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Research Brief

Secondary Trauma and Military Veteran Caregivers

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Research Highlights:

- Military veteran caregivers often suffer from Secondary Traumatic Stress (STS) and their mental health condition deserves special attention.
- Traumatic exposure, empathic engagement, and some risk factors account for the development of STS, while compassion satisfaction and support mechanisms may work as protective factors for STS.
- Several individual, organizational, and systematic instruments are explored for military veteran caregivers to reduce negative impacts of STS.

Authors: Brian E. Bride, Ph.D.; Charles R. Figley, Ph.D.

Abstract:

“The article focuses on the secondary trauma stressors experienced by those who care for members of the military with special attention to the caregivers of war fighters seeking help from combat stress. Consistent with the theme of the special issue of understanding and preparing for the challenges of combat stress, the authors suggest that military caregiver stress and resilience require attention. The article calls for more attention to this area by researchers, practitioners, and policy makers given the growing combat stress injuries due, in large part, to recent multiple and lengthy deployments. The first section of the article describes secondary traumatic stress (STS) conceptually by identifying and defining STS and related constructs and the relevant theories and the prevalence estimates. The middle section of the article discusses the risk and protective factors for STS. The latter section provides an overview of very underdeveloped literature on military veteran caregivers by first describing this population, the most promising approaches to mitigating and preventing STS, and several model programs that may be useful for units of military caregivers.”



Implications

For Practice

When helping or wanting to help a traumatized or suffering person, military veteran caregivers have to engage in care activities with empathy, namely sharing the stress and suffering of their clients in order to establish and maintain a “therapeutic alliance.” However, such an “alliance” comes at a price. The research indicates that caregivers will possibly experience similar symptoms of traumatic stress, disrupted cognitive schema, and general psychological distress as those direct victims of trauma stress. The negative impacts of helping a traumatized person, defined as Secondary Traumatic Stress (STS), deserve serious and intense attention from caregivers, who are in and out of the military, professional, family and friends engaged in caring for troops. To prevent or ameliorate STS, several effective strategies can be adopted by caregivers. At the individual level, caregivers can continually monitor themselves for the presence of symptoms by using two successful instruments, one is Secondary Traumatic Stress Scale, and the other is Compassion Fatigue Short Scale. Caregivers are also recommended to maintain a balance between their professional lives and personal lives by engaging in leisure activities, meditation, spending time with loved ones, and seeking personal psychotherapy. In addition to individual strategies, organizations can also make contributions to alleviate the symptoms of STS. A supportive organization culture in which caregivers can feel safe to openly talk to peers and supervisors about their experience with traumatized individuals, and in which STS is recognized as a natural consequence of providing care to traumatized clients, will be very helpful. Lastly, there are some employer-supported programs to mitigate STS reactions, including stress-management techniques, respite rooms, relaxation chairs, a state-of-the-art sound system playing relaxing music, and so forth.

For Policy

Though the prevalence of STS in military veteran caregivers is not very clear due to some confidentiality reasons, more supporting policies are expected to enter into policy agenda because: on one hand, the number of caregivers working for the military is extraordinary; and on the other hand, Mental Health Advisory Team data reveals that most troops have suffered from various attack and death threats and caregivers of these troops are indirectly exposed to those attack and death threat experiences. So, as the research argues, “noble acts of care giving require noble acts of care for the caregiver”. To achieve this end, several implications could be generated in the real policy world based on findings in literature. First, veteran-related policies should recognize the existence of STS as a natural consequence of caring for troops and the significance of mitigating the symptoms of STS. Such recognition is expected to provide solid foundation for future academic research and supporting programs. Second, veteran-related policies should provide substantial support to explore and extend the use of effective instruments which can reduce the negative impacts of STS. Those policies may target nurses or other types of professional caregivers, or may target non-professional caregivers, such as family members or dear friends of troops who experience traumatic stress.

For Future Research

Though the research is clear in revealing the causes of STS and logical in advocating veteran-related policies to reduce STS, more future steps are expected. First, the research of STS in military backgrounds has been less developed than other areas, such as child welfare, social work, and healthcare. Until now, there is no reliable estimation about the extent to which STS in military veteran caregivers is prevalent. More surveys about caregivers’ experience are expected to be conducted. Second, when discussing the risk factors which may result in STS, the author fails to manifest which variables or factors are more important and which are less significant. This is important because significance of different variables means different orientation for future financial support and policy framework. Future researchers could adopt econometric models in detecting the most relevant factors. Lastly, this research describes what instruments could be used to reduce STS but explains nothing about why. Those instruments which are successful in other fields could not be directly copied or transferred to help military veteran caregivers. So, future research should be sensitive to possible differences between caring for troops and what other types of social work respond to the changes of company treatment.

Author Information

Brian E. Bride, Ph.D.

Associate Professor
School of Social Work
University of Georgia
706.542.5425
bbride@uga.edu

Charles R. Figley, Ph.D.

Distinguished Fellow
Institute for Veterans and Military Families
Paul Henry Kurzweg Distinguished Chair
in Disaster Mental Health
Director, Tulane Traumatology Institute
Associate Dean for Research
and Traumatology
Professor
School of Social Work
Tulane University
504.862.3473
figley@tulane.edu