

Developing a Trauma-Informed Wellness Program

Robert McMackin

Psychology Service, Lemuel Shattuck Hospital

Joseph LaFratta

Schelte Consulting, LLC

WORK IS A CENTRAL aspect of most lives. When asked what is most important for a person to live a fruitful life, Freud reportedly responded, “To love and to work.” The guiding principle of the Rule of Saint Benedict governing monasteries is “Ora et labora,” to work and to pray. Yet, these simple statements belie a most complex phenomenon: How do we balance our work life with the many other demands upon us? How difficult is it for us to strike a healthy balance between our work and our personal lives? It is only human for each of us to have a personal life influenced by our professional life and vice versa. Hopefully, one will enhance the other, but the reverse is also possible—where one may contaminate the other. This is particularly true when one’s work includes being regularly exposed to traumatic events.

A traumatic life event can be described as an incident that causes physical, emotional, spiritual, or psychological harm. Terr (1991) described two types of trauma. Type I trauma was described as single incident events such as a car crash, rape, witnessing a murder, death of a loved one, or natural disaster. Type II trauma was characterized as recurrent events, such as repeated childhood physical or sexual abuse, combat, or community violence. Regarding Type II trauma she stated, “The subsequent unfolding of horror creates a sense of anticipation. Massive attempts to protect the psyche and preserve the self are put into gear” (Terr, 1991, p.15).

Trauma exposure is ubiquitous and affects almost all of us. For example, the Adverse Childhood Events (ACES) population study showed 61 percent of the U.S. population experiences an Adverse Childhood Event such as experiencing or witnessing abuse or neglect or having a close relative commit suicide (CDC, 2021). While these statistics may be disheartening, it should be noted that on the positive side the research of George Bonanno (2005) indicates that most people are resilient, having an inherent ability to manage stress. He identifies the processes of *flexible adaptation* and *pragmatic coping* as those which help individuals to be resilient to a potentially traumatic event (PTE). According to Mancini and Bonanno (2011), *pragmatic coping* is defined as “A purely *pragmatic* or ‘whatever it takes’ approach that is focused on getting through the adversity and the situational demands it imposes” and *flexible adaptation* is described as a range of “characteristics that promote behavioral elasticity or *flexible adaptation* to the challenges of a PTE” (Mancini & Bonanno, 2011, p. 9).

Exposure to traumatic events is more prevalent in some professions than in others. A police officer or EMT is more likely to be exposed to gun violence or fatal accidents than others. A child advocate or a social worker is more likely to be exposed to childhood physical and sexual abuse or neglect than others. A sex offender therapist is more likely to be

exposed to childhood or other sexual abuse than others. Probation, parole, and other court officials are more likely to be exposed to a range of traumatic events than the general population.

A variety of terms have been used, frequently interchangeably, to describe the impact of being exposed to trauma through work and its likely sequelae. These terms generally include secondary trauma, vicarious trauma, post-traumatic stress disorder (PTSD), compassion fatigue and burnout. An additional term not seen in the work stress or work trauma exposure literature, which we nonetheless consider important, is complex post-traumatic stress disorder (C-PTSD). While often used interchangeably, these terms represent distinct psychological phenomena, and we propose they fall into three distinct groupings: indirect trauma exposure (secondary trauma & vicarious trauma), direct trauma exposure (PTSD & C-PTSD), and outcomes (compassion fatigue & burnout). It is important to note that although we perceive three distinct groupings, an individual can experience traumatic exposures from multiple domains simultaneously. Maslach and Leiter (2016) refer to these phenomena as “occupationally-specific dysphoria.”

Indirect Trauma Exposure. We define indirect trauma exposure as being exposed to a traumatic event via the experience of another. Examples of indirect trauma exposure may

include relief workers assisting persons after a hurricane, tornado, or other natural disaster, a rape counselor seeing a client, or a social worker conducting a home study.

In order to be an effective counselor or emergency worker, forming an empathic bond with one's clients is an essential step. Yet, it is that very empathic bond which can have such a deep impact on the counselor through beginning to absorb and be impacted by the experience of the other. It is a negative, but often unavoidable, aspect of the work. To be most effective, one must remain empathic. Yet to remain empathic may mean absorbing such a degree of dysphoria that it may begin to negatively impact one's own psyche and functioning.

