

Employee Assistance Programs for Secondary Traumatic Stress (STS):

Tips for Selecting a Trauma-Informed EAP Provider

Symptoms of STS can be very distressing for an individual and can contribute to functional impairment at work and in one's personal life. It is important that professionals selected to provide mental health intervention to employees with symptoms of STS have specific competencies that encapsulate knowledge, skills, and attitudes related to trauma treatment.

The following is a list of competencies that a mental health provider should have to work with individuals experiencing secondary traumatic stress symptoms:

1. Specific knowledge about trauma and STS
 - a. Knowledge of the prevalence, incidence, risk and resiliency factors related to different types of trauma and STS
 - b. Understanding of the intersection between social, psychological, and neurobiological factors on symptoms of STS
 - c. Understanding of the social, historical and cultural context of direct and indirect trauma experiences
2. Trauma-focused assessment
 - a. Willingness to ask about both indirect and direct trauma exposure
 - b. Understanding of how STS-related stress responses may affect the assessment process and the influence of culture and beliefs on responses
 - c. Ability to adapt assessment process in response to an individual's STS-related needs
 - d. Ability to identify an individual's strengths and other factors of resiliency and incorporate these into the assessment process
 - e. Use of appropriate psychometrics to help inform clinical decision-making and treatment planning
3. Trauma-focused interventions
 - a. Knowledge of the existing science on trauma-informed evidence-based treatments, including mechanisms of change common across evidence-based treatments for trauma and STS
 - b. Ability to use critical thinking to select and adapt trauma-focused treatment to an individual's specific needs, including an individual's symptoms as well as cultural considerations
 - c. Ability to maintain a supportive, collaborative, and non-judgmental stance with individuals seeking care
 - d. Ability to collaborate with an individual's family as a part of treatment as needed
4. Trauma-informed professionalism

- a. Ability to interact with outside systems, such as an individual's employer, that protects the individual.
5. Trauma-informed systems
 - a. Ability to engage in interdisciplinary collaboration
 - b. Understand ways in which organizations and communities may contribute to the development of STS
 - c. Knowledge of the role of organizations in building resilience to help mitigate STS

The following is a list of questions that can help guide an organization in selecting a qualified trauma-informed mental health provider for their EAP:

- What is the clinician's educational background? The EAP clinician will need to have a Master's or Doctoral degree in social work, psychology, or a related field and be either independently licensed or under supervision for licensure.
- Has the clinician received formal training on STS? This may include graduate level course work specific to STS, continuing education courses, or training in an evidence-based trauma-focused treatment that includes an STS component. Specific areas of knowledge about STS should include assessment of both PTSD and STS symptoms, the prevalence of STS for providers working in helping professions, and the potential interplay among social, cultural, historical, psychological, and neurobiological factors on severity of symptoms and functional impairment.
- Is the clinician trained in any trauma-focused evidence-based treatments? Examples of such interventions include Cognitive Processing Therapy (CPT), Prolonged Exposure (PE), and Eye Movement Desensitization and Reprocessing Therapy (EMDR). While these interventions may not be utilized during EAP sessions to address STS, training in these interventions can be a helpful knowledge-base for intervening with STS.
- Does the clinician have experience working with individuals who have experienced direct and/or indirect trauma exposure? This should include length of time working with trauma in their practice and an estimated number of clients treated with direct/indirect trauma experiences. STS and PTSD symptoms can be complicated especially if an employee has his or her own experiences of direct trauma, therefore, it is essential that the EAP clinician have a high level of competence working with symptoms of STS, PTSD, and management of risk issues, such as suicidal ideation.

Once a well-qualified EAP clinician has been hired, it will be helpful for him or her to know the following about your organization:

- Agency policies on STS
- Psychoeducation on STS provided to employees
- Procedures in place to help promote physical and psychological safety of employees
- Different types of employee roles within the organization and associated levels of indirect trauma exposure
- Formal/informal supports that are in place for employees to help mitigate the development of STS, such as frequency and type of supervision provided to employees, peer support utilized (e.g. accountability partners), resiliency activities used, and the organization's wellness plan.

The following resources informed this handout:

Cook, J.M., & Newman, E. (2014). *A Consensus Statement for Mental Health: The New Haven Competency Conference Process and Major Findings*. *Psychological Trauma*, 6(4), 300-307.

Chadwick Trauma-Informed Systems and Implementation Project (2016). *Secondary Traumatic Stress in Child Welfare Practice: Trauma-Informed Guidelines for Organizations*. San Diego, CA: Chadwick Center for Children and Families.

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