Understanding and Ameliorating the Impact of Secondary Traumatic Stress on School Social Workers

The American Council for School Social Work recognizes that all school social workers who support students who have experienced trauma--acute, chronic, complex, or historical--may be at risk for secondary traumatic stress. Consequently, school social workers and the schools they work in must understand the impact of secondary trauma. School social workers need to be aware of ways to minimize the impact of secondary trauma as reported in research findings in order to maintain their own physical, psychological, social/emotional, and interpersonal well-being.

Rationale

The condition of secondary traumatic stress (STS) may affect school social workers or others working in schools. According to the National Child Traumatic Stress Network (NCTSN), more than 10 million children in the United States endure the trauma of abuse, violence, natural disasters, and other adverse events. Secondary traumatic stress is described as the stressful behaviors and emotions resulting from helping or wanting to help a traumatized or suffering person (Figley, 1995). School social workers spend a majority of time in direct contact with individuals who have experienced trauma, hardship, devastation or even loss. STS is now classified as PTSD under DSM-V criteria (American Psychiatric Association, 2013) and is a genuine concern that may result from exposure to working with traumatized others, especially children and adolescents. It is vital that the values and culture of an organization - such as a school - set the expectations about how workers will experience trauma and deal with it, both professionally and personally (Bell, Kulkarni & Dalton, 2003).

Discussion

Simply working in a school does not necessarily effectuate the on-set of STS. However, it can precipitate it. In one study, Hensel et al. (2015) found, in groups who experienced indirect trauma, including school personnel, several factors identified as significant for risk of STS such as personal trauma and occupational exposure. School social workers experiencing STS may have a litany of symptoms that are often acute and can affect their emotional, physical, psychological, interpersonal and social well-being. Some of these primary responses to STS are avoidance, arousal, and thought intrusion.

- Avoidance means staying away from places or situations that remind someone of a traumatic event;
- Arousal means a hyper-vigilant response mechanism or being easily startled; and
- Thought intrusion means related to sleep disturbances or trauma imagery.

In another study of 229 school staff, Borntrager, et al., (2012) indicated that school staff had experienced "very high levels" of STS and over two-thirds of the sample responded with *occasionally* or *more frequently* to questions asking about their experiences with "avoidance", "arousal" and "intrusion". Lastly, they found that of the 300 school staff members, the results on

secondary trauma reactions demonstrated that school personnel were experiencing a great deal of STS in their exposure to traumatized youth in their jobs. Therefore, the ACSSW identities school social workers as a highly vulnerable population for being at risk for STS because of the direct services they provide during time of stress. However, those who may be at risk may not always experience some of its impacts because they surround themselves with the necessary coping mechanisms and social supports that prevent the onset of it in the first place.

When people feel supported, they use a greater variety of coping mechanisms. This is important to consider for a school social worker experiencing STS who becomes rigid or inflexible in their thinking and unwilling to find alternatives for coping with it. Other research suggests that social support and self-efficacy can perhaps be mediators in the association between STS and a concept known as "secondary traumatic growth" which is the growth in oneself, such as a person's positive outlook on life (Shoji et al., 2014). Pack (2013) studied the presence of "protective factors" in exploring vicarious trauma – a relatively similar phenomenon to secondary traumatic stress – in counselors and the strategies they developed to maintain their effectiveness. The author found that some counselors framed life in new ways, which helped to maintain personal relationships in the face of working with traumatized clients. Additionally, listening to inspiring stories of clients also instilled hope in counselors.

Collegiality and an organizational environment that allows for input on policies and procedures and collaboration are also protective factors in minimizing STS. Lakey and Cohen (2000) suggest a healthy network of personal connection, compatibility with an effective supervisor, collegial support, and having and using a voice at work may reduce the effects of secondary traumatic stress. The individual and supervisory awareness of the impact of indirect trauma is a fundamental part of protecting the health of the worker and ensuring that children consistently receive the best possible care from those who are committed to helping them (National Child Traumatic Stress Network). An organizational culture that "normalizes" the effects of working with trauma survivors can provide a supportive environment to address those effects in (a person's) own work and life. (Bell, Kulkarni, & Dalton, 2003).

Conclusion

STS is a condition facing our nation's school social workers. Bringing attention to their vulnerability to STS and to the supportive environments schools can provide may help to mitigate and alleviate its impact. Understanding how secondary trauma can take shape and learning ways to cope with it is essential to the role of the school social workers.

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