

# Preventing Secondary Traumatic Stress in Educators



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## KEYWORDS

- Trauma • Educators • Schools • Secondary traumatic stress • Compassion fatigue
- Posttraumatic stress disorder

## KEY POINTS

- A foundational knowledge of secondary traumatic stress (STS), including identification of signs and symptoms and how it affects persons working in schools, is proposed.
- The US Department of Education is conducting training across the country that addresses why STS may be prevalent in the nation's schools.
- Readers are introduced to the evidence-informed intervention, Psychological First Aid: Listen, Protect, Connect, Model, and Teach.

## INTRODUCTION

School crisis teams have existed in the United States for more than 3 decades, with school personnel often on the front line in supporting students experiencing a crisis or trauma on campus or in their local community. Although increasing attention has recently been given to the mental health needs of students following traumatic events,<sup>1</sup> there has been a lack of recognition and services for school personnel, such as teachers, administrators, counselors, and others who may hear about a crisis or ongoing traumas of students but do not directly experience such events, despite these

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**Abbreviations**

PTSD	Posttraumatic stress disorder
STS	Secondary traumatic stress

personnel suffering significant emotional sequelae that ultimately impair functioning. In more recent years, as experts have been called to support school communities after a disaster or major traumatic event, there has been growing recognition of the importance of addressing the stress that teachers and other school staff may experience as a result of their secondary exposure to traumatic events, resulting from their outreach to and care for students.

One example of a school district that was concerned about secondary traumatic stress (STS) of its teachers was in New Orleans. Although there was recognition of the mental health needs of students immediately following this disaster, teachers who supported these students had significant unmet needs. However, when a major oil spill affected whole communities in New Orleans 5 years after Hurricane Katrina, this event compounded the open wounds still healing from the hurricane for both students and teachers. It was this additional traumatic event, which had major economic repercussions to the area, which was the catalyst for district administrators and superintendents from across the greater New Orleans area to address the needs of both students and staff.

Concerned about their staff's well-being, local superintendents reached out to national experts, including Drs Marleen Wong and Robin Gurwitsch, to help them better understand the needs of their school communities. During the initial meeting, Dr Wong presented the concept of "compassion fatigue" that Dr Charles Figley had described more than a decade and a half ago that can affect those who are in "helping" professions.<sup>2</sup> There was overwhelming consensus among these superintendents that this conceptual reframing provided an important lens through which they could better understand their teachers' experiences. Subsequent meetings focused on how to support teachers who were experiencing compassion fatigue as a result of exposure to the traumas and stress of their students. Supported by the US Department of Education, Drs Wong and Gurwitsch developed a tool kit to support teachers with STS, which led to a series of US Department of Education supported training programs to enhance the response to stressful and traumatic experiences that have occurred in schools and districts throughout the United States.

This article describes what is known about compassion fatigue, otherwise known as STS, and how it may manifest in school personnel. The US Department of Education STS training programs, now considered best practices for supporting educators and other school staff in the prevention, intervention, and postintervention of STS, are then described.

## WHAT IS KNOWN ABOUT SECONDARY TRAUMATIC STRESS

STS has been defined as "the natural consequent behaviors and emotions resulting from *knowing* about a traumatizing event experienced by a significant other—the stress resulting from helping or wanting to help a traumatized or suffering person."<sup>3</sup> Charles Figley (1983) initially described the "secondary catastrophic stress reactions" as the empathy that caregivers and family members can experience when a family member experiences a trauma.<sup>3</sup> He notes: "We, too become 'victims' because of our emotional connection with the victimized family member." He later conceptualized compassion fatigue as synonymous with STS, with overlapping symptoms associated

with Posttraumatic Stress Disorder, which occurs in various helping professions, including therapists who assist victims of trauma. He comments that “interpersonal networks” such as workgroups can promote recovery within an important organizational system<sup>2</sup> and that these naturally occurring support structures, whether at work or among one’s family and friends, are the most common ways by which traumatized persons recover.<sup>4</sup>

