

Understanding and Addressing Secondary Traumatic Stress and Burnout during Case Management Training

Slide 1

Welcome to the Repatriation Technical Assistance Center training on understanding and addressing secondary traumatic stress and burnout during case management. My name is Cara Dixon and I serve as a Supervisory Social Worker with the Office of Human Services Emergency Preparedness and Response (OHSEPR). In this role, one of my main duties is to support the administration of the U.S. Routine Repatriation Program. Today's training is about recognizing the toll your work can take on you and your team when providing case management supports—whether you are a case manager, a supervisor, or repatriation coordinator.

Our hope today is to share what we know about secondary traumatic stress, provide you with some concrete tips as an individual, as a team, and as an organization to address it. We hope that you can also take some time for yourself today to reflect on this training and think about how it relates to your work and what you may use from it going forward.

And please know, you are not alone. If you are encountering challenges in supporting a repatriate—whether it is related to not being able to connect them to services or they are struggling to understand what the U.S. Repatriation Program is, please reach out to OHSEPR-Repatriation@acf.hhs.gov.;

Let's get started.

Slide 2

What you do is important. It is important for the repatriates with whom you work. It is important for their families. And it is even important for your community. But this is not always easy work.

You may work long hours or on weekends. You may, at times, need to be sort of 'on call' in support of the individuals you work with. You may hear or see or learn about significant adversities in repatriate's lives. Some may be from childhood or while they were in another country.

And this may not be your only role in your organization, and you may sometimes feel like you are having to put out fire after fire after fire.

There may also be times where you need to operate with limited resources or funding, or you simply cannot connect a repatriate to what they need. And there may still be other times where you disagree with or have tough internal conversations with colleagues about how to support a repatriate or resources or staffing or...well, the list goes on.

But I bet you do what you do for a reason. And I suspect you do this work because you care. It may be because of something personal that happened in your life or professional. But something probably drove you to want to help others. You are likely mission-driven and dedicated to improving people's lives.

So, as we talk about secondary traumatic stress and burnout today—please take some time and remember why you are here. Connecting to your purpose and your drive around work is one wonderful protective factor in preventing burnout and secondary stress.

Slides 3-6

So today I will be discussing why secondary traumatic stress and burnout are important to consider when working with repatriates. (Slide 3)

I will define what secondary traumatic stress and burnout are. (Slide 4)

I will also explain what the common signs, risks, and reactions are to secondary traumatic stress. (Slide 5)

And finally, I will explore ways that you as an individual, supervisor, and organization can adopt resiliency strategies as part of your work with the U.S. Repatriation Program. (Slide 6)

Slide 7

As I begin, I would like to first share a quick overview of the U.S. Repatriation Program.

Slide 8

The U.S. Repatriation Program is managed by OHSEPR, which is part of the Administration for Children and Families within the U.S. Department of Health and Human Services.

The U.S. Repatriation Program was established in 1935 under Section 1113 of the Social Security Act. The purposes of the U.S. Repatriation Program are to

- Support eligible United States citizens and their dependents returned from a foreign country by the Department of State.
- Provide temporary assistance upon their arrival in the United States for up to 90 days.

Temporary assistance received as part of the Program is in the form of a service loan, repayable to the U.S. government.

Slide 9

As we think about what secondary traumatic stress is and how to recognize and address it, it is important to set the context for how and when this could occur as state and territory personnel support the U.S. Repatriation Program.

After OHSEPR determines eligibility for the Program, it refers cases to state and territory human service departments, which support repatriates for up to 90 days primarily through the provision of case management supports as repatriates resettle in the United States.

Many repatriates lived abroad for many years, and some are returning to the United States under difficult circumstances, such as abuse, war, or destitution. While a repatriate's case is open, personnel may have ongoing engagement with repatriates and their families to identify and provide support services.

Helping fellow Americans resettle can be wonderfully rewarding, but it can also be stressful, challenging and even frustrating at times.

This is why understanding and addressing secondary traumatic stress and burnout are so important as you and your team provide case management supports as part of the U.S. Repatriation Program.

Slide 10

It is also important because—simply put—if you or your team members are regularly exposed to others' traumatic or adverse experiences, it can affect your functioning on the job and may pose a risk for experiencing secondary traumatic stress. The literature is clear that secondary traumatic stress can result in increased absenteeism at work, low productivity and poorer quality of work, increased staff turnover, and greater friction among staff members.

Slide 11

So, given all this, let us spend some time reviewing what secondary traumatic stress and burnout are and who may be at risk in experiencing them.

Slide 12

Secondary stress is our emotional response to hearing, witnessing, or reading about others' firsthand trauma experiences.

It is important to consider when thinking about what secondary traumatic stress is, is that our world view, our outlook on the world and our experiences can shift. And it is when we simply cannot recharge or have the tools to heal, and we instead become emotionally and physically deteriorated. Our symptoms can be akin to those associated with post-traumatic stress disorder—or someone who has experienced the trauma firsthand.

