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Research Article

Introducing a Novel Intervention, CoHealing, to Address Teacher Burnout and Indirect Trauma

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Abstract

The COVID-19 pandemic exacerbated the long-standing issues of stress and burnout in the education sector, with teachers and education staff facing unprecedented challenges including significant adjustments to teaching methods and balancing the mental health and academic needs of their students. The resulting challenges have contributed to heightened levels of stress and burnout among teachers and education staff. The impact of the pandemic on teachers and education staff has highlighted the need for greater support and resources to help them cope with these challenges and address their stress and burnout. One such promising intervention, CoHealing, is aimed at promoting a more resilient, interdisciplinary network of trauma-informed helping professionals (e.g., teachers, medical providers, social

workers) by reducing secondary traumatic stress, burnout, and isolation. CoHealing is a monthly group-intervention delivered over six months that aims to reduce secondary traumatic stress, burnout, and isolation. CoHealing provides self-regulation tools, relational connection as a coping resource, and psychoeducation on the causes and symptoms of indirect trauma. CoHealing was born out of the need to enhance the relational health of trauma-informed helping professionals and to address indirect trauma and job-related vicarious trauma, secondary traumatic stress, and compassion fatigue across disciplines. Reducing the damaging effects of indirect trauma is critical to maintaining a healthy and resilient workforce that will, in turn, continue to provide high-quality health and human services to individuals and communities experiencing trauma and adversity. This paper provides an intervention description with limited preliminary evidence. More research is needed to robustly evaluate the impacts quantitatively and/or qualitatively.

Keywords
Education; teachers; intervention; burnout; secondary trauma; self-regulation; compassion fatigue; workforce; trauma; COVID-19

1. Introduction

Decades of research have established the long-standing problems of stress and burnout in American educators and the associated detrimental effects on individuals, schools, districts, and the education sector overall [1-3]. The COVID-19 pandemic exacerbated these issues in the education sector, with teachers and education staff facing unprecedented challenges. The pandemic led to the closure of K-12 schools across the country, impacting 56.4 million students [4]. The sudden shift to online learning required significant adjustments to teaching methods and technology, and many teachers had to quickly adapt to new platforms and technologies to ensure that students could continue to learn remotely. Along with technological challenges related to the abrupt transition to remote learning, teachers struggled to balance the mental health and academic needs of their students in an, at times, chaotic online environment [5]. The increased workload and lack of adequate structural support, coupled with concerns for personal and family health and safety, presented high-pressure circumstances that have been associated with increased psychological distress for teachers and education staff [6]. Research on teachers during the pandemic has demonstrated the prevalence of anxiety symptoms [7]. The resulting challenges have contributed to heightened levels of job-related stress and associated syndromes such as burnout and secondary traumatic stress among teachers and education staff. Secondary traumatic stress is an occupational hazard for helping professionals such as educators and can result from exposure to student's or colleague's traumatic experiences and the stress inherent to wanting to help [8]. Teachers and education staff have been increasingly vulnerable to secondary traumatic stress as they have had to navigate the complex needs of their students while also managing their own mental health and well-being.

The impact of the pandemic on teachers and education staff has highlighted the need for greater mental health support and resources to help them cope with these challenges. Coping refers to an

individual's utilization of behavioral and cognitive strategies aimed at modifying unfavorable aspects of their environment and reducing or alleviating internal threats arising from stress or trauma [9, 10]. As the education sector continues to understand and adapt to the lasting impact of the pandemic on students and educators, it is critical that teachers and education staff are provided with the support and resources they need to address their stress and burnout to then support their ability to continue to provide high-quality education to their students. One such promising intervention, CoHealing, is aimed at promoting a more resilient, interdisciplinary network of trauma-informed helping professionals (e.g., teachers, medical providers, social workers) by reducing secondary traumatic stress, burnout, and isolation.

1.1 Impact of the COVID-19 Pandemic on Teachers and Education Staff

The pandemic has exposed and exacerbated existing inequalities in the education system, with marginalized communities disproportionately impacted by the crisis [11]. Teachers and staff in K-12 settings have been on the frontlines of addressing the social and emotional needs of students who have experienced trauma (e.g., loss of a loved one) and disruptions to their education due to the pandemic [11]. Given the complex needs and demanding work conditions during the COVID-19 pandemic, teachers have experienced elevated levels of exhaustion from the cumulative, repeated, pervasive, long-term stress, which can increase the risk for indirect trauma and job stress syndromes such as secondary traumatic stress and burnout [12-14]. Secondary traumatic stress closely resembles post-traumatic stress disorder (PTSD), manifesting through similar symptom clusters of re-experiencing, avoidance, and hyperarousal in response to the traumatic experiences of others [8, 15, 16]. Burnout is unique in that the stress symptoms (i.e., exhaustion, depersonalization, cynicism, and reduced efficacy) result from any type of constraint in the work environment (e.g, too high caseload) [15, 17]. Understood through these symptom domains, indirect traumatic stress results in adverse mental, physical, and behavioral health symptoms including, but not limited to: trauma-related symptoms (e.g., hyperarousal, re-experiencing and avoidance) distorted identity, beliefs and cognitions; strain in ability to empathize; social withdrawal and mistrust; emotional, physical, and mental exhaustion; sleeplessness; headaches; cardiovascular diseases; flu and colds; and gastrointestinal issues.[8, 12, 13, 18-21] Despite the risk of indirect trauma and job stress syndromes, many helping professionals, such as teachers, are drawn to the challenge of addressing community health, trauma, and violence because the work often generates a sense of compassion satisfaction––personal and professional purpose, autonomy, and accomplishment, particularly when successes occur in therapeutic relationships, crisis situations and demanding conditions [8, 22, 23].

