

Report From the Secondary Traumatic Stress San Diego Think Tank

Cambria Rose Walsh
Rady Children's Hospital, San Diego, California

Francoise Mathieu
Tend Academy, Kingston, Ontario, Canada

Alison Hendricks
Hendricks Consulting, San Diego, California

The Secondary Traumatic Stress Think Tank held in San Diego in January of 2015 had 3 main purposes: the first was for all participants to share their knowledge and involvement in current activities related to compassion fatigue (CF), secondary traumatic stress (STS), and vicarious trauma (VT). The current activities in the area of CF, STS, and VT included those related to: research, assessment, organizational resources, standards for psychological safety, and education and training. The second was to hold a roundtable discussion and debate surrounding the current nomenclature challenge. The group experienced difficulty agreeing upon a singular term to define the phenomena for the impact of working with people who are traumatized or in distress and it became clear that there was no consensus on the target population, scope of the issue, or on the actual impacts of this exposure. Working together to achieve more clarity related to nomenclature became a top agenda item for future directions. The final purpose was to discuss next directions and recommendations in order to create a roadmap for future activities. With the goal of identifying future directions and next steps for the field, agendas were created for organizational change, policy, training, and research. Overall, the discussions during this think tank highlighted the need for a more coordinated effort to ensure quality research, effective and timely knowledge exchange, and continued collaboration on this important topic.

Keywords: secondary trauma, compassion fatigue, vicarious trauma, nomenclature, think tank

Background

The year 2015 marked the twentieth anniversary of the publication of Charles Figley's (1995) pioneering book, *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder*, which explored the potentially negative impact of trauma exposure on helping professionals. *Compassion Fatigue* was a compilation of research projects from a variety of scholars in the trauma field. Figley's book, along with McCann and Pearlman's, (1990) paper on vicarious traumatization and Beth Stamm's, (1995) edited book, *Secondary Traumatic Stress*, were all part of a small but highly influential series of publications which launched the domain of research in practitioner impairment.

Cambria Rose Walsh, Chadwick Center for Children and Families, Rady Children's Hospital, San Diego, California; Francoise Mathieu, Tend Academy, Kingston, Ontario, Canada; Alison Hendricks, Hendricks Consulting, San Diego, California.

We are extremely grateful to all of the STS Think Tank participants who took valuable time out of their busy schedules to come together and share their knowledge and wisdom. We are indebted to the various institutions and funding agencies who made it possible for this event to take place, such as Rady Children's Hospital's Chadwick Center, The Joyful Heart Foundation, the National Child Traumatic Stress Network, and the Office of Victim Compensation.

Correspondence concerning this article should be addressed to Cambria Rose Walsh, Chadwick Center for Children and Families, Rady Children's Hospital, 3020 Children's Way, MC 5131, San Diego, CA 92123. E-mail: cwalsh@rchsd.org

Since then, the field of CF, STS, and VT has grown exponentially, and new research has emerged suggesting effective ways for therapists and other helping professionals to sustain and protect themselves from trauma exposure and other occupational hazards associated with the cost of caring for individuals in need or distress.

As this area has developed and flourished, many specialists in the area including researchers, educators, policy analysts, and clinicians have expressed a desire to take part in forums to share ideas, discuss nomenclature, and explore new directions for the work. In the past, these exchanges have primarily taken place serendipitously in the form of small informal and sometimes more formally organized subgroup meetings at trauma conferences and other similar events.

However, in light of the many advances in the domain in the recent decade, it was felt by many of us that there was a need to create a more purposeful and deliberate venue to discuss challenging issues in the field—the current problem with nomenclature, for example, and the duplication of services that seems to occur when silos are created when individuals work in isolation. There was also a desire to create a venue to share ideas for future directions and a more streamlined and concerted effort toward advocacy, policy, and research.

Two years ago, the authors of this report were able to secure funding and a venue to hold an STS think tank. The meeting was held in January 2015, as a satellite event of the 29th Annual San Diego International Conference on Child and Family Maltreatment. Although not all of those invited were able to join us, we gathered 25 researchers, educators, and advocates who are recognized as leaders in the fields of CF, VT and STS. Thanks to

financial support from the Joyful Heart Foundation and the Chadwick Center, we were able to gather sufficient funding to make this gathering possible.