The *Diagnostic and Statistical Manual of Mental Disorders* (5th edition) (DSM-5) also recognizes that the stressor leading to symptoms of posttraumatic stress disorder (PTSD) can include stressors beyond direct exposures or witnessing in person life-threatening events to also include secondary exposures such as: “Repeated or extreme indirect exposure to aversive details of the event(s), usually in the course of professional duties (eg, first responders, collecting body parts; professionals repeatedly exposed to details of child abuse). This does not include indirect nonprofessional exposure through electronic media, television, movies, or pictures.”<sup>5</sup> Symptom clusters described in STS overlap with those in the criteria for PTSD: intrusive symptoms, avoidance, negative cognitions and mood, and hyperarousal and reactivity.

Although STS and compassion fatigue are often considered synonymous, with similar symptom profiles, 2 additional conditions that are often discussed along with STS are “vicarious trauma” and “burnout.” Vicarious trauma has been described as a phenomenon that can occur particularly in psychotherapists who frequently work with trauma survivors. These therapists’ cognitive schemas can be permanently disrupted as regards their sense of safety, trust, esteem, intimacy, and control, resulting in a changed view of themselves, others, and the world around them.<sup>6,7</sup> This condition differs from STS in that STS typically describes the emotional and behavioral symptoms that can result from secondary exposure to a victim’s trauma. Burnout has been defined as related to the work environment, with chronic occupational stress resulting in diminished job satisfaction. Burnout usually involves general work stress (long hours, high caseloads) and not specifically exposure to direct or secondary trauma, but which nevertheless can result in exhaustion and decreased sense of accomplishment at work.<sup>8</sup>

In addition to “compassion fatigue” that can occur in family members of trauma victims, those in helping professions have also been identified as potentially at increased risk for STS. Much of the STS literature has described the effect of hearing repeated client trauma narratives during the course of providing trauma-focused psychotherapy.<sup>9</sup> In a national survey of trauma therapists, compassion fatigue and burnout were found to be more common in younger and less experienced professionals, and the practice of evidence-based treatments was associated with lower burnout and compassion fatigue, and higher compassion satisfaction (feelings of competence and meaningfulness about trauma-related work).<sup>10</sup> Similarly, child welfare workers who have a high caseload of children with abuse and neglect can be at increased risk for developing STS. Sprang and colleagues<sup>8</sup> found that compared with other behavioral health care providers, social workers had the highest risk for STS and burnout. Disaster mental health workers and first responders, some of whom may have been affected by the disaster themselves, may have brief exposures to trauma victims but still exhibit heightened risk for STS.<sup>11</sup> From a study conducted in New York post-9/11, secure attachment was associated with positive coping and resilience and less compassion fatigue.<sup>12</sup> Professionals potentially at increased risk for STS include those working directly with traumatized individuals and hearing the recounting of traumatic incidents, those who tend to be empathetic, females, those with high caseloads of traumatized clients, and those helping professionals who have unresolved histories of trauma themselves.<sup>13</sup>

Similarly to other helping professions, teachers and school staff can find themselves on the front line responding to a school crisis or community disaster, or more commonly connecting with students who bring to school with them their experiences of trauma and stress. Understanding how STS can manifest in administrators, teachers, and other school personnel, and what can be done to prevent STS, is the subject matter of the remaining part of this article.

## TEACHERS AND STUDENT TRAUMA

There are nearly 18,000 local education agencies and almost 100,000 schools in diverse communities across the United States.<sup>14</sup> Schools are a microcosm of society; within its walls vulnerable students spend their days, some of whom have preexisting psychiatric disorders or histories of neglect, in addition to at-risk students living in poverty, with unstable housing situations and extreme economic challenges. When these challenges are compounded with traumatic events, students can experience emotional difficulties and subsequent academic struggles that come to the attention of their teachers.

