels:

Individual Prevention

- Life balance establish and maintain an array of interests, activities and relationships.
- Relaxation techniques ensure downtime and practice breathing and relaxation techniques.
- Exercise assertiveness learn to be able to say "no" and to set limits when necessary.
- Communication skills improve written and verbal communication to enhance social and professional support.
- Cognitive restructuring evaluate experiences and apply problem-solving techniques to challenges.
- Time management set priorities and remain productive and effective.
- Plan for coping determine skills and strategies to adopt or enhance when signs of compassion fatigue arise.

Individual Treatment

- Focus on self-care maintain a heathy diet and get adequate sleep and exercise.
- Seek professional support working with a counselor who specializes in trauma to process distressing symptoms and experiences provides additional perspectives and ideas.
- Join a support group talking through experiences and coping strategies with others who have similar circumstances can enhance optimism and hope.
- Ask for help asking social supports or co-workers to assist with tasks or responsibilities can hasten healing.
- Recognize success and create meaning identifying aspects of helping that have been positive and important to others assists with resolving trauma and distress.

Organizational Prevention

- Create an organizational culture that normalizes the effects of working with trauma survivors.
- Adopt policies that promote and support staff self-care.
- Allow for diversified workloads and encourage professional development.
- Create opportunities for staff to participate in social change and community outreach.
- Ensure a safe work environment.
- Provide education and encourage open discussion amongst staff and administrators.
- Make counseling resources and Employee Assistance Programs available to all staff.

Bringing Help, Bringing Hope. Thank you

The coordinated effort of Ohio's Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards is designed to demonstrate our appreciation for all individuals, families, and professionals on the frontlines of this fight throughout the state. With the **Bringing Help, Bringing Hope. Thank You** theme, we're expressing our thanks and our gratitude to the countless number of individuals who spend their days working tirelessly, in often-thankless roles, to help save lives. These individuals help those that they serve engage in treatment and achieve recovery, support children and families impacted by this disease, promote prevention activities, and build strong, resilient communities.