

# Utilizing Evidence-Based Trauma Trainings in the Prevention of Secondary Trauma

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## Introduction

- Secondary Trauma (ST) is the development of PTSD symptoms as a result of indirect exposure to client trauma
- Therapists are at risk of developing ST when treating trauma clients
- Receiving trauma training has been identified as a protection against ST
- There is little research on how the type of trauma trainings may be effective in preventing ST

## Purpose

The purpose of this study was to explore how specific training may prevent the development of ST when treating trauma clients.

## Methods

- National survey of Marriage and Family Therapists (MFTs), completed online using Qualtrics (N = 200)
- Recruited through MFT program directors, AAMFT, NCFR, AFTA

## Measures

- **Secondary Traumatic Stress Scale** (STSS; Bride et al., 2004)- measuring levels of intrusion, avoidance, and arousal symptoms from therapists' trauma work
- **Use trauma training** (1= yes, 2= no)
- **If yes:** reported trauma modality used.

Majority of sample (n = 149; 64.5%) reported using specific trainings to treat trauma

TFCBT (n = 37) and EMDR (n = 35) were most frequently used

Reported Trainings/Treatments

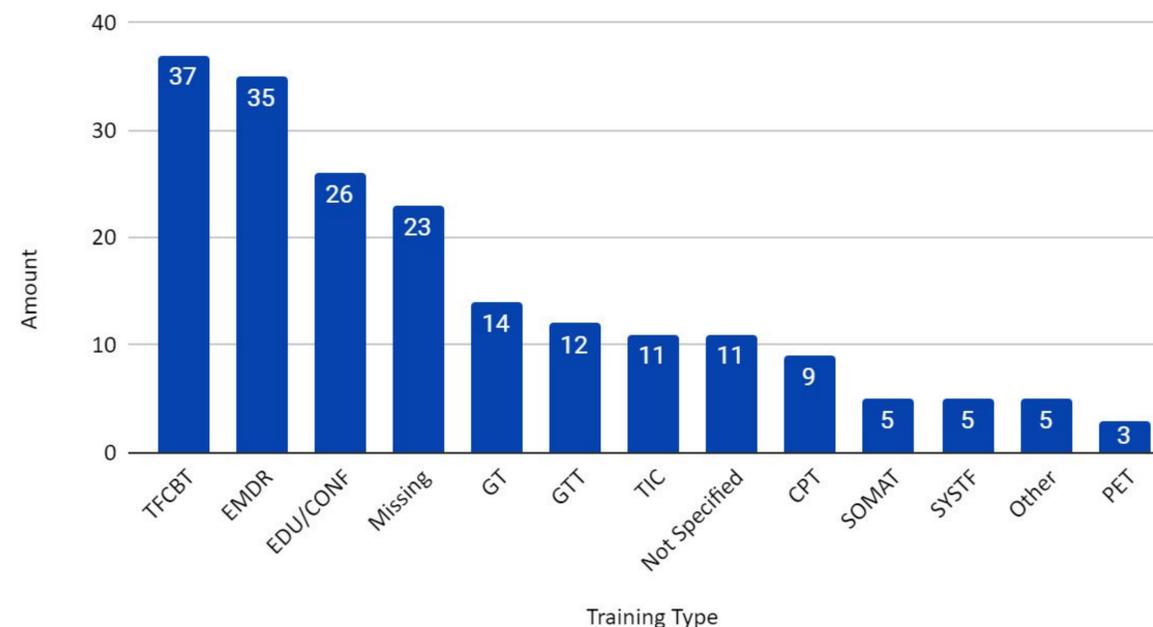


Figure 1. Specific Trauma Trainings Reported

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## Analyses

- **Quantitative Analyses:** Compared ST scores by asking whether therapists used trauma treatment or not
- No significant difference in ST was found between those who used trauma treatment vs. those who did not
- Led to additional qualitative analyses:
- **Qualitative Analysis:** Coded type of trauma treatment that therapists used

## Results

- 64.5% (n = 149) of participants reported receiving specific trauma training
- Trauma Focused Cognitive Behavioral Therapy (TFCBT) and Eye Movement Desensitization and Reprocessing (EMDR) were the most common trauma trainings reported
- See Figure 1 for additional treatments reported

## Significance

- This study offers initial exploration into how MFTs use trauma treatments in their work with clients.
- Future analyses will test differences in levels of ST between the specific trauma trainings reported.
- Some therapists reported more than one training- future work will consider whether the number of evidence-based trainings is associated with lower ST.