Unfortunately it is all too common for a student to experience violence. In one nationally representative study of youth aged 10 to 17 years, 41% experienced a physical assault in the past year, 14% experienced child maltreatment, and almost one-quarter witnessed violence.<sup>15</sup> According to the US Department of Education, K-12 public schools nationally experienced 1,183,700 violent events on campus, such as fights (with or without a weapon) and threats of physical attacks, at a rate of 25 per 1000 students during the 2009-2010 school year.<sup>16</sup> More violence occurred in middle schools (40 incidents per 1000 students) than in either high schools or elementary schools (21 incidents per 1000 students), with greater numbers of middle schools (39%) reporting daily to weekly incidents of bullying in comparison with other schools (20%).<sup>16</sup>

In addition, whole school communities can be affected by traumatic incidents, such as school shootings, terrorist attacks, natural disasters, or other traumas such as a student suicide. Whether the incident is school-wide or affects particular students, teachers can find themselves in the role of key person in identifying the social-emotional needs of students and recognizing when these traumas affect their ability to learn.

## TEACHER STRESS, BURNOUT, AND SECONDARY TRAUMATIC STRESS

For more than 2 decades, researchers have been examining teacher stress and its relationship with job satisfaction, teacher burnout, teaching efficacy, school climate, and student outcomes.<sup>17-19</sup> Although there are many aspects to teacher stress, it has been characterized as resulting from 2 main areas, workload excess and stress related to student behavior and the need for discipline.<sup>18</sup> When stress has resulted from student behavior, studies have shown a reduction in teacher efficacy.<sup>18</sup> Typical teacher education does not often include much mental health education and training, leaving teachers feeling ill-prepared to manage students with psychiatric needs.<sup>20</sup> Ball and Anderson-Butcher<sup>21</sup> found that teachers had less burnout and stress when they had a positive perception about the mental health services available to students. Roeser and Midgley<sup>22</sup> suggested that teachers who feel overwhelmed with students' mental health needs would benefit from skills to help students' access services. Others have found that teacher stress is related to overall school climate.<sup>23</sup>

School staff can be directly and indirectly affected by a school crisis,<sup>24-28</sup> and teachers and school counselors often find themselves in the role of providing social-emotional support for students who have experienced a crisis. However, those same individuals can themselves be at risk for developing compassion fatigue or STS.

Although most STS research to date has been focused on other helping professionals such as social workers and psychologists,<sup>8–11</sup> there has been a growing acknowledgment that teachers, especially those in underresourced communities, are working with traumatized students, and researchers and policy makers have begun to consider the impact of this work on educators' mental health<sup>29</sup> and their relationship with students.<sup>30</sup> **Box 1** defines compassion fatigue, STS, and burnout.

## SIGNS OF SECONDARY TRAUMATIC STRESS IN TEACHERS

*Margaret is a fourth-grade teacher in a low-income neighborhood. She is a new teacher who has been working at her school for 2 years and genuinely enjoys teaching her students. However, she has begun feeling more and more concerned with the level of violence her students have been talking about that happens in their neighborhood, and she begins feeling unsafe while on campus. She is constantly worrying about her students' safety. One of her students has shared with her that he is haunted by nightmares, and proceeds to describe to her the minute-to-minute details about the shooting that he witnessed on his way home from school 3 days ago, leaving 2 bystanders dead just several blocks away from campus. He writes about it and draws graphic pictures that he shares with her. He is fearful in class, and he has been difficult to keep on task during lessons. Margaret has been working extra hard trying to figure out how to help him, to no avail. After work, Margaret is unable to focus on her personal life and is constantly thinking about the shooting, noticing at times that she is jumpy and having difficulty reading for pleasure. She frequently finds herself getting angry and agitated. One day in her math class, this young boy asks her for help on an equation that she has already explained in class, but he still can't understand how to solve it. Ordinarily Margaret would spend a little extra time with him to explain the difficult concepts. But today is different, today she responds with, "Look, I've already told you how to do it. You're just going to have to figure it out on your own!"*