Both vicarious trauma and secondary trauma refer to the professional developing similar symptoms to the clients. These symptoms are generally those related to PTSD. Specifically, the professional may be having intrusive thoughts related to the client's experience, an avoidance or numbing of affect, and/or irritability. Most descriptions of secondary trauma stress the professional mirroring the client's PTSD symptoms. The vicarious trauma literature often notes enduring changes in the professional's cognitive or affective state. Both types of trauma stem from the cumulative indirect exposure to traumatic materials, but secondary trauma focuses on observable behavioral reactions, whereas vicarious trauma emphasizes changes in one's internal cognitive schema. They strongly overlap, which is why many view the differences as semantic rather than actual.

An additional concept that is at times linked to secondary trauma and vicarious trauma is countertransference. Countertransference generally refers to the thoughts and feelings evoked by a client in the therapist. Unlike secondary trauma and vicarious trauma, there are no detrimental factors associated with countertransference. It is an expected and normal phenomenon in the therapeutic process. One may argue that vicarious trauma and secondary trauma are also normal phenomena, with which we agree. Their major difference from countertransference is that by definition they interfere to some extent with the professional's functioning.

Direct Trauma Exposure. We define direct trauma exposure as those experiences where one is exposed to potentially traumatic events through one's work. If a parole or probation officer is preparing a presentencing report on a child sex offender, the officer may be required to view the evidence against

the offender. Hearing someone describe the rape the person experienced as a child is vastly different than viewing a ten-minute video of a child being raped or viewing two or ten or twenty such videos. A police officer may hear colleagues discuss fatal accidents they responded to, but that same officer may have to respond to another fatal accident or multiple fatal accidents or shootings in a year. The hearing of the accident, as the hearing of a child rape, is categorically different from attending to such incidents. The responding to such accidents or the viewing of child rape videos are direct exposures to potentially traumatic events.

Post-traumatic stress disorder is a cluster of symptoms that result from being exposed to a potentially traumatic event. PTSD requires an individual to be exposed to a significant PTE, such as viewing a rape video or responding to a fatal accident. The person would then have unwanted or intrusive thoughts of the PTE, and attempt to avoid stimuli associated with the intrusive thoughts. Alterations in cognition and mood (e.g., negative thoughts and affect, isolation) as well as alterations of arousal and reactivity (e.g., hypervigilant, anger, sleep and concentration difficulty) would also be present. Many of the symptoms associated with exposure to a PTE are normal and expected. However, when such symptoms develop a life of their own and interfere with a person's ability to function in a normal manner in relation to family, friends, and colleagues, they become problematic.

Complex post-traumatic stress disorder refers to repeated exposures to multiple PTEs. In the example previously described where a parole or probation officer is preparing a presentencing report on a child sex offender, the exposure can be to multiple rape videos and images. This can be complicated by having to monitor a parolee's computer remotely and potentially being exposed to additional multiple disturbing videos or images. The recurrent aspect of the trauma exposure contributes to what Terr described as when "Massive attempts to protect the psyche and preserve the self are put into gear" (Terr, 1991, p. 15). Unfortunately, attempts to preserve the psyche do not always work when there are repeated exposures, leading to many of the PTSD symptoms frequently complicated by relationship difficulties, a sense of worthlessness, physical symptoms (headaches & intestinal problems) and suicidal thoughts. Due to their job responsibilities, many law enforcement professionals experience repeated and

unavoidable PTE exposures, thus making C-PTSD an important consideration.

Outcomes. We view compassion fatigue and burnout as outcomes of stress related to direct and indirect trauma exposures. While the terms are occasionally used interchangeably, there are distinct features that differentiate one from the other. Figley (1995) describes compassion fatigue as "the cost of caring." The onsets of compassion fatigue and burnout differ, with burnout being viewed as taking place gradually and having a tendency to be more enduring. Both can lead to greater frustration with work, poorer performance, and an inability to find meaning in one's work. Figley speculated that they could be protective coping mechanisms we use to deal with the emotional costs of working in difficult situations. To individuals who view their work as pointless and futile, it really doesn't make any difference how much effort they put into the job—the offender will reoffend; the abuse victim will go right back to the abusing situation, so what difference does it make?

To be an effective empathetic caregiver (be it in law enforcement, probation and parole, mental health, or other helping professions), secondary trauma, vicarious trauma, PTSD, C-PTSD, compassion fatigue, and burnout are all potential occupational hazards. Yet these outcomes may be avoided when appropriate employee supports are in place on the personal, professional, and systemic levels.

The Job Demands–Resources Model

Stress is present in all jobs. A job by its very nature means that there is some degree of responsibility. There are performance expectations on all employees, and hopefully there are also resources available for the employee to meet those expectations. It is a delicate balance that is not always in synch—at times the demands may be too high and the resources too low or vice versa.

