

Addressing Burnout and Secondary Trauma for Veteran Service Providers

INTRO: Welcome to the National Veterans' Training Institute Podcast Series, where we discuss pressing issues affecting today's veterans.

HOST: Hi folks, my name is Hannah, and I'm going to be the host of today's podcast. We have a fantastic panel joining us for our podcast today on addressing burnout and secondary trauma for veteran service providers. Will you each take a moment to introduce yourselves, tell us where you are from, and tell us a little bit about your current role?

Brian: Good morning; my name is Brian Bride, and I am a Distinguished University Professor of Social Work at Georgia State University in Atlanta. I teach and conduct behavioral health research and do a lot of work around secondary traumatic stress, burnout, and workplace well-being.

Latoya: Hi everyone; my name is Latoya Henderson, and I am a Disabled Veterans' Outreach Program specialist, or DVOP for short, in the Jobs for Veterans State Grant program or JVSG with the Department of Labor, Veterans' Employment and Training Service, also called DOL-VETS, in Hampton, Virginia. I assist veterans with significant barriers to employment to obtain suitable and sustainable employment, and, previously, I worked as a Mental Health Support Specialist for three years.

Stacey: Hello, everyone; I am happy to be here. My name is Stacey Owens, and I serve as the Military and Veterans Affairs Liaison for the Substance Abuse and Mental Health Services Administration, also known as SAMHSA. In this role, I am honored to have the opportunity to support collaborative public health efforts to improve the behavioral health of our nation's service members, veterans, and families. I'm a clinical social worker by training, and prior to joining SAMHSA, I spent 13 years providing clinical services at the Department of Veterans Affairs and Department of Defense.

HOST: Thank you all for introducing yourselves; we are very happy to have you here discussing these critical topics. As we begin, we need to

Addressing Burnout and Secondary Trauma for Veteran Service Providers

make sure, we have a common understanding, or a common definition of our overarching topics, so let's understand what burnout is. How do you define burnout?

Stacey: That's a great question. In 2022, SAMHSA released an evidence-based resource guide titled "Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies." In that guide, SAMHSA defines burnout as a complex occupational condition resulting from chronic workplace stress that has not been successfully managed. Burnout is typically characterized by three dimensions: sustained feelings of exhaustion, that is, feeling depleted, overextended, and fatigued; depersonalization, or being detached from oneself and emotionally distant from one's clients and work; and third, feelings of inefficiency, such as having a reduced sense of professional accomplishment.

Burnout can ultimately have physical and emotional consequences for service providers and impact their work with clients and within their organizations.

Brian: That is an excellent definition, Stacy. I would define burnout as a syndrome of emotional exhaustion, depersonalization, and skepticism about the work being done. I consider emotional exhaustion to be the core feature of burnout and would like to note that emotional exhaustion is often physically exhausting as well.

Latoya: Similar to my colleagues, I define burnout as a form of exhaustion caused by constantly feeling overwhelmed. It's a result of continuous emotional, physical, and mental stress.

HOST: Excellent. Thank you all so much. Now, another topic that we are going to be focusing on today is of course, secondary trauma, and we want to make sure we're also starting with a shared definition of that. So, how might you define secondary trauma? Latoya, would you get us started on this one, please?

Latoya: Absolutely, this is so important to discuss. Secondary trauma, sometimes called compassion fatigue, is when an individual simply hears

Addressing Burnout and Secondary Trauma for Veteran Service Providers

about or witnesses another person's traumatic experiences. So as a veteran working with other veterans or as a Mental Health Support Specialist assisting others, I've experienced this firsthand.

Brian: I agree, Latoya. Secondary trauma is defined as indirect exposure to another person's traumatic experience. That indirect exposure may lead to secondary traumatic stress, or STS, defined as the stress placed on a person when exposed to trauma descriptions, images, or the reactions and responses of persons who have experienced primary trauma. Secondary Traumatic Stress is further conceptualized as being on a continuum that begins with normative stress and extends to functional impairment and, in the most severe cases, a diagnosis of Post-Traumatic Stress Disorder.