Slides 13-14

But it is important to distinguish secondary traumatic stress from burnout. Burnout may also occur if we are exposed to stressors at work and some of the symptoms of it may even overlap with secondary traumatic stress.

But, more broadly, burnout may be caused by things like high workload, maybe the frustration of dealing with bureaucratic red tape, insufficient resources, or time pressures at work.

But our worldview does not change (Slide 13)

And the symptoms of burnout can be addressed by taking a break, engaging in more activities that brings you happiness or, in some cases, leaving your job as a last resort. (Slide 14)

Slide 15

So, secondary traumatic stress is often referred to as something people in the helping professions may experience and particularly those who may work as first responders in emergencies or law enforcement; those who provide direct services relating to health, social or victim services, or the military.

In so many of these professions it is common for staff to hear firsthand accounts of adversity; to see people who have experienced physical trauma or view images or videos of traumatic experiences. They may also read case files that document traumatic experiences or hear firsthand accounts from people with lived experience.

Slide 16

This also may be the case for case managers and repatriation coordinators supporting the U.S. Repatriation Program. In your role, a repatriate may share difficult and even harrowing details about their experience with you as part of an intake or when you provide case management support. You may engage with a repatriate who is verbally aggressive or is very angry.

You may also encounter a repatriate who you believe needs immediate and critical assistance, but they refuse services through the U.S. Repatriation Program. Repatriates may not follow up on the resource referrals that you have provided to them. Repatriates may have longer-term needs that are outside the scope of the Program.

And in some instances, you may need to close a case because—despite your best efforts—the repatriate does not get back to you, is unresponsive, and leaves the Program.

All of these experiences may certainly happen during a repatriation case. And each may be a cause of stress, uncertainty, or disappointment for you as a case manager or coordinator—which is why this training today on building resilience and addressing stress is so important.

Slide 17

The risks for experiencing secondary traumatic stress come down to a mix of personal and professional and even cultural factors.

In some ways our coping style, our normal responses to stress also play a role.

Certainly too, and as we mentioned before, the type of work we do has an impact—if we are regularly working with people who have experienced trauma, we may be more likely to experience secondary stress, but our work environment can also be a protective or risk factor.

When we work in an environment that is isolated or where there is limited training, supervision and support available—these factors may also increase our risk. So, the culture of the agency itself can play a role—is where we work supportive, transparent, empowering of staff at various levels—or is it more critical, secretive with few resources for staff?

Slide 18

Many of the symptoms of secondary traumatic stress mimic those of post-traumatic stress. But it can be hard to sometimes recognize in yourself or those you work with.

Not everyone experiences the same symptoms, and they may reflect a range of cognitive, emotional, behavioral, or physical experiences. And many of these symptoms are quite opposite of one another.

One person may feel apathetic and disconnected while another may be hyper-focused and perfectionist. One may express and show a lot of anger, another may feel numb and helpless. Some people withdraw, others are hypervigilant.

Secondary stress can also result in joint pain, increased heart rate and a weakened immune system—where we are more susceptible to illness.

And when one experiences these symptoms, they can feel overwhelming—but at the same time once we know them, we can start to address them, to heal and to even grow.

Slide 19

It is so important to understand what secondary traumatic stress is and how it can impact each of us and especially given the work we do as part of the U.S. Repatriation Program. It can be hard to identify when we may be experiencing secondary traumatic stress, but we hope that by sharing some of its signs, we can each be more aware—not only of what it is—but what we can do to support ourselves and our teams to prevent and address it.

So, let us spend the rest of our time together today and talk about resiliency and what you and your teams and organizations can do to prevent and address secondary traumatic stress.

Slide 20

Resiliency is the process of adapting well in the face of adversity, trauma, tragedy, threats or others significant sources of stress.

But, in some ways, this definition only touches the surface of how complex resilience is. There are so many factors that impact how resilient we are in the face of adversity.

These factors include things like our biology, our personality, how we naturally cope with stressful situations, as well as social and cultural factors. Each of these elements affect how we respond to stress.

We also often think of resilience as something we have, or we do not. But again, it is not that simple. Some researchers have said that resilience exists on a continuum that may be present at varying degrees across different domains of our lives. So, you may be rather adaptive with respect to work-related stressors, but less so in your personal life or in relationships.

And resiliency is not static either. How resilient you are in various facets of your life may change over time and as our environments change and if they become more or less supportive.

So, within this context, let us explore a few case examples and discuss some tips you may consider.

Slide 21

In this first scenario, you are working with Shandra. OHSEPR determined she is eligible for the U.S. Repatriation Program and her case was referred to your state. During your first meeting with her and without prompting, she shares detailed information about the intimate partner violence she experienced abroad. She also shares what her day-to-day experiences were like during a period of civil unrest in the country from which she is repatriating. The information she shares is raw and unsettling.