Margaret has begun exhibiting some of the signs of STS, such as increased irritability and intrusive thoughts about her student's trauma narrative. According to the US Department of Education (2012), STS can affect the following bio-psychosocial characteristics: physical, emotional, behavioral, cognitive, interpersonal, spiritual, and professional.<sup>34</sup> As with any characteristic that appears severe, maladaptive, or interferes

### Box 1

#### Key definitions

**Compassion fatigue:** An emotional state with negative psychological and physical consequences that emanate from acute or prolonged caregiving of people stricken by intense trauma, suffering, or misfortune. Compassion fatigue occurs when emotional boundaries become blurred and the caregiver unconsciously absorbs the distress, anxiety, fears, and trauma of the patient (also termed countertransference).<sup>31</sup>

**Secondary traumatic stress (STS):** The natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by a significant other, the stress resulting from helping or wanting to help a traumatized or suffering person.<sup>2</sup>

**Burnout:** A prolonged response to chronic emotional and interpersonal stressors on the job, defined by the 3 dimensions of exhaustion, cynicism, and inefficacy.<sup>32</sup>

**Vicarious trauma:** The emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured. A state of tension and preoccupation arising from the stories/trauma experiences described by clients.<sup>33</sup>

with daily functioning and relationships, it is important to seek professional and/or medical guidance. The detailed characteristics of how STS may manifest are as follows.

*Physical.* Having low energy or feeling fatigued in the classroom; having an upset stomach or nausea; having breathing difficulties; difficulty sleeping because of constant worry about a student.

*Emotional.* Feeling numb or detached from students; living in denial; feeling anxious; feeling guilty about not doing enough for students or parents; feeling powerless or hopeless that students will succeed; feeling sad or depressed. Perhaps there are feelings of being overwhelmed with grading papers or becoming hypersensitive; feelings of guilt that one is not doing enough to help students succeed; fear and/or anxiety that one may lose one's job.

*Behavioral.* Changing the routine of things at school and/or at home, such as eating later or not eating at all; becoming withdrawn from other faculty or suffering from sleep disturbances or nightmares about a recent shooting on the school campus. More severe effects can include the use of self-destructive coping mechanisms such as using drugs or alcohol, excessive gambling, or shopping. Some individuals may become accident prone or engage in self-injurious behaviors such as cutting, or become suicidal.

*Cognitive.* Having diminished concentration affecting the ability to teach for an entire day; difficulty with decision making; decreased self-esteem; self-doubt; blaming others for students not passing exams; becoming hypervigilant or experiencing trauma imagery (ie, seeing events over and over again).

*Interpersonal.* Becoming physically withdrawn or emotionally unavailable to co-workers or family; decreased interest in intimacy or physical touch; isolation from family, friends, or support systems; becoming impatient or intolerant of students or situations; mistrust or projection of blame onto the school's leadership.

*Spiritual.* Questioning the meaning of life or losing a sense of purpose in the world; lacking self-satisfaction or becoming angry at a Higher Power; questioning religious or spiritual beliefs.

*Professional.* Exhibiting poor work effort in classroom instruction; low performance of teaching tasks and responsibilities; low morale at school affecting relationships with other faculty.

The impact of STS on a teacher's personal or professional life can be devastating or debilitating, and acknowledging and recognizing the signs of STS can be one of the first steps in ameliorating its effect.<sup>35</sup>

Similar to other forms of psychological distress, a teacher experiencing STS may recognize symptoms emerging that affect their daily functioning in the classroom or at home. For example, a teacher may have previously experienced a traumatic event, which is triggered by a student's similar traumatic experience,<sup>36</sup> or a teacher may hear about a student's experiences with bullying.<sup>34</sup> Because teachers often reach out to help students and can be at a heightened sense of empathic awareness, they may also be vulnerable to STS. In addition to helping others, they may neglect their own needs and emotions.<sup>34</sup> Each of these scenarios is not uncommon, but could leave a teacher vulnerable to STS. One way to examine this further is to look for signs that STS may be present.