Stacey: I would like to add that people sometimes use the terms burnout and secondary trauma interchangeably. However, they are different. As Latoya and Brian indicated, secondary trauma is the emotional stress that comes from hearing someone else give their firsthand account of trauma that they experienced. It's a natural but challenging part of being a service provider.

HOST: Thank you so much. Now that we are starting from those shared definitions, let's talk a little bit about recognizing signs of burnout or secondary trauma. What are some ways to recognize the signs of secondary trauma? Brian, if you don't mind, get us started on this one.

Brian: Of course. Secondary traumatic stress has symptoms related to intrusion, avoidance, negative alterations, or changes in cognitions and mood, and significant changes in arousal and reactivity. More specifically:

Intrusion, the most commonly reported symptom of STS, would be recognized as repeated, involuntary distressing memories or dreams related to the other person's

Addressing Burnout and Secondary Trauma for Veteran Service Providers

trauma, or feeling like the trauma is happening again, or psychological distress, or physical reactions to reminders of the traumatic event.

Next are avoidance symptoms, which are efforts to avoid distressing memories, thoughts, or feelings of the trauma or reminders of the trauma that bring up distressing memories, thoughts, or feelings.

They may experience negative changes in thoughts and mood, including forgetting about some detail or aspect of the trauma; persistent and exaggerated beliefs about oneself, others, or the world; persistent and distorted thinking about the cause or consequences of what happened; persistent negative emotions such as anger, fear, guilt, shame; loss of interest in significant activities or relationships; and the inability to experience positive emotions.

Finally, there may be alterations in arousal and reactivity, including irritability, verbal or physical aggression, dangerous behavior such as substance misuse, hypervigilance, which is expecting bad things to happen, exaggerated startle response or feeling jumpy, and problems with concentration or sleep.

Stacey: I agree, Brian, and to build on what you shared, it is important to note that signs of burnout often mirror symptoms of post-traumatic stress and they can be cognitive, behavioral, emotional, physical, or even spiritual. It's important to note that PTSD remains the official diagnostic term for this condition; however, some champions for veterans' mental health have also referred to PTSD as PTS in the news and across social media platforms. So when we talk about cognitive signs, they might include lowered concentration and thoughts that are preoccupied with trauma. Behavioral signs might include withdrawing from relationships and responsibilities. Emotional signs might include cynicism, irritability, becoming easily frustrated or angry. Physical signs might include muscle pain, increased heart rate, or impaired immune system. And, Spiritually, burnout might present as even questioning the meaning of life or experiencing a loss of faith

Addressing Burnout and Secondary Trauma for Veteran Service Providers

Latoya: To provide a personal perspective, one day, I just noticed that I didn't want to meet with clients, and that was a red flag for me because I truly enjoyed, what the work that I do. I'd become overwhelmed and consumed by everything. My attitude became negative towards the person, and I knew that something was really wrong. So, in short, I experienced avoidance, feeling overwhelmed and resentful, all in line with what my peers have been discussing.

HOST: Thank you so much for sharing all of that and, in particular, for Latoya for bringing such a personal perspective to this conversation. Now, as Stacey noted, people sometimes use the terms burnout and secondary trauma interchangeably, and of course, they're different. That said, in your experience, is there a relationship between burnout and secondary trauma? And Latoya, we'll ask you to start us off here first.

Latoya: Yes. I believe so. I think of it as if I am constantly hearing of someone else's traumatic experiences, and if I don't know how to manage or separate those experiences from myself properly, I will likely experience burnout and or secondary trauma.

Brian: As Latoya noted, burnout and secondary traumatic stress often co-occur. We used to believe that burnout could lead to STS, and the opposite, that STS could lead to burnout. But recent research has shown that only the first occurrence, burnout is a risk factor for STS. An important distinction is that the cause of STS is an empathic concern for someone who has experienced trauma, while burnout is largely caused by an excessive workload and organizational stress.

HOST: That is a very useful comparison and distinction, Brian; thank you for that. I think that really kind of drives it home. Now, we know that many service providers that we're talking about have also faced their own Significant Barriers to Employment, and now they're serving veterans who have Significant Barriers to Employment themselves. How

Addressing Burnout and Secondary Trauma for Veteran Service Providers

might working with these veterans who are also facing SBEs impact the service provider?