The Job Demands–Resources (JD-R) model suggests that all professions have demands which can become risk factors, leading to job stress or strain, as well as resources which can become protective factors, mitigating against such stress. Job demands may be broadly viewed as "The physical, psychological, social, and organizational aspects of a job that requires sustained physical, cognitive, and emotional effort and skill" (Bakker & Demerouti, 2007, p. 312). These demands can be viewed as a positive challenge or a negative hindrance. Challenge demands

can lead to increased job satisfaction and a sense of personal efficacy, whereas hindrance demands can convert into job stressors when attempting to meet those demands (Meijman & Mulder, 1998).

Job resources are those “physical, psychological, social and organizational aspects of the job that are either/or: functional in achieving work goals; reduce job demands and the associated physiological and psychological costs; stimulate personal growth, learning, and development” (Bakker & Demerouti, 2007, p. 312). Job resources are considered to have a buffering effect in lowering the potentially toxic effects of demands.

Research documents how imbalances in the job demand-resources equation can have detrimental effects on employees both on and off the job. Negative effects may include poor performance, the inability to meet deadlines, absenteeism, high turnover, cynicism, and other negative attitudes. These negative effects not only affect the individual experiencing them, but they can also impact work groups, leadership, and the entire organization. In a worst-case scenario, a toxic workplace environment can develop, negatively affecting all employees, undermining the organization’s mission, and alienating consumers. Fortunately, with a commitment from both the individual employee and leadership, a healthy balance can be restored.

Various resources can be marshalled to promote a healthy workplace. These resources can be found at the task level, the organizational level, or social level to develop intrinsic or extrinsic motivation for the employee. Intrinsic motivation refers to factors within the individual, such as a sense of control over their work experience. Extrinsic motivation refers to factors fostered by the organization, such as positive leadership and supervision of employees. Resources that are supportive, provide autonomy, and offer feedback to employees have the potential to decrease the wear of the job demands on an employee. Maintaining the proper balance between job demands and resources must be regularly monitored. Feedback loops help ensure that balance is maintained, thus avoiding excessive demands coupled with low resources that can give rise to employee exhaustion and cynicism.

When the equilibrium between job demands and resources is so disturbed, the related stress or strain can become overwhelming, resulting in burnout. Common demands that can contribute to such stress

are excessive workload and pressure, role ambiguity, lack of social support, and lack of autonomy. These demands conspire to undermine an employee’s sense of purpose and commitment to the organization’s mission. The resources that counter the negative impact of such job demands are the inverse to those demands: a sense of autonomy and control over one’s work, achievable work goals, positive supervision and leadership, a clear and shared sense of organizational mission.

One area the JD-R model does not take into consideration relates to the individual personality characteristics of employees. It is reasonable to assume that an individual’s developmental history and genetic predisposition contribute to how that individual evaluates and manages stress. For example, some people are more able to “roll with the punches,” so to speak, than others. Nonetheless, research has documented that there are particular job resources that can be cultivated to buffer the impact of job demands, foster a stable work environment, be beneficial to the organization, benefit employees as a whole, and reduce the risk of burnout. Those most often noted are:

- **Social Support:** The relationship between social support and job stress has been well studied. In a negative manner it can be a factor that increases stress, as can be seen in the “gallows humor” or shared cynicism that may develop in a work site. In a positive manner social support in the shared mission and goals of an organization can mitigate against stress.
- **Clear Job Roles:** Job descriptions that outline responsibilities and chains of command help reduce job role ambiguity, reducing the “finger pointing” phenomenon when problems arise.
- **Supervision:** Regular supportive supervision that is honest in pointing out perceived deficits and provides remediation and training plans to address issues when they arise is critical in reducing the “I’m in this alone” feeling among employees.
- **Mission:** A shared and well-understood mission among all employees from leadership to line staff fosters a “we’re in this together” attitude among all.

It is important to note that these buffering resources are all related to *on-the-job* factors, yet all employees also have lives beyond work. In the same way that one’s work experiences affect one’s personal life, stresses within one’s personal life may spill over into one’s professional life. The work-home interface is not always the smoothest. *On-the-job* and home

interventions that can reduce job stress will both be discussed further in the trauma-informed wellness interventions segment of this article.