*A principal suddenly finds himself responding to a major earthquake that has greatly affected his school community. Although he experiences minor damage to his house from the earthquake, his campus has been badly damaged, and many students are living in emergency shelters. Several teachers tell him about their loss of homes and*

*loved ones, and he hears from students how they felt they would be crushed by falling debris. One student even saw his sister get badly injured from a falling beam. The principal is in crisis mode, trying to resurrect his school single-handedly, with a sense of responsibility that he must fix everything himself. He is not sleeping and worries constantly, feeling a great burden on his shoulders that only he can respond to all the needs of the school. Usually finding comfort in God, the principal has now started questioning his faith and the existence of a God who would allow such tragedy.*

Another hallmark of STS in schools can be school personnel pushing themselves too hard to get things done and trying to do it all on their own. Having a close connection to a particular student and fellow educators who had experienced severe trauma, this principal manifested signs of STS, including “intense connections” with those he is trying to help and spiritual doubts. Other STS signs that can manifest in educators include having problems concentrating and focusing even on simple tasks, and experiencing increased physical complaints. It is possible that a person may have a low sense of self-esteem or a feeling of inadequacy; conversely a person may have feelings of grandiosity, overvaluing his or her importance or worth, resulting in a reaction similar to that of the principal in the aforesaid example who felt he had to do everything himself, even though it was impossible. Many of these signs can also be more apparent to others as opposed to the affected individual, especially symptoms such as increased irritability, isolating oneself from others, or becoming easily agitated or annoyed (Box 2).

## TRAINING THE EDUCATORS

Given the broad spectrum of traumatic events to which students can be exposed and potentially share with their teacher and school staff, in addition to crises that can occur on campus and affect the school staff, the US Department of Education developed a training program for educators, which expands on the STS literature and applies those same concepts to the school environment where teachers can be at risk for developing STS.

Over the past 2 years, the US Department of Education has increasingly recognized the potential for STS in educators across the country, particularly given that schools are frequently experiencing traumatic events or crises such as school shootings or weather catastrophes such as tornados, hurricanes, and mud slides. The purpose of the training is to help school faculty and staff recognize, understand, and orient themselves to the concepts of compassion fatigue, secondary trauma, and resiliency. Trainings are often conducted several months to a year after a major traumatic incident or after a cumulative set of experiences across schools or districts that foster

### Box 2

#### Key characteristics of STS

- Previous experience with a traumatic event
- Heightened sense of empathy
- Neglecting one's own needs and emotions
- Pushing oneself too hard to get things done
- Difficulty concentrating
- Low sense of self-esteem
- Feelings of grandiosity

the need to address STS. However, school districts can request these trainings preventively as part of professional development. Each training module bears a stark reminder of the ways in which a traumatic experience can affect educators in profound ways. The following vignette describes one such story described by an attendee at an STS training session.