The aim of the meeting was threefold:

1. For all participants to share their knowledge and involvement in current activities related to CF, STS, VT and related concepts.
2. To hold a roundtable discussion and debate surrounding the current nomenclature challenge.
3. To discuss next directions and recommendations in order to create a roadmap for future activities.

Current Activities

Members of the think tank reported back on their respective current activities in the field of CF/STS/VT and also shared their knowledge of other initiatives and resources.

This discussion was very illuminating for all participants and highlighted the need for the creation of a shared platform for the exchange of resources, conferences, and funding sources to increase collaboration, avoid duplication, and encourage the field's growth in scope and reach. Key activities which were shared included:

Research

Participants discussed current activities such as research on social workers within the military, substance abuse counselors, investigating the impact of STS on physical health, the impact on health care workers who respond to medical outbreaks, interventions for those who monitor technology content, the impact of clinical supervision on STS and clinician's satisfaction with supervision, and a study of clinical workers with pre- and postdata on CF.

Several think tank members described current projects investigating best practices in high trauma-exposed organizations from a more systemic, organizational perspective, such as developing assessment tools piloting interventions, mentoring, or consultation models. Some members of the think tank have developed comprehensive workplace interventions that reach all levels: individuals, managers, supervisors, and the organization as a whole, and have obtained extremely positive outcomes.

Assessment

Participants discussed development of new psychometric tools, looking at profiles of organizational stress related to trauma, assessment of clinicians working with torture survivors, and creation of an assessment tool for vicarious resilience.

Development of Resources for Organizations

Several participants described interventions at the organizational level which they have developed or are currently developing. Some of these interventions have been implemented in high stress, high trauma-exposed workplaces such as correctional services and child welfare and have yielded extremely positive results

such as an improvement in retention, lowered rates of sick leave, and increased employee satisfaction. Other projects are at more preliminary stages of development and are currently being piloted among select organizations.

Common challenges at the organizational level were discussed, such as difficulty implementing suggested strategies, especially around caseload diversification and numbers and rotation of heavy traumatic content; the importance of obtaining leadership buy-in; and the need for leadership and management to be properly trained to understand the key factors involved in managing employees who work in high stress, trauma-exposed workplaces, with limited resources and high volume caseloads.

Standards for Psychological Safety

The [Canadian Mental Health Commission \(n.d.\)](#) has implemented a new voluntary National Standard for Psychological Health and Safety in the Workplace where organizations can enroll and get an ISO safety rating. This initiative was discussed and it was agreed that it warrants further exploration for exportability to the United States.

Education and Training

Participants reported a very high number of educational and training activities on topics related to CF/STS/VT and practitioner well-being. Many of the members of the think tank deliver workshops, courses, and consulting on these and related topics across North America and beyond on a regular basis. The general consensus was that there is currently no agreed upon accreditation body or quality control to vet and oversee individuals who call themselves "compassion fatigue experts" or similar terms. It is encouraging that the field is becoming more popular and is gaining recognition and acceptance. However, as more educators are attracted to this topic, this may become an area of concern in terms of protecting the public and ensuring consistent and high-quality training.

The conclusion of this current activities discussion was that the field is growing quickly, which highlights a need for a more coordinated effort to avoid duplication and isolation of efforts across disciplines. The potential for further collaboration and shared wisdom is great and is extremely exciting. The field will only benefit from more cooperation and knowledge exchange. There are also many untapped and unexplored areas of research to date.

Having a more cohesive voice will provide us with more credibility and ability to influence decisions makers so that we can help create healthier workplaces, and, in turn better service delivery. It was generally agreed upon that one obstacle to obtaining more recognition for this field is the lack of clarity of terminology. This is discussed in our next section.