Indirect trauma and burnout are common among teachers and education staff in general, with research demonstrating higher rates of indirect trauma in this population during the COVID-19 pandemic [24-26]. Researchers note the significance of creative anxiety during the pandemic: “the unease, worry, and dread that arises from having to think in an open-ended and creative way, focus on novelty, or come up with a unique way of doing something” [27]. Further, Anderson et al. [27] demonstrated creative anxiety to be predictive of secondary traumatic stress in their sample of teachers. During the pandemic, teachers have reported experiencing depersonalization and emotional exhaustion, an increase in compassion fatigue over time, stress from the rapid transition to online education, experiencing reduced levels of concentration, feeling more tired but getting less sleep, having higher than typical workloads, and having added worries about student’s well-

being [11]. Educators may be particularly vulnerable to burnout and secondary traumatic stress, stemming from concerns for students, unsupportive or constantly shifting school policies, and poor work-life balance; this may be especially true for educators working in under-resourced schools with majority racial/ethnic minorities [11]. The cumulative effects of being exposed to students' trauma compounded with their own stress, can facilitate burnout and indirect trauma [24, 25]. Both burnout and indirect trauma pose great risk to teachers and educational staff, but they are highly preventable with proper intervention.

1.2 Co-Healing, a Group Intervention to Address Indirect Trauma

According to trauma theory [28], adverse social conditions can have a detrimental impact on mental and physical well-being by serving as stressors that activate neural and somatic stress responses [29]. While acute stress responses may have potentially beneficial and adaptive effects, prolonged or recurrent episodes of stress system arousal can lead to adverse health outcomes. In the context of chronic stress, physiological changes such as immune function suppression, elevated blood pressure, and increased heart rate may contribute to an elevated risk of long-term physical conditions such as premature heart disease, as well as mental health issues including depression and anxiety. Modulation theory [30] proposes the existence of a "window of tolerance" within individuals, representing the range of psychological arousal that can be comfortably experienced at any given moment. This window encompasses a central zone, within which individuals operate in a balanced state. The boundaries of this window define the thresholds where individuals can transition into states of hyperarousal (fight/flight) or hypoarousal (freeze/faint). Modulation theory also indicates that trauma narrows this 'window' resulting in lower tolerance of arousal, which moves the person out of their tolerance zone, but developing a greater ability to self-regulate autonomic arousal using mind and body practices can lead to expanding the 'window of tolerance.'

Grounded in trauma theory and modulation theory (see Figure 1), CoHealing is the first model of its kind to address symptoms of indirect trauma. A group intervention, CoHealing aims at expanding individuals' 'window of tolerance' by providing self-regulation tools such as mind and body practices, relational connection as a coping resource, and psychoeducation about the symptoms of indirect trauma. Reducing the damaging effects of indirect trauma is critical to maintaining a healthy and resilient educational workforce that will, in turn, continue to provide high-quality educational experiences to children and youth.

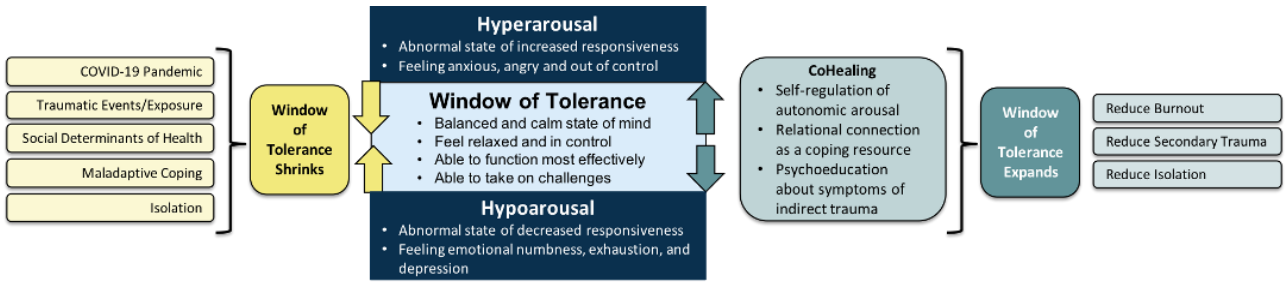

Figure 1 Modulation theory depiction of the 'Window of Tolerance' as applied to the intervention CoHealing.

As shown in Figure 1, there are three core tenets of CoHealing that are grounded in empirical evidence: (1) self-regulation of autonomic arousal, (2) relational connection as a coping resource, and (3) psychoeducation about symptoms of indirect trauma.