*I am a high school English teacher named Lisa, and while I have only been at my school for a few years, I'd like to think I have been making an impact. I really enjoy teaching and care about all of my students. However, I was especially close to one student named Derek. Derek was a high school sophomore at my school, and he loved to play sports. Basketball, football, you name it; he was one of our school's best. He was also a very popular student, well-liked by me and all of the teachers at our school, and I imagine had more real friends than most Facebook accounts. I knew his family from parent nights, very loving and nurturing, and you could just tell Derek was raised to be respectful and responsible. In a word, he was a superstar, someone we would want all of our children to aspire to be. I recognized Derek's potential and immediately resonated with his enthusiasm to learn and succeed. So when word spread around school one Monday morning that he had taken his own life, I, like the entire school, was shocked. And shock slowly turned into devastation, and it began to trigger some very different emotions. I began to avoid the neighborhood where Derek grew up. I would wake up with nightmares or often get no sleep at all thinking about what had happened, what I could have done to prevent his death. From time to time, I would miss a staff planning meeting or would distance myself from colleagues. I found myself losing focus, daydreaming, or maybe it was something else. One day Joan, a fellow history teacher and good friend, noticed me alone in the break room. I had been unusually quiet and had remained distant from everyone since Derek's suicide. While she did not want to pry, she was concerned about me and so with some hesitancy, she asked if I was doing okay. After some feelings of uneasiness, I finally confided in her that I couldn't shake my sense of loss over Derek's untimely death, that I couldn't stop blaming myself, and that maybe I was in need of some help. Joan validated my feelings and let me know that it was okay to feel this way. That it was understandable and heartbreaking for many of us. She offered to talk with me more and suggested that perhaps I talk with a friend of hers who was a therapist. For Joan, she was reaching out to a colleague. For me, it was a step in the right direction.*

This story is one that could happen anywhere. When a major crisis or incident occurs, it can have devastating consequences for many of those affected, including educators. The STS training by the US Department of Education provides education about what STS is, signs and symptoms, how to prevent STS from occurring, and also provides ways that teachers can help other teachers reach out when they recognize that a colleague may be exhibiting signs of STS, as in the example given here. Training for educators can mitigate the effects of trauma.

## **A MODEL FOR TRAINING ON SECONDARY TRAUMATIC STRESS FROM THE US DEPARTMENT OF EDUCATION**

### ***Introduction***

The facilitators begin the training with introductions. Although in other trainings this part of the agenda may be formulaic, for this training it can be somewhat cathartic. Attendees are asked not to give specific and graphic details about any traumatic experience, but rather what feelings or experiences they may have had following the event. Many individuals will choose to share their name but also will reflect on why they are in attendance, and describe how they are feeling or what they have been experiencing since the traumatic event. This experience can be a very powerful and emotional one because often it is one of the only times a participant has actually thought about how he or she has been feeling in a safe and comfortable environment.



The facilitators allow the participants space to reflect, and remind them that sharing is optional and, if necessary, individuals have the opportunity to share their experience privately. The overall intent is to help frame the day with the purpose of acknowledging the feelings that they have been keeping to themselves.

### ***Dimensions and Definitions***

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During this time, facilitators assign conceptual definitions to compassion fatigue, STS, vicarious trauma, and psychological burnout to help diminish any stigma or clarify any ambiguity in terminology. From here, facilitators lead a discussion about how to recognize the signs of STS that a teacher or other school personnel may be experiencing, and the salient conditions that make them vulnerable to such manifestations. In Lisa's case, she began to map her experiences onto all of the symptom clusters described, such as problems focusing on her curriculum and withdrawing from her colleagues.

### ***Impact***

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During this portion of the day, facilitators describe how STS can affect a teacher in each of the ways described earlier (ie, emotional, behavioral, interpersonal, and so forth). This approach evokes much discussion because people are often experiencing much of the same thoughts and feelings but are afraid to talk about it. For example, male coaches often feel they have to be "strong" and keep up "morale" on the team, but a traumatic incident can take an emotional toll on them as well. It elicits much more human emotions than they feel like they have been allowed to express. This self-disclosure is a process of normalizing and validating that may not have happened otherwise. Lisa began to realize that maybe she was not alone in how she felt. It was helpful for her to understand that what she was experiencing was most likely STS that probably was associated with her reaction to Derek's death.