Slide 22

You may have been caught off guard by how open Shandra was in sharing intimate details of her lived experience with you. It may have also caused you concern for her and the weight of the information may have taken a toll on you as well. So, let us think about some ways you can take care of yourself after hearing about Shandra's harrowing experiences.

First, try to take a break after your meeting and before you move to your next thing---even if it is something short, like a quick call to a trusted friend or relative or a short walk or coffee break.

If you can, it may also help to debrief with co-workers to help process what you heard and receive support from your team.

Consider also if you can take time at the end of your day for something that brings you peace or joy—something that is rejuvenating.

We are all working and living in a super-fast paced environment. You may have many responsibilities at work and then home with family, children, partners, community engagements. We often forget or do not feel like we have time to just do something—even small—for ourselves. But we must. It is like that old adage has said—“to take care of others, you must take care of yourself.”

Slide 23

Let us consider another scenario.

You have been assigned to help with Raj’s case. In your first meeting, you want to be sure to spend time and explain what the U.S. Repatriation Program is, what temporary assistance it offers and importantly explain that it is a loan that must be repaid to the U.S. government.

As you start to explain what Raj’s responsibilities would be if he participates in the Program, he becomes visibly agitated. He begins to pace and clench his jaw. He raises his voice at you with questions and concerns about having to pay the loan back and needing food and a place to stay now.

Slide 24

This is a tough situation. One many of you may have been in before. And in this moment, you need to focus on your safety, as well as Raj’s.

In the moment, it can be hard to unearth the root causes of Raj’s behavior. At a superficial level—and not using a trauma-informed lens—one may label Raj as difficult, angry, hard to work with. But his behavior may also be a coping strategy—a way for him to protect himself from current or past adverse experiences. When people are engaged in a situation in which they feel powerless, they may be triggered by past traumatic experiences. This can activate the “fight or flight” response, where they feel the need to “fight” (or become loud or aggressive) as a method of coping—which may be happening to Raj.

So, in these moments, consider sharing that you need to prioritize your emotional safety and wellbeing and that you think you should take a break. By saying that you need a break (and not Raj), you are also helping to decrease the power imbalance by taking some responsibility in the engagement. This can help Raj feel more secure with you.

Slide 25

In this next scenario, you are working with Irvin. Irvin returned to the United States and has limited resources and has medical issues that require a long-term care facility placement. You have been working with your team and calling various facilities, but there are long wait lists. You have helped Irvin apply for Medicaid and his application is pending. You may need to place Irvin in a hotel for a period of time.

Slide 26

There are housing shortages across the United States today and certainly Irvin's situation is not unique generally or within the context of the U.S. Repatriation Program. You may have worked on numerous cases where finding appropriate temporary housing is extremely difficult—long-term or assisted living facilities have long wait lists across the country, the cost of short-term housing/apartments have skyrocketed. Shelters are often a very last resort and don't have beds either and may not be appropriate to meet repatriates' or their families' needs.

These are all circumstances that can and often are simply out of your control. You know what would help Irvin and what he needs but you cannot provide it within the timeframe that he needs it. This can be particularly stressful, as you are making your best efforts.

So, what are some things to keep in mind as you continue to try to connect Irvin to a long-term assisted living facility?

First, remind yourself of what is in your control and that you are doing your best.

It is also important to be conscious of boundaries both personally and professionally. Personally, we should each be prioritizing our needs and be mindful of what we take on emotionally and how it impacts us.

Professionally, think about what you need to stay engaged and productive at work—what you need to feel a sense of accomplishment and not feel overburdened or undervalued. When we think about boundaries in Irvin's context—think about what boundaries you feel like need to be set between you and Irvin. Crossing those boundaries is not to your benefit or Irvin's, especially if he has experienced trauma where his boundaries were violated before.

While you are helping to identify immediate and critical services, such as shelter, food, clothing, and transportation—it is important to also manage expectations—both for yourself and for Irvin by understanding and explaining the parameters of the U.S. Repatriation Program. Some repatriates' needs may not be fully resolved through the temporary assistance available through the Program, but part of your role is to explore and help identify other state resources that provide longer-term support.

Finally, also, be honest with Irvin about what your progress is in helping him and any challenges you are facing. Be transparent about what timing may look like and why.

Slide 27

To recap, there are several things you can do for yourself to help prevent or address secondary stress and burnout.

You can find ways to detach at the end of your day by doing something that helps your mind unwind.

You should also ensure you have a dedicated workspace—if you bring work home or work from home sometimes—do you have a dedicated space to do it in so that you can ‘leave it there?’ If possible, separate your sleeping space, for example, from your workspace.