Nomenclature

In 2009, Nadine Najjar and colleagues carried out a review of the research on CF in cancer-care providers ([Najjar, Davis, Beck-Coon, & Carney Doebbeling, 2009](#)). They reviewed 57 studies which analyzed prevalence, instruments, means of prevention, and treatment. They concluded that they were severely

limited by “. . . an ambiguous definition . . . that fails to adequately differentiate related constructs (e.g. burnout, secondary traumatic stress)” (Najjar et al., 2009, p. 267). This, as turns out, is not a new problem, as Beth Stamm wrote eloquently in 1997, “The great controversy about helping-induced trauma is not ‘Can it happen?’ but ‘What shall we call it?’” (Stamm, 1997, p. 1).

In an attempt to bring more clarity to this muddle, we invited think tank participants to discuss and debate their position on terminology.

Prior to the meeting, we compiled definitions for the three terms that are most commonly used in the field, namely, CF, STS, and VT, and sent them to the participants for feedback. We then incorporated the feedback and took these definitions to the meeting so that the group could address three questions:

1. What are the challenges of not having a universal definition for these terms and with having multiple terms that are often used interchangeably by those in the field?
2. Should there be an overarching term to describe the phenomena and if so, what should it be?
3. What is the next step in this work?

The conversation about the challenges brought out several key themes.

- It is challenging to find and compare information on research that is being done in the field when different symptom clusters and terms are being studied.
- Changing how we look at this might impact already existing measurement tools which have been in use for many years and are the basis for much of the research in this area.
- It is difficult to form a united front in advocating for the need to address the issue when there is a lack of a clear term. Having clarity around the definitions would allow recognition as a specialty field and would aid in breaking down isolation across disciplines. Furthermore, it might create more financial resources for addressing the issue.
- It is complicated to know which term or terms to use when training individuals and organizations and this may be confusing to training participants. For example, trainers often find themselves having to define all three concepts and then choose one term to focus on for simplicity, although the concepts are not necessarily interchangeable. This both lessens the impact of the work that is being done, and also is a disservice to those seeking to learn more about the concepts.

However, while there seemed to be agreement among the think tank participants about the challenges, it soon became clear that this was simply the tip of the iceberg. As the conversation moved into the perspectives on having an overarching term to describe the concept, it became quite clear that there was no consensus on the target population, scope of the issue, or on the actual impacts. Several key points were raised in this discussion.

- Does this concept only relate to professionals or those being impacted by workplace exposure? What about caregivers such as resource parents and family members who are caring for a traumatized individual?
- What about those who are working with or caring for individuals who are highly distressed and are suffering but have not experienced trauma? For instance, what about a nurse caring for a patient who has cancer and is at end of life or a social worker helping a student who has been diagnosed with schizophrenia? How do they fit?
- What about people who are on the front lines and may be experiencing direct as well as indirect trauma? This would include a police officer who is in a car chase that results in injuries and a child welfare worker who is threatened by a parent during a removal of a child and then has to help the traumatized child.
- How do the various terms serve to classify the impact? Effects may include trauma symptoms, overall functioning, impacts on work life and personal life, worldview, and so forth. The existing terms have some common bases, but they also describe distinct phenomena.
- How do agency and/or system contexts affect the way in which individuals experience CF/STS/VT?

The more that the group grappled with these challenges the less clear the task of categorization became. This led to some discussion about what, as a group and as a field, can be done to help provide more clarity and consistency. Some ideas included the need for grounding theory, clarification of the definitions, defining the scope of the issue, and determining how to use research to better understand the issues.

As we had hoped, the discussions on current activities and nomenclature led to animated and inspiring discussions about the future directions that are needed to further advance and grow this important field.

Future Directions

Think tank participants emphasized the need for a review of current research and the need for more studies of a wider subset of helping professionals. The need for more research on the impact of clinical supervision on STS and compassion satisfaction was also discussed.

With the goal of identifying future directions and next steps for the field, think tank participants worked in small groups to create an organizational change agenda, a policy agenda, a training agenda, and a research agenda. Each of these groups came up with distinct areas that need to be addressed, but there was also cross-over in terms of the recommendations for next steps across these areas.