### ***Self-Care***

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Self-care refers to "those activities performed with the intention of improving or restoring health and well-being," and must be highly individualized.<sup>37</sup> Facilitators describe self-care as an important step in the healing process. During the training, participants actually engage in a short self-care exercise that can release some of the stored-up tension. Some participants may be reluctant to participate. Participants explore ways to engage in self-care from multiple bio-psychosocial characteristics such as physical, intellectual, environmental, emotional, and even financial self-care (**Fig. 1** details the Self-Care Strategies worksheet); for example, eating lunch off the school campus or taking a walk during a break time. In one such training, several participants considered starting an "exercise-share" whereby anyone interested would meet before school starts and exercise as a group in the gym. During the training, each participant crafts a self-care plan and shares with the rest of the group what they have identified. The facilitators require that each plan be explicit. For example, if a teacher or nurse suggests they will eat healthier meals, the facilitator delves a little deeper. A facilitator might ask, "Which meals? Breakfast, lunch and dinner? And what does "healthier" mean"? This process can be extremely helpful, and allows the group to really become invested in taking care of each other and holding each other accountable for their own self-care.

### ***Psychological First Aid***

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The second half of the day is an interactive presentation of "Psychological First Aid: Listen, Protect, Connect, Model and Teach."<sup>38</sup> This model is an evidence-informed approach that can be used as a helpful resource for peer-to-peer support among

Social Self-Care. This type of self-care can take on many forms such as belonging to positive social networks; maintain relationships with friends; attending social activities or events. Please list three social self-care activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Physical Self-Care. Physical self-care encompasses appropriate exercise; proper eating habits; proper amount of sleep; joining gyms or exercise clubs. Please list three physical self-care activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Intellectual Self-Care. Finding opportunities to intellectually stimulate your self can be challenging. Here, this may include reading books; attending work-shops or seminars; learning a new craft or developing a new hobby. Please list three physical self-care activities.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Financial Self-care. Financial self-care is something that takes a disciplined commitment and includes such items as: itemizing bills; monitoring expenses; incorporating expenses for leisure activities; talk with a financial consultant. Please list three financial self-care activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Spiritual Self-Care. Often times we resonate with some spiritual being or a Higher Power. Spiritual self-care can be very uplifting and may include taking steps to reconnect with your Higher Power; attending religious services; participating in study groups; daily reflection on your purpose in life. Please list three spiritual self-care activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Environmental Self-Care. This is an opportunity to commit to surrounding yourself with healthy environments such as taking a walk outdoors; creating a specific space in your home that is reserved only for healthy activities or rest; camping or contributing to an environmentally sound cause. Please list three environmental self-care activities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Fig. 1.** Self-care strategies worksheet.

teachers and other school staff on campus in the aftermath of a school crisis, disaster, or other traumatic event. In this model, participants learn simple ways to be a helpful resource to others on their campus when a crisis or traumatic incident occurs. In each step of the model, facilitators describe how participants in their own schools can do the following.

### ***Listen***

This section teaches educators how to approach colleagues who may seem upset or withdrawn, and ask them if they would like to share how they are feeling. In Lisa's case, her colleague Joan did not have to be a trained therapist to simply ask, "Lisa, are you doing okay?" Educators during this training are given reassurance and encouragement to find ways to identify when they see changes in their colleagues and how to reach out with support and empathy in a nonjudgmental way. During the training, teachers practice ways of inquiring about one another without feeling uncomfortable or intrusive, and how to practice active listening in a way that validates their colleagues' feelings and avoids trying to "fix" their problems. For each person, the approach and words may be different, so practicing this skill during the training can be an important first step.

### ***Protect***

In this phase of the model, participants learn that it is important to help a fellow teacher get back to a regular routine at school. It can help facilitate healing to remove anything in the school environment that may trigger symptoms of STS. It is important that participants understand that any school staff, such as the librarian, custodian, or classroom aide, can be affected by STS from hearing about traumatic events from students.

### ***Connect***

The connect phase describes that it can be very powerful for individuals who may be experiencing STS to stay engaged with school colleagues and remain an active member of the school community. All too often, people in despair isolate themselves, and this phase stresses the importance of staying "connected" with those around you. Teachers are reminded that if necessary, they could also encourage their colleague affected by STS to seek professional counseling or guidance. For example, Joan found out how Lisa was doing and then suggested that she find professional help. Involving the affected teacher in group activities at school can also be helpful in ensuring the person stays connected to others.

