

Secondary Traumatic Stress

Listen [\(https://app.readspeaker.com/cgi-bin/rsent?](https://app.readspeaker.com/cgi-bin/rsent?customerid=7596&lang=en_us&readid=main&url=https%3A%2F%2Fwww.acf.hhs.gov%2Ftrauma-toolkit%2Fsecondary-traumatic-stress)

[customerid=7596&lang=en_us&readid=main&url=https%3A%2F%2Fwww.acf.hhs.gov%2Ftrauma-toolkit%2Fsecondary-traumatic-stress\)](https://app.readspeaker.com/cgi-bin/rsent?customerid=7596&lang=en_us&readid=main&url=https%3A%2F%2Fwww.acf.hhs.gov%2Ftrauma-toolkit%2Fsecondary-traumatic-stress)

What is Secondary Traumatic Stress?

Compassion fatigue, or secondary traumatic stress disorder, is a natural but disruptive by-product of working with traumatized clients. It is a set of observable reactions to working with people who have been traumatized and mirrors the symptoms of post-traumatic stress disorder (PTSD) (Osofsky, Putnam & Lederman, 2008; Figley, 1995). Many types of professionals, such as physicians, psychotherapists, human service workers and emergency workers, are vulnerable to developing this type of stress, though only a subset of such workers experience it. The symptoms of compassion fatigue may include feelings of isolation, anxiety, dissociation, physical ailments, and sleep disturbances. Additionally, compassion fatigue is associated with a sense of confusion, helplessness, and a greater sense of isolation from supporters than is seen with burnout. (Figley, 1995, 2002). It is preventable and treatable, however, if unaddressed, the symptoms can result in problems with mental and physical health, strained personal relationships, and poor work performance Pryce, Shackelford, & Pryce, 2007).

Evidence of compassion fatigue can be difficult to recognize in oneself or even in others. Symptoms often include a combination of cognitive, behavioral, emotional, and physical features. They may also involve a spiritual component such as questioning meaning or loss of faith. Common examples include:

Common Compassion Fatigue Symptoms

Cognitive	Emotional
Lowered Concentration	Guilt
Apathy	Anger
Rigid thinking	Numbness
Perfectionism	Sadness
Preoccupation with trauma	Helplessness

Behavioral	Physical
Withdrawal	Increased heart rate
Sleep disturbance	Difficulty breathing
Appetite change	Muscle and joint pain
Hyper-vigilance	Impaired immune system
Elevated startle response	Increased severity of medical concerns

These kinds of symptoms can be alarming and personally overwhelming to anyone experiencing them. However, once recognized, compassion fatigue can be addressed and resolved and the caregiver or helper can heal and even grow from the experience.

Why Secondary Traumatic Stress is Important for Human Services Agencies

Understanding secondary traumatic stress (STS), its effects on staff, and how to alleviate its impact is of concern to agency and organizational leaders. Being exposed to traumatic and troubling events, sometimes on a daily basis, influences one's personal and professional lives. Staff acquire different ways to cope – some are adaptive, others are not. STS can decrease staff functioning and create challenges in the working environment. Some of the documented negative organizational effects that can result from STS are increased absenteeism, impaired judgment, low productivity, poorer quality of work, higher staff turnover, and greater staff friction.

Relevant Interventions and Approaches

Addressing compassion fatigue needs to occur at both the individual and organizational levels and falls into two categories: prevention and treatment. Helpers can adopt lifestyle and work habits that help them maintain strong practice approaches and personal boundaries that can be protective in relation to a helping role. Sometimes even the most seasoned and personally balanced professionals find themselves struggling with secondary traumatization.

Individual Prevention Strategies to Consider:

- Life balance – work to establish and maintain a diversity of interests, activities and relationships.
- Relaxation techniques – ensure downtime by practicing meditation or guided imagery.
- Contact with nature – garden or hike to remain connected to the earth and help maintain perspective about the world.
- Creative expression – things like drawing, cooking, or photography expand emotional experiences.
- Assertiveness training – learn to be able to say “no” and to set limits when necessary.

- Interpersonal communication skills – improve written and verbal communication to enhance social and professional support.
- Cognitive restructuring – regularly 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 begin to surface.

Individual Treatment Strategies to Consider:

- Focusing on self-care – making a healthy diet, exercise, and regular sleep priorities reduces adverse stress effects.
- Journaling – writing about feelings related to helping or care giving and about anything that has helped or been comforting can help make meaning out of negative experiences.
- Seeking professional support – working with a counselor who specializes in trauma to process distressing symptoms and experiences provides additional perspectives and ideas.
- Joining a support group – talking through experiences and coping strategies with others who have similar circumstances can enhance optimism and hope.
- Learning new self-care strategies – adopting a new stress management technique such as yoga or progressive muscle relaxation can reduce adverse physical stress symptoms.
- Asking for help – asking social supports or co-workers to assist with tasks or responsibilities can hasten healing.
- Recognizing success and creating meaning – identifying aspects of helping that have been positive and important to others assists with resolving trauma and distress.

Organizational Prevention Strategies to Consider:

- 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 STS education to and encourage open discussion of STS among staff and administrators.
- Make counseling resources and Employee Assistance Programs available to all staff.

Resources for Further Learning

- **American Psychological Association** (<http://www.apa.org/index.aspx>)

- **The National Child Traumatic Stress Network**
(<http://www.nctsn.org/resources/topics/secondary-traumatic-stress>)
- **Secondary Trauma for Caseworkers**
(<http://www.childwelfare.gov/topics/adoption/preplacement/caring-addressing/>)

References

- Bell, H., Kulkarni, S. & Dalton. (2003). Organizational prevention of vicarious trauma. *Families in Society: The Journal of Contemporary Human Services*, 84, 463-470.
- Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, NY: Brunner-Routledge.
- Figley, C. (2002). Compassion fatigue: Psychotherapists' chronic lack of self-care. *Psychotherapy in Practice*, 58(11), 1433-1441.
- Osofsky, J.D., Putnam, F.W., & Lederman, C. (2008). How to maintain emotional health when working with trauma. *Juvenile and Family Court Journal*, 59 (4), 91-102.
- Pryce, J., Shackelford, K. & Pryce, D. (2007). *Secondary traumatic stress and the child welfare professional*. Chicago, IL: Lyceum Books, Inc.

Return to Resource Guide to Trauma-Informed Human Services (<https://www.acf.hhs.gov/trauma-toolkit>)