Organizational Change

The organizational change agenda prioritized the need to study and disseminate effective existing models to address CF/STS/VT on an agency level. The group also recognized a need to develop, implement, and disseminate effective training for managers and supervisors across multiple disciplines. This includes creating a continuum of interventions to support the workforce so that they are able to provide the most quality

services. This group also emphasized the need for resources including organizational CF/STS/VT toolkits to help develop infrastructure to support sustainable and ongoing organizational health and workplace wellness initiatives. These toolkits need to incorporate assessment, implementation, and sustainability and take into account organizational climate and culture as well as organizational change processes. Recent research related to occupational health and workplace mental health can also be adapted to help agencies address CF/STS/VT.

Policy

The group working on a policy agenda prioritized the need to focus on raising awareness of CF/STS/VT and educating decision makers at all levels, including government officials. This includes educating governmental leaders and state and local administrators about research and interventions related to CF/STS/VT, utilizing existing forums such as National Association of Public Child Welfare Administrators. This would help ensure the allocation of resources to support stakeholders in the field. Funding entities need to be aware of the impact of CF/STS/VT on the quality of services to create more sustainable reimbursement policies. It was also suggested that there be a central entity that would help centralize and increase the efficacy of lobbying and educational efforts. One platform for raising awareness and elevating the importance of addressing CF/STS/VT would be to include relevant language in federal and state grant applications and reports. It is also important to raise awareness of CF/STS/VT in the media to educate the general public to help everyone recognize the importance of the work being done by helping professionals as well as the toll it can have when dealing with complex cases, chronicity, and/or trauma exposure.

Training

The training agenda prioritized the need to address CF/STS/VT through education and training with a focus on early intervention and resiliency in undergraduate and graduate programs, preservice training, and ongoing professional and paraprofessional training. Trauma-informed training should be provided to all human service professionals as well as caregivers in fields such as child welfare and mental health. It is essential to develop and provide effective training and programs that are accessible to direct service providers and key cross-system partners such as physicians and criminal justice professionals. It is also imperative to train employee assistance program providers to understand, recognize, and effectively address CF/STS/VT. Creating national and international conferences on CF/STS/VT would help promote awareness and access to training.

Research

The research agenda included the following priority areas: measurement, prevalence, impact (short- and long-term), prevention/intervention, vicarious resilience, and brain studies (e.g., fMRI on provider brains). A helpful starting place would be to identify what is known and not known about CF/STS/VT and to use research techniques to help clarify the terms being used, so we are in clear

agreement about what we are studying. There is a need to develop a valid and reliable measure of VT and to study the relationship between STS and VT (e.g., a possible kindling effect). It would be helpful to better understand the ways in which secondary trauma is similar and different from primary trauma and to apply relevant findings from PTSD research. Another area of focus is to evaluate approaches and strategies that are being utilized to address CF/STS/VT to find out what is effective and promote evidence-based interventions. There is some debate about whether CF/STS/VT can be prevented, which would be an important issue to study, in addition to further exploring risk and protective factors for CF, STS, and VT. It would be beneficial to develop a body of research on how CF/STS/VT impacts quality of care, life quality of workers, attrition, and turnover; this research could be used to advocate for more funding and resources to address the problem across disciplines. It would also be important to expand research on trauma-exposed workplaces and to develop organizational health assessment tools specific to trauma-exposed environments. Finally, it was recommended that the research agenda include studying how CF is offset by compassion satisfaction and research on vicarious resilience as well as the role of empathy in CF/STS/VT be expanded.

Creation of a Coalition

Across the groups, a need for a central connection to provide leadership on the issue and to pull together resources both nationally and internationally was identified. The goals of this “coalition” would be to help decrease the work being done in silos, increase the recognition of the issue of CF/STS/VT, and to provide a way for those seeking assistance to find resources. Since the think tank several follow-up phone calls have taken place to discuss how to build this coalition, and further meetings will be taking place in the year to come.

Conclusion

The general consensus from the think tank members was that a lot of exciting and much needed work has taken place since the birth of the field over 25 years ago, and that there is currently a surge of awareness and interest in the area among students, researchers, practitioners, and many organizations.

The field is growing quickly which highlights a need for a more coordinated effort to ensure quality research, effective and timely knowledge exchange, and continued collaborations. We are extremely optimistic about the future of this field, even if we are still unsure what to call it.

This special issue of *Traumatology* combines articles written by the attendees that were influenced by the discussions during the think tank as well as related articles by others in the field.

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