Brian: Great question. It is possible that a service provider may have an adverse reaction to a veteran facing SBEs if something about that veteran or their experiences or current situation reminds the service provider of a negative experience, particularly a traumatic one that they've had themselves. On the other hand, a service provider who faced an SBE similar to a veteran might be more effective in helping that veteran because of their own experience overcoming the SBE.

Latoya: I agree, Brian. I think it truly depends on the service provider, but I believe it can work for and against the service provider. As a service provider with an SBE, I can empathize and relate to the veteran through shared experiences, which may motivate me, even more, to succeed in assisting the veteran. However, if not properly managed, it can also result in burnout. To me, it's about ensuring that the service provider understands how to create and manage healthy boundaries. I can't pour from an empty cup, meaning I can't keep going if I am depleted and have nothing left to give. We must learn to pause, and fill up our cup, self-care, and start again. Self-care is important.

Stacey: This is such a meaningful conversation. In the behavioral health field, we talk about the concept of "mutuality," which refers to an interactive relationship between people based on shared lived experience. Service providers who have faced Significant Barriers to Employment in the past and now work with veterans experiencing Significant Barriers to Employment as well are an example of that type of mutuality. In this scenario, the veterans being served benefit from having a provider with a unique understanding and respect for them. The providers also have the opportunity to call upon their lived experiences as they serve their clients. This type of mutuality in service relationships can be rewarding and can also come with some challenges. For example, service providers may have complex trauma experiences through the secondary trauma that we spoke about earlier, compounded by the fact that their clients' traumas remind the service provider of their own traumas that they experienced in the past. Mutuality in

Addressing Burnout and Secondary Trauma for Veteran Service Providers

the service relationship sometimes also leads to the service provider inadvertently drifting into another relationship role with the client. So, service workers who have experienced Significant Barriers to Employment should keep that in mind as they work to support their clients.

HOST: This is so important, Stacey, and I want to understand a little bit better what you're saying here when you state, "drifting into another relationship role with the client." Would you explain that in just a little more detail and explain why this is not advantageous for the service provider

Stacey: Sure, thanks so much for that clarifying question. If a service provider finds themselves sharing lots of personal information, exchanging gifts, or maybe even planning to spend time together outside of work, that service provider could be drifting into another type of relationship with the client, and that could negatively impact both of them. I'm essentially referring to the importance of maintaining healthy boundaries. When you're working in the role of a provider, it's important to stay within that role. This gives a sense of emotional safety and control within that helping relationship for both the provider and the client. It also helps to prevent burnout. When you're staying within your role as the provider, you have the ability to maintain your focus on assisting the veteran with employment-related needs rather than functioning as a friend or a therapist would. Of course, it's important to maintain empathy and compassion, but maintaining clear professional boundaries is equally as important.

HOST: Ah, great clarification, thank you. Healthy boundaries are definitely a critical part of this entire conversation. Now we know resources are also necessary. So, so what are some resources that you would recommend to service providers who may be experiencing burnout or secondary trauma?

Stacey: SAMHSA has a national helpline, also known as the treatment referral routing service. This helpline which can be reached at 1-800-662-HELP, provides a confidential, free information service that is available 24/7/365 for individuals and families experiencing mental health and or substance abuse disorders. The service

Addressing Burnout and Secondary Trauma for Veteran Service Providers

helps with referrals to local treatment facilities and provides information on support groups and other community-based organizations. It's available in both English and Spanish and it is completely free.

Additionally, the [988 Suicide & Crisis Lifeline](#) is a nationwide network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24/7. Additionally, veterans, service members, and their supporters may reach the [Veterans Crisis Line](#) by dialing 988, then pressing 1. Callers who Press 1 are routed to trained Veterans Crisis Line responders, 24/7

Latoya: Substance Abuse and Mental Health Services Administration, or SAMHSA, is an excellent resource, Stacey! I would like to also add that the Department of Veterans Affairs and the National Alliance on Mental Illness, specifically NAMI Homefront, also have numerous resources available to veterans and their families. The associated resource guide will provide direct links to all resources discussed in this podcast.

HOST: Fantastic resources! And yes, please do make use of the downloadable resource guide associated with this podcast recording. Thank you for that reminder, Latoya. In working with service providers, what strategies might you employ to assist them with maintaining empathy after years on the job? Stacey, would you begin for us here?