Trauma Exposure and the Job Demands–Resources Model

As noted earlier, we propose that job-related trauma exposure falls into two groups: indirect exposure (e.g., listening to clients’ accounts of traumatic events) and direct exposure (e.g., watching child rape videos, responding to a fatal accident). We consider work-related trauma exposure to be different from other types of trauma exposures in that it may be part of a job demand. It would be impossible for a police officer to not respond to a serious car accident or shooting while on patrol, nor could a probation or parole officer refuse to monitor the internet usage of a pedophile sex offender on the officer’s caseload. Additionally, there is a random quality to the exposures that law enforcement professionals experience, which would tend to increase the anticipatory anxiety that such an event may take place. Such work-related trauma exposure is complicated by the fact that law enforcement officers are often on call 24/7, making it a job that feels like it can *never* be turned off.

The stress of such intense, direct, unpredictable trauma exposures takes a toll. Nearly twice as many police officers die by suicide annually than are killed in the line of duty, and PTSD rates among police officers range from 7 percent to 35 percent (Lilly & Curry, 2020). While suicide rates are not available for federal probation and parole officers, the suicide rate among federal employees has doubled in the past 10 years, with over 90 percent of such suicides being of federal law enforcement employees (Fedagent, 2020). Direct trauma exposure is a job demand for law enforcement employees, and that direct exposure takes a grim toll.

Trauma-Informed Wellness Interventions

Wellness interventions fall into two broad overlapping categories: those that can take place after work hours and those that can be structured into the job. Interventions that take place after work time are generally personal in nature. Those that take place during work hours tend to be more structural, being designed into an organization in a manner that can positively impact the personal and professional health of the employees and create a health-promoting work environment.

When employees are exposed to direct and indirect psychologically traumatic materials, both types of interventions should have a trauma-informed aspect to them. We will first discuss after-work wellness interventions and then structural interventions.

Off-Work Interventions. Job stressors (e.g., time pressures, high workloads, conflicts with co-workers) do not end at the completion of each workday. The work-home interface is highly permeable, with one's work life deeply affecting one's home life and vice versa. This becomes more acute when the workers see themselves as having little control over their work experience—being a cog in a wheel or a pawn in a game that they have minimal control over. Sonnentag and Zijlstra (2006) note that such stress can lead to fatigue, which is “the state that results from being active in order to deal with work demands.” Recovery from such fatigue “is the process of replenishing depleted resources or rebalancing suboptimal systems.” (Sonnentag & Zijlstra, 2006, p. 331). Ideally, that rebalancing takes place during off-work hours in the evenings, weekends, or during vacations. Sonnentag and Fritz (2007) describe four types of off-hours recovery experiences that assist in the rebalancing:

- **Psychological Detachment:** Psychological detachment refers to the ability not only to be physically away from one's work, but to “turn off the switch” to deactivate the thoughts of job-related issues. This process is difficult, as many technological advances have shackled workers to their jobs seven days a week via “on-call” responsibilities, cell phones, and email.
- **Relaxation:** Ideally, relaxation combines both a reduced activation and an increase in positive emotions. Without the need for focused attention on stress-related material, a person can more easily enjoy a walk in the woods, a movie, or a casual dinner with friends.
- **Mastery Experiences:** Mastery experiences refer to challenging off-work activities that allow a person to achieve success in a non-work-related area, such as learning a new language, writing, woodworking, embroidery, or a host of other activities.
- **Control During Leisure Time:** This refers to a person's ability to freely choose among a variety of options the activity they prefer to engage in—to have personal agency in determining what they would like to do.

Leisure time interests vary from person to person and may overlap with a number of the recovery activities listed above. No one would

doubt that Franklin Delano Roosevelt's job as President of the United States was stressful as he led the United States through the Great Depression and World War II. Amidst the multiple stresses he was under, he steadfastly maintained a great interest in stamp collecting, stating, “I owe my life to my hobbies—especially stamp collecting” (Gantz). This hobby allowed him to turn off the switch and psychologically detach by relaxing in an activity he had mastered and continued to learn about until his death.

Leisure time activities are divided into those that are positive or negative. President Roosevelt's philatelic interest would represent a positive leisure time activity, allowing him to relax and detach from his job demands in an activity that gave him great satisfaction. Examples of negative activities would include excessive alcohol or drug use, holding onto resentments, various addictions, or excessive isolation that complicate rather than reduce job-related stress. Wellness programs that focus on after-work interventions frequently train people in stress-reducing interventions such as mindfulness and foster the development of positive coping skills or activities that can balance out job stress.