1.2.1 Self-Regulation of Autonomic Arousal

Each session of CoHealing begins and ends with skill building to support emotional and autonomic self-regulation. Self-regulation strategies (e.g., mind and body practices, also called self-care) are aimed at reducing symptoms of indirect trauma [31] in order to expand one's 'window of tolerance' [23, 32]. A multitude of self-regulation skills are introduced throughout the CoHealing intervention and participants are guided through planning for ongoing implementation in their daily lives. Skills training in specific mind and body practices such as mindfulness and meditation, breathing techniques, grounding activities, and relaxation exercises can promote physical and emotional regulation. When regularly practiced, mindfulness has been shown to decrease physiological arousal, increase present-centered awareness [33], and increase nonjudgmental acceptance of potentially distressing emotional/cognitive states as well as internal/external triggers that are trauma related [34]. Physical care, such as exercise, nutrition, and rest have been found to be beneficial in alleviating stress and in reducing symptoms related to indirect trauma and PTSD [35-37]. Reflection (e.g., journaling) and creative expression (e.g., art) have also been found to reduce indirect trauma symptoms [38], and can create separation from stressful work [39]. Building awareness around the needs for, and benefits of, self-regulation are core threads that run throughout the CoHealing intervention.

1.2.2 Relational Connection as a Coping Resource

Physical distancing practices challenge the most reliable methods of mitigating trauma-related stress—healthy relational connectedness to people [40]. The communal coping theory provides a useful framework for exploring the relationship between social connections and effective adaptation in the face of adversity, such as the collective trauma of the COVID-19 pandemic. Communal coping is a process that takes place when groups come together to deal with shared stress or trauma, engaging in collaborative problem-solving, emotional support, and strategies to cope as a group through difficult times [41]. At the core of communal coping theory is that coping with stress is fundamentally a social process, characterized by shared experiences among those involved [41]. Consequently, the belief that "We are all in this together" helps alleviate individual burdens, blame, and guilt. The multidisciplinary nature of the CoHealing intervention allows for the opportunity to engage in communal coping both within and between helping professions. In addition to the individual benefits such as stress buffering and expanded access to resources derived from emotional connections during times of collective trauma, this framework highlights the critical role of communal coping in fostering enduring relational commitments that extend beyond the challenging circumstances.

The CoHealing intervention places significant emphasis on enhancing social connections as a coping resource. Research consistently demonstrates that resilience and well-being among educators are closely tied to social support and connection with others [42, 43]. However, the COVID-19 quarantine and physical distancing measures have disrupted common ways people experience connection. Research on how other helping professionals define emotional

connectedness and how they have adapted to maintaining connections with loved ones during the pandemic reveal intricate dynamics characterized by various elements, including expressions of empathy, valuing others, providing assistance and support, demonstrating physical and emotional presence, and embracing vulnerability [44]. Furthermore, feeling isolated and disconnected, particularly during collective trauma, can negatively impact one's mental health [45]. Maintaining relational connection with a network of professionals doing similar work is an essential strategy in preventing and coping with indirect trauma [46]. In a group setting, sharing similar experiences decreases a sense of isolation and enhances social support [47]. Individual and group narrative exercises can be an effective technique in seeking factual information about experiences, cognitions, and questions to help identify sources of distress, analyzing how trauma or indirect trauma symptoms function, and developing possible solutions [48].

1.2.3 Psychoeducation about Symptoms of Indirect Trauma

The didactic portion of the CoHealing intervention focuses on education about indirect trauma, relational health, and vicarious posttraumatic growth, and resilience. Psychoeducation is an evidence based technique which uses a strengths based approach in integrating therapeutic and educational interventions [49]. Psychoeducation about the identification, prevention, symptoms and treatment of secondary traumatic stress has been recognized as important for helping professionals [8]. Self-assessment is also a useful strategy in recognizing indirect trauma as helping professionals may not recognize the symptoms [47].

2. Materials and Methods

2.1 Components of the CoHealing Intervention

CoHealing is a monthly group-intervention delivered over six months aimed at promoting a more resilient, interdisciplinary network of trauma-informed helping professionals by reducing secondary traumatic stress, burnout, and isolation. CoHealing provides self-regulation tools, relational connection as a coping resource, and psychoeducation on the causes and symptoms of indirect trauma. CoHealing was born out of the need to enhance the relational health of trauma-informed helping professionals and to address indirect trauma and job-related vicarious trauma, secondary traumatic stress, and compassion fatigue across disciplines. In order to ensure a culturally sensitive, anti-oppressive trauma-informed program, CoHealing was developed in collaboration with members of the broader Cleveland community, representing diverse cultures, racial and ethnic backgrounds, gender identities, sexual orientations, and socioeconomic positions. Each session was developed and co-facilitated by one doctoral level, licensed social worker holding expertise in indirect trauma and trauma-informed practice and one community member holding expertise in their lived experience. Goals of CoHealing include: 1) Fostering social relationships that enhance interprofessional collaboration and community; 2) Reducing secondary traumatic stress and burnout; 3) Reducing turnover rates in the