Stacey: Sure, having been a provider myself for many years, I know that it can be all too easy to fall into a pattern of referring to a client by their diagnosis instead of their name, comparing them to past clients, or even predicting that they'll have a negative outcome. As a clinical social worker, I tend to view things from the perspective of social work values. The National Association of Social Workers includes in its code of ethics the ethical principle of respecting the inherent dignity and worth of the person. On the surface, this is treating each person respectfully and being mindful of individual differences and diversity variables. But at the heart of this is holding ourselves accountable for doing what is right for the client and treating

Addressing Burnout and Secondary Trauma for Veteran Service Providers

each person in a caring way that increases their self-respect and significance in their own eyes. We really must uphold the value of viewing each client as unique and deserving of the opportunity to change their circumstances.

Brian: Maintaining empathy requires that staff define, cultivate, and enact specific beliefs and values that impart a sense of meaning, purpose, self-compassion, and openness to the challenging emotions and experiences that their role requires. I would work with service providers to:

- Find personal meaning in experiencing emotional distress from trauma work.
- Define their sense of purpose in seeking and accepting their current job role.
- Make an active determination about their goodness of fit in their job role and the organization.
- Experience or actively endeavor to cultivate compassion for the client and self under challenging circumstances.
- Frequently experience and express gratitude for aspects of their job, such as the support of their co-workers, the significance of the job, and the gratitude of clients.
- Experience and express optimism about the impact of their efforts, a belief that what they do matters.
- Accept the limits and boundaries of their professional role and accept the reality that some difficult circumstances may be beyond their influence or capability.

Latoya: Such great advice from both Stacey and Brian. I encourage service providers to self-reflect and work to remove any type of bias. I would also remind each service provider to always consider each person as an individual, no matter how similar their circumstances are. It can become easy to place people in categories based upon previous experiences, but I'd challenge myself not to categorize the person I'm assisting.

Addressing Burnout and Secondary Trauma for Veteran Service Providers

HOST: This is all great and very actionable advice. Now, Latoya briefly brought up self-care and the need to keep your own cup filled so that you can fill others. How can service providers practice self-care to minimize burnout and secondary trauma?

Brian: Self-care is so much more than taking a bubble bath or getting a massage. Self-care requires a commitment to consciously attend to your own physical and emotional health. Service providers should continually self-monitor their work's effect on their sense of well-being and actively respond whenever distress occurs. They should also identify strategies and opportunities for self-monitoring their burnout and secondary traumatic stress levels, articulate the impact of secondary trauma exposure on them personally, and implement strategies for emotional regulation in response to exposure.

Latoya: I agree, Brian! It is so important to take the time to do things that help you live well and improve your physical and mental health. Make sleep a priority! Get regular exercise, eat healthy, and hydrate. Doing these things really helps!

Stacey: Absolutely, Latoya, those things really can help. In the recovery field, you often hear the acronym HALT, which means pause and evaluate if you are hungry, angry, lonely, or tired. These are considered four common stressors that can cause threats to maintaining well-being. If you ask yourself these questions and find that any of the answers are yes, I encourage you to take some time to determine if you can create your own plan to place some structure in your life to address these things.

- The H, again, means hungry. Are you actually taking your lunch breaks at work and consistently feeding yourself healthy foods?
- Angry. Are you often feeling angry or anxious? If so, what are some relaxation or mindfulness activities that you can start doing on a daily basis?
- Lonely. Are you feeling disconnected from others? If so, how can you get reconnected to your support system?

Addressing Burnout and Secondary Trauma for Veteran Service Providers

- And finally, Tired. Are you frequently feeling tired? If so, are you maintaining a regular sleep schedule that gives your body the opportunity to restore?

HOST: I love HALT! What a great strategy, and totally easy to remember as well. So, We've established that it's essential for service providers to actively provide themselves self-care, but what about talking about their experiences? Is it critical for service providers to talk about their experiences, both personal and work-related? Stacey, what are your thoughts on this?

Stacey: Definitely; thanks for that question. You know, I often use the analogy of the airplane boarding instructions. Flight attendants tell you that if oxygen masks are needed, you should put yours on first before you help someone near you who might need assistance. If service providers don't help themselves first, they might not be able to help others.