During Work Interventions. We believe the Job Demands-Resources model is the best framework to use in considering ways in which a job site may be designed to be highly productive while simultaneously promoting employee health. As noted, the balance between job demands and job resources is dynamic—that is, in a constant state of flux. The challenge for leaders is to maintain that balance in such a manner that it promotes the personal and professional growth of employees while fulfilling the mission of the organization. This is not an easy task, and it becomes significantly more complicated when employees are directly or indirectly exposed to psychologically traumatic material.

Professions that entail the direct and indirect exposure of their employees to potentially traumatic events must have wellness interventions that are trauma-informed. As discussed earlier, professions that include frequent indirect exposures to traumatic material (e.g., child protective worker & rape counselor) can lead to vicarious and secondary trauma among employees, and those professions that include frequent direct exposure to traumatic material (e.g., police, EMT, & probation and parole officers) can lead to post-traumatic stress disorder and complex post-traumatic stress disorder. Both types of exposures can

directly contribute to burnout or compassion fatigue among employees. It goes without saying that an employee suffering from burnout is not an effective employee. Additionally, an employee suffering from burnout represents a failure of the organization to provide the employee with the proper resources to avoid such an outcome.

We should again stress that it is normal and expected for an employee to be deeply impacted by exposure to psychologically traumatic material. In some respects, burnout is a normal outcome of exposure to repeated traumatic events. It can be a self-protective mechanism that helps a person manage the occupational hazards of traumatic exposures. The problem is that it is not the best alternative or coping mechanism.

The JD-R model calls for the constant assessment of the job demands that may lead to employee stress and resources that can mitigate such stress. It is not a simple cookbook approach where certain ingredients or interventions can be applied across different organizations to create positive work environments. There is a creative, improvisational aspect to the JD-R model, particularly in respect to interventions that support a positive work environment. The same interventions that may work in one environment may not work as well in the next. The first step in any intervention is an accurate assessment of the demands and related stressors on the individual as well as at the supervisory and leadership levels. There are a number of assessment tools that measure a worksite's atmosphere and employee burnout risk. Assessment tools combined with staff focus groups at the employee and leadership levels will provide a good assessment of a worksite's job demands and resources.

Forewarned is forearmed. While interventions for individuals and organizations that include employees being exposed to multiple potentially traumatic events must be individualized, their first step post-assessment is always the same: psychoeducation regarding psychological trauma, its frequency, and its impact. One characteristic often seen in individuals impacted by trauma or staff experiencing burnout is that they feel isolated. They often believe they are the only ones experiencing such feelings or emotions. Psychoeducation has a normalizing and leveling impact, letting people know their experience is not abnormal and that they are not alone. This, in and of itself, is a highly significant intervention. Social support is a major resource that can

counter the stress of job demands. A burden shared often is in fact a burden halved. When individuals understand their experience is normal and they are indeed not alone, their experience becomes more manageable. The works of Bonanno (2005) and Mancini and Bonanno (2011) document that resiliency is more the norm after trauma exposure than dysfunction. Bonanno identified *flexible adaptation* and *pragmatic coping* as the two mechanisms that help individuals be resilient to a potentially traumatic event. Providing individuals with an understanding of trauma and its related consequences is the initial step in assisting a person develop *flexible adaptation* and *pragmatic coping*.

As noted, some occupations, particularly those in law enforcement, involve being repeatedly exposed to psychologically traumatic material. The trauma exposure is not a one and done experience. This raises systemic and organizational questions related to how to provide employees with the proper resources to buffer such exposures. As mentioned, psychoeducation about the impact of trauma is an essential initial step, but more is needed. On the individual level, staff can be assisted with developing plans for positive career-sustaining behaviors. These plans will vary from individual to individual and should be supported by the organization. The leadership of the organization must also examine how to organize resources to help sustain a healthy work environment. Training opportunities, clear ladders for career advancement, and fair compensation packages and benefits all help, but consideration of ways to mitigate the impact of the repeated trauma exposures must also be evaluated. This may include rotating on-call schedules and responsibilities, social support built into the job, giving employees a sense of control and autonomy

over completing their responsibilities, and other resources that have been shown to help mitigate the trauma impact.

Each individual and organization is unique. Striking the right balance between job demands and job resources is a frequently shifting target. A point of equilibrium may be found one day and lost the next. The critical part is the shared commitment to engage in the process. Trust is one of the first casualties experienced by persons with a history of trauma. They don't believe others, particularly authority figures, can be trusted. A trusting relationship between leadership and employees is a required foundation to build upon. Without it, all the training in the world will be for naught!

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