

## **Risk Factors for Secondary Trauma Supervisor Reference Sheet**

### Personal Risk Factors:

- history of personal trauma (e.g., child abuse or neglect)
- negative personal circumstances (e.g., grief due to recent loss)
- low levels of social support
- low sense of control over life
- few meaningful personal relationships

### Work-Related Factors:

- inexperience on the job
- high caseload of trauma survivors (e.g., sexual violence)
- high caseload of traumatized children
- working with child abuse/neglect perpetrators
- poor or no supervision
- frequent exposure to traumatic material
- exposure to critical incidents

### Organizational Factors:

- extraordinary high caseloads
- high administrative burden
- difficult clients
- conflicts with co-workers or supervisors
- climate of pervasive, ongoing change
- excessive emphasis on efficiency, cost-effectiveness and competition.
- unforgiving environment. "If you can't handle it, move aside...you'll be replaced."

Sources: Baird & Kracen, 2006; O'Brien, 2006; Nelson-Gardnell & Harris, 2003; Regehr, Hemsworth, Leslie, Howe, & Chau, 2004.

## **Interventions for Preventing/Managing Secondary Trauma**

### Individual Level:

- increase self-awareness
- identify reactions and symptoms
- understand early warning signs
- accurately name and articulate feelings
- construct a fulfilling personal life outside work—regenerative & relaxing activities, strong relationships, etc.
- develop strong support networks (especially others who understand the nature of your work)
- acknowledge and process personal history of trauma
- invoke humor
- strive for realistic optimism
- foster opportunities for spiritual growth and connection
- recall importance of one's work (i.e., your work does make a difference)

### Supervisory Level:

- educate staff on hazards of secondary trauma
- normalize responses to secondary trauma
- promote ongoing self-assessment
- schedule regular supervision meetings
- utilize a relational, interactive model of supervision (v. authoritarian)
- promote other forms of supervision (e.g., peer, group meetings).
- identify support resources for workers to access if needed
- remind individuals of importance of their work

### Organizational Level:

- work-related stress is accepted as real and legitimate.
- problem is owned by organization (not merely for “problem” workers).
- secondary trauma responses are recognized as normal responses.
- focus is on solutions (not blaming).
- support and tolerance clearly expressed to worker.
- litany of other “climate” issues (caseloads, official policy, EAP, etc.)

Source: Adapted from Sexton, 1999

### Other Organizational Responses:

- in-service training
- policy on secondary trauma
- ongoing program to manage secondary trauma
- regular supervision, consultation and support groups
- professional development opportunities
- rotation in caseload and job responsibility
- health care plan with adequate health care coverage

Source: Nelson-Gardnell & Harris, 2003

# **Child Welfare Caseworker Self-Assessment Tool: Secondary Trauma**

Secondary trauma is a term used to describe cognitive and psychological problems resulting from exposure to a traumatic event, traumatic material, or a traumatized client. Some symptoms involve negative changes in one's view of self, others, or the world (vicarious traumatization); other symptoms mimic those associated with post-traumatic stress disorder such as intrusive thoughts, avoidance, hyperarousal (secondary traumatic stress).

Research has demonstrated that certain risk factors predispose individuals to secondary trauma. Below is a list of some of those factors. If you realize that several of the factors apply to you and/or you are experiencing symptoms of secondary trauma, you should consider seeking help through support resources. The next page provides a list of interventions for preventing and managing secondary trauma.

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- invoke humor
- strive for realistic optimism
- foster opportunities for spiritual growth and connection
- recall importance of one's work (i.e., your work does make a difference)
- seek individual supervision or consultation
- make use of group supervision
- access formal resources (e.g., counseling)
- take advantage of professional development opportunities on managing stress, secondary trauma, etc.

Source: Adapted from Sexton, 1999