This may also feel obvious, but it is harder for all of us to reset when we do not get enough sleep—trying to get 7 or 8 hours a night helps us recharge for the next day.

And certainly, connecting with family, friends, community—also all help in building our resilience.

If work is particularly stressful—try to also put it into perspective—and remember that you are part of a bigger picture response within the U.S. Repatriation Program—that you are still working toward helping individuals and families and that sometimes things will happen that are simply out of your control.

And as we said before an important way to prevent secondary stress and build resiliency is also being clear with yourself and others on what your responsibilities are (and what they are not) as well as establishing personal and professional boundaries when you are interacting with repatriates—these boundaries may relate to what you share about yourself, how available you make yourself after work hours, and what you provide to the repatriate that is within the scope of your work.

Slides 28-29

Sometimes the most powerful way to prevent and address secondary traumatic stress is to draw from your own inherent or learned coping styles.

Thinking back to a particularly stressful situation that you have faced in the past. (Slide 28)

What did you do?

What coping strategies did you use? (Slide 29)

Slide 30

But, as I have already said, we cannot do this alone. And being able to debrief and connect with our teams can be really helpful.

As a repatriation coordinator or case manager this may not be your only job-related duty and in fact it probably is not—you may spend more of your time on other human service tasks. You also may be a team of one or a part of a very small team that works on repatriation cases. This may feel isolating at times and the importance of connecting with your supervisor or others who do somewhat similar work within your agency becomes even more important.

So, there are a few things you may consider when building resilience as a team. Find ways to reflect together. This may include gathering feedback from staff who work on repatriation cases and from repatriates themselves to help inform your work and how to make improvements along the way. You may also carve out space—particularly between staff and supervisors to give staff chances to meet and discuss their work, both the positive and difficult parts--this may include, for example, having case file meetings where you can share and solicit ideas from each other about how to address various situations. You may also see if there are relevant self-care groups at your organization or a buddy system that can be created so interested staff can connect with one another.

It can also be recharging to find small and large things to celebrate—You may experience small wins along the way and as you support repatriates. Be sure to acknowledge and celebrate them, even if it is just a call or an email or text with a colleague acknowledging a job well done.

And finally, being able to give back together as a team is another way to remain connected to work and your colleagues—finding opportunities to raise awareness together on shared causes or volunteer as a group.

Slide 31

Let us look now at one final scenario. In this situation, you are Jamie's supervisor, and you are debriefing with her after she met with a repatriate who she connected to temporary housing and transportation services. Jamie met the repatriate at the airport and was up late arranging for them to stay at a hotel. As you talk to Jamie, she shares that the repatriate shared upsetting details about violence and abuse they have experienced.

Slide 32

So, as Jamie's supervisor, you see that she is tired and run down from this experience. What can you do in this situation to support her?

There are several things you could consider.

If possible, can you offer that she take some flextime since she worked late the day before?

If she has a heavy caseload, could any new cases that seem more complex be given to another staff person?

You could also schedule another time to have a team meeting and debrief further about ways you may be able to help her when cases get difficult and/or discuss other processes in terms of how cases are managed that may help streamline work both for staff and for repatriates.

And finally, you could also remind her of any employee support programs your organization has that may be helpful to her now or in the future.

Slide 33

Just as you need your team, your organization may also explore offering training and instituting practices that support a trauma-informed environment that helps address and prevent secondary stress and burnout. And know too that OHSEPR is also here to help. As I shared at the beginning of this training, if you are encountering challenges in supporting a repatriate—whether it is related to not being able to connect them to services or they are struggling to understand what the U.S. Repatriation Program is, please reach out to OHSEPR-Repatriation@acf.hhs.gov.

There are many things organizations may explore to support staff in preventing secondary stress.

Organizations can train staff on trauma, trauma-informed approaches, and secondary traumatic stress as well as on the links between staff satisfaction, health/wellness, and productivity. Your organization can also offer and promote wellness or other health activities, particularly through your employee assistance programs.

An organization that values staff wellness and seeks to actively prevent burnout and secondary stress may also conduct a self-assessment of the organization's strengths and weaknesses in their area. The organization can also prioritize ways to gather staff feedback and act upon it, particularly as it relates to work-related stressors and cases, as well as create protocols for how to respond to stressful events for team or individual workers.

Slide 34

While our purpose today was to introduce concepts around secondary traumatic stress and burnout, as well as share some practical tips and guidance, there are many more resources on this topic that you may want to check out.

Here are a few that provide some self-care tools and self-assessments for you to get started.

Slide 35

Thank you for joining me today. As we close, I encourage you to think about one thing you took away from this training today about self-care or taking care of your team. Jot it down and test it out soon.

If you have any questions, feedback, or follow up requests relating to this training, please email repatriation@acf.hhs.gov

And again, thank you for your dedication and work in support of the U.S. Repatriation Program.