Latoya: Stacey, that's such a helpful analogy. I believe it's a way to release all that's bottled up and a way to separate your experiences from those you serve. And it can also lead to healing.

Brian: That's so true, Latoya. Individual well-being requires that the service provider acknowledge and process their thoughts and feelings in response to trauma exposure with a trusted other. Social support is among the most effective protective factors for preventing or reducing burnout and STS. Talking with your social support network provides opportunities for catharsis and learning about others' coping strategies.

Stacey: As Brian and Latoya indicated, self-care is really the best form of prevention. In life, we need to feel connected to others, and we need people to rely upon and share our personal experiences with.

Latoya: Absolutely, Stacey; service providers need to be reminded-If they are healed, they are better suited to assist others in their journey.

Addressing Burnout and Secondary Trauma for Veteran Service Providers

HOST: Wow, if you are healed, you are better suited to assist others – that is, a critical and impactful statement. What warning signs should a service provider be aware of that may indicate that they need some support? Latoya, would you start us off on this one again?

Latoya: Absolutely, a service provider should be aware of a decline in productivity, avoidance, being easily irritated, and a continued feeling of being overwhelmed and hopeless.

Brian: I agree, Latoya. Also, experiencing sadness, irritability, anxiousness, or other negative emotions more than usual and experiencing fewer positive emotions. Wanting to avoid work or specific aspects of work, such as a particular service recipient that reminds you of your own problems. Changes in sleeping, eating, or drinking, or other substance use patterns. Social isolation or reduced social interactions with family, friends, and colleagues. Somatic complaints like headaches, stomachaches, or other physical symptoms. Presenteeism, in other words, showing up for work but with significantly reduced productivity and engagement.

Stacey: We know that everyone adapts to stressful situations differently, but if you are experiencing the signs of feeling sad or depressed most of the time, feeling as if there is no reason to live, feeling excessive amounts of guilt, shame, or sense of failure, experiencing rage, doing risky activities without considering the risks, or increasing patterns of substance use as Brian just mentioned and losing interest in things that you previously enjoyed like activities and hobbies, neglecting your personal welfare, or pulling away from family and friends, these are all indicators that it's time to reach out and get support.

HOST: All really fantastic advice on how a service provider might be aware of their own secondary trauma and burnout. Now, sometimes, we know that, that the service provider just needs to step away. Would you all give some examples of when a service

Addressing Burnout and Secondary Trauma for Veteran Service Providers

provider might need to hand a case off to another provider? Stacey, would you begin here?

Stacey: Sure, you know, I think if a provider sees that there is potential to do more harm than good because of personal feelings about the client or about the client's situation, then they should talk with their supervisor about handing that case off.

Brian: I suggest that when something about that case hits so close to home that the provider has difficulty working with that veteran, they may need to hand off the case, but they definitely need to talk with a supervisor, as Stacey said.

Latoya: For me personally, if I had a client that reminded me of a person in my family, or maybe in a previous relationship that caused me emotional trauma, I may not be best suited to assist that person because I have not healed in that area.

HOST: Great examples, great points here. We know that the needs of service providers can change over the years, and we talked about that a little bit in discussing the need to maintain empathy over years of providing service. How might a new service provider's experience and needs differ from someone who has been working in the field for many years? Brian, if you would get us started on this one?

Brian: Sure, Employee turnover is much higher in the first year or two in helping fields because there is an adjustment period when the newer employee must adapt to the realities of the job and develop coping skills to deal with the negative aspects of the job.

Latoya: Absolutely, Brian. Also, someone who has worked in the field for a while may become desensitized because they've experienced many cases. New people may be more likely to express compassion and empathy because they haven't experienced as many cases.

Addressing Burnout and Secondary Trauma for Veteran Service Providers

HOST: That all makes a lot of sense. We also know that often, it's a peer that might be the first to notice a coworker's need for support. How might coworkers assist in recognizing and reducing the impact of burnout and secondary trauma?