### ***Model***

In this phase, teachers are taught to model calm and optimistic behavior. If appropriate, teachers should help their colleagues look toward the future and reinforce their own resiliency. Facilitating their colleagues in problem-solving ways so that they can cope with day-to-day challenges can help overcome barriers that may seem insurmountable.

### ***Teach***

In this last phase of the model, facilitators acknowledge the normalcy of changes that occur in people who have been traumatized, and articulate normal stress symptoms and ways to cope during troubling times.

The trainees participate in a role-play of this model. Role-play gives them an opportunity to experience each stage and affords them a chance to ask about such things as how to frame questions, when to approach a colleague, and with whom this is beneficial.

### ***Recovering From Secondary Traumatic Stress***

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During the training, teachers learn a strength-based approach that describes how educators can recover from a traumatic incident. Participants are reminded about the following:

- They have the capacity to recover
- They should continue to learn ways to build resilience
- They should take an active role in their own healing and when available, do this with colleagues who may be experiencing similar thoughts, feelings, and emotions

Schools should be a safe place for students and educators, and educators should be equipped with the knowledge that STS is very real and affects the entire school community. In-services, training sessions, workshops, or case presentations focusing on STS should be incorporated into school activities, teacher in-service training, and day-long trainings.

### **SCHOOL SYSTEM'S ROLE IN SECONDARY TRAUMATIC STRESS PREVENTION**

The school environment and availability of resources for the mental health needs of students is critical not only for student learning but also for the well-being and efficacy of teachers.<sup>18</sup> One developing framework for schools is a trauma-informed school systems approach, which promotes social-emotional learning and encourages improving the supports in schools for students who have experienced trauma.<sup>39,40</sup> Cole<sup>40</sup> has outlined specific steps that schools can take in supporting students and teachers regarding trauma, which include:

- School policies to promote a positive and safe school culture
- Staff training about trauma, STS, and how to partner with families and clinicians
- Linkages with mental health professionals who can consult to classrooms and with specific students
- Academic and nonacademic strategies for working with traumatized students<sup>40</sup>

School-wide approaches using Positive Behavior Interventions and Supports, a multi-tiered system of supports to create a positive school environment through proactive strategies, has been associated with improved teacher efficacy and lower teacher burnout.<sup>41,42</sup> Through these types of school system approaches, schools can support teachers in using prevention strategies to minimize stress, burnout, and STS, such as encouraging self-care in groups or individually, and allowing for classroom breaks during the school day if needed. Schools can also encourage activities for staff such as Mindfulness (“paying attention in a particular way; on purpose, in the present moment, and nonjudgmentally”), for which there is preliminary evidence for decreasing stress in teachers, improving attention, and regulating emotion.<sup>43</sup>

### **SUMMARY**

Given the significant toll that STS can take on educators, particularly in schools highly affected by trauma, it is essential that school districts and administrators provide their staff with the tools for preventing STS, such as:

- Normalizing STS and providing a venue for discussion and support
- Organizing professional development sessions at schools to provide important strategies to recognize the signs of STS and proactive ways of mitigating it

- Creating a larger whole-school approach for improving the overall climate of the school
- Providing opportunities for peer support, which can help build collegiality, reduce isolation, and provide important opportunities to vent the difficult feelings often associated with helping others<sup>44</sup>
- Recognizing and understanding the need for self-care

Moreover, schools of education at our colleges and universities nationwide provide the perfect opportunity to offer the necessary skills in STS prevention for our future teachers. Further research is needed to explore the prevalence of STS in educators and other school personnel and its relationship with other types of stress, mental health problems, and teaching efficacy. Examining the effects of a trauma-informed school approach on minimizing the development of STS as well as on student academic outcomes, teacher retention, and job satisfaction, are other key areas for exploration.

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