



Promoting Prevention **oregon** Committed to Wellness

A Trauma Informed Workforce:

An introduction to workforce wellness

Purpose. This document provides foundational information about workforce wellness. It is intended for those who are beginning to consider ways to address workforce wellness in their programs and organization by providing background and definitions.

Background. Working with survivors of trauma can be extremely rewarding, but can also be challenging. Without direct attention to the needs of care providers, providing services to trauma survivors can increase the risk for burnout, vicarious trauma, and secondary traumatic stress. External factors and stressors, as well as workers' personal trauma histories can add to the risk.

Whether or not someone has a history of trauma, bearing witness to human suffering and adversity can be deeply impactful. Reactivity related to unresolved trauma among workers and those they serve can make working conditions more difficult and can undermine health and safety. Providing effective and sensitive care to survivors (trauma-informed care), requires an emotionally healthy, competent, and well supported workforce.

Definitions. The terms burnout, secondary traumatic stress, vicarious trauma, and compassion stress or fatigue are often used interchangeably. There are, however, important distinctions to consider when developing resources. It is important when addressing workforce wellness that organizations identify what resources and strategies the organization will provide. Workforce wellness strategies need to not only address the importance of self-care but identify how the organization will work to reduce stress, address vicarious trauma, and support self-care activities. For example, for an employee who is experiencing secondary traumatic stress, the organization would make trauma specific services available (e.g. counseling, EMDR). In addition to providing access to services organizations will likely need to accommodate employees' schedules.

Burnout: The term "burnout" has been applied across helping professions and refers to the cumulative psychological strain of working with many different stressors. It often manifests as a gradual wearing down over time.

Vicarious Trauma: Vicarious traumatization is the cumulative effect of working with survivors of trauma and includes cognitive changes resulting from empathic engagement and a change to your worldview.

Secondary Traumatic Stress: The term "Secondary Traumatic Stress" is used to describe professional workers' subclinical or clinical signs and symptoms of PTSD that mirror those experienced by trauma clients, friends, or family members. While it is not recognized by current psychiatric standards as a clinical disorder, many clinicians note that those who witness traumatic stress in others may develop symptoms similar to or associated with PTSD.

Compassion Stress: Compassion stress characterizes the stress of helping or wanting to help a trauma survivor. Compassion stress is seen as a *natural outcome* of knowing about trauma experienced by a client, friend, or family member, rather than a pathological process.

Protective Factors. There are personal and organization strategies that mitigate the impact of working with survivors of trauma and adversity. Below are a few to consider:

- **Team spirit.** Feeling part of a team (per program, department, entire agency) and having social support on the job can buffer workplace stress.
- **Seeing change as a result of your work.** Having tangible evidence that their work is important and helpful.
- **Training.** Feeling competent to apply a trauma informed approach, as a result of effective training and education.
- **Supervision.** Receiving regular and predictable supervision as a way to prevent, monitor, and respond to stress.
- **Balanced caseload.** Having a diversified caseload based on the topics, intensity, length of service and balance between challenging and successful cases.
- **Stress Inoculation Training.** Practicing response to stressful situations in order to have the skills needed to regulate a stress response.

Ideas for Workforce Wellness

- Space for self care
- Staff shout outs or thank you cards
- Wellness plans
- Supervision
- Employee Assistance Programs (EAP)
- Workplace wellness rituals (Friday walks, Thursday lunches).

Risk Factors. The following factors are related to workforce stress and vicarious trauma.

- **Personal trauma history.** An employee's past history with adversity can mitigate or create challenges to doing this work. Employees who are aware of their history and have developed helpful coping skills are able to easily relate and support survivors.
- **Type of story.** The type of trauma stories an employee is hearing in their work can make a difference in the impact on the employee.
- **Length of employment.** Employees who are new in the field or new to hearing stories about trauma and adversity without warning or coping strategies are at greater risk for work related stress.
- **Always being empathetic.** Employees who feel like they have to always be empathetic or "always on" because at home they care for elders, children, or other family members or have more than one human service related job.
- **Isolation.** Isolation can be experienced because of the location of the worksite, because you are the only staff doing a particular job (e.g. only psychologist, peer support), or because you are not able to share details about your work with friends and family.

The content in this TIP has been adapted from the following sources:

1. Adams, R.E., Boscarino, J.A., Figley, C.R. (2006). Compassion fatigue and psychological distress among social workers: A validation study. *American Journal of Orthopsychiatry*, 76(1).
2. Berzoff, J., & Kita, E. (2010). Compassion Fatigue and Countertransference: Two Different Concepts. *Clinical Social Work*, 38.
3. Cunningham, M. (2003). Impact of trauma work on social work clinicians: Empirical findings. *Social Work*, 48(4).
4. Cunningham, M. (2004). Teaching social workers about trauma: Reducing the risks of vicarious traumatization in the classroom. *Journal of Social Education*, 40(2).
5. Richardson, J.W. (2001). Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers. *National Clearinghouse on Family Violence*

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