Stacey: Co-workers can assist by being good team players. We don't necessarily have to be best friends with our colleagues, but there is value in creating intentional connections and engaging in healthy dialogue. I currently work virtually, and I no longer have the opportunity to stop by a co-worker's desk and chat. However, if a co-worker arranges for a presentation that I enjoyed or if they led a successful project, I make sure to send an email with a note of appreciation. Also, in cases in the past where I've seen a co-worker experience a shift in mood or begin to speak negatively about clients, I've spoken with them directly to share my observations and encourage them to self-evaluate.

Brian: Excellent points, Stacey. It is vital that an individual not be exposed to secondary trauma in isolation. It is crucial that they have a sense of support from their co-workers and that they also help to create and sustain a practice of reciprocal support.

HOST: Great advice again, and you're absolutely right; we can't let our virtual status disconnect us as these connections and support are so critical to really success on the job, in any field, so particularly important in these cases. Sometimes, still, there is a need for leadership to step in and provide some direction and some support. At what point might the organization's administration need to step in to assist a veteran service provider experiencing burnout or secondary trauma? What is the role or responsibility of organizational leadership in assisting a service provider experiencing burnout or secondary trauma?

Brian: I think the organization's responsibility enters long before it gets to the point of needing to step in and assist. A trauma-responsive organization must provide ongoing and advanced STS training that is supported by research and is culturally responsive, this includes training to enable supervisors to provide continuous support to workers.

Addressing Burnout and Secondary Trauma for Veteran Service Providers

They should also nurture a culture of psychological safety that acknowledges the hazards of working in a trauma-exposed environment and fosters team support and respect for personal boundaries. Leadership can structure workload to mitigate the secondary trauma exposure of the workplace and demonstrate commitment to the well-being of its workforce through secondary trauma-responsive policies and practices. Positive prevention also includes dedicating time and support to the provision of qualified, secondary trauma-responsive supervision, modeling trauma and secondary trauma-responsive behaviors, and actively developing a supportive and resilient workplace. Finally, prioritizing workforce wellness through defined metrics that are continuously monitored, safeguarded for privacy, and responded to with priority.

Stacey: I totally agree with that, Brian, and similarly, I would challenge organizational administrators to recognize that they have an important role in creating the foundation for well-being at work before service providers even get to the point of experiencing burnout. In 2022 the U.S. Surgeon General released a Framework for Workplace Mental Health and Well-Being, and that framework conceptualizes five essential elements grounded in human needs. A few of these elements include Mattering at work, Work-life harmony, and Connection and community. We spend most of our waking hours at work, and it's really critical for organizational policy and culture to support an emotionally healthy environment.

HOST: What an amazing conversation today. As we are coming towards the end of this podcast, do you have any final recommendations or advice to service providers who may currently be experiencing, or be in danger of experiencing, burnout or secondary trauma?

Stacey: I would encourage those providers to challenge themselves to find ways to remind themselves of their "why." Why did you choose this field in the first place? What are the ways that you have felt successful in this field? Who are the people in your personal life whom you want to spend time with at the end of a busy work day? All of these affirmations help us to maintain wellness.

Addressing Burnout and Secondary Trauma for Veteran Service Providers

But, if you find yourself in a place where you recognize signs of burnout, remember that there is hope. There are supportive services that can help you return to a place of wellness and regain an appreciation for your “why.”

Latoya: Great advice, Stacey, what I would also recommend to step back, and take a break, maybe take some time off and reassess and determine what will make you the best version of yourself!

Brian: Also, always remember that you can’t help others if you don’t help yourself.

HOST: This has been a fabulous conversation today. Thank you, Stacey, Latoya, and Brian, for joining us for the podcast and providing all of this valuable information to help veteran service providers address secondary trauma and burnout. To our listeners, if you would like more information about serving veterans, please visit NVTI.org to access resources such as this podcast. We are constantly adding new material at NVTI.org, so check back often. We also, of course, invite you to continue the conversation at the Making Careers Happen for Veterans: Community of Practice. Thank you so much.

Outro: This podcast is brought to you by the National Veterans’ Training Institute, whose mission is to further develop and enhance the professional skills of veterans, employment, and training service providers throughout the United States. This program is funded by the U.S. Department of Labor, Veterans Employment & Training Service and administered by Management Concepts. For more episodes, visit the NVTI website at www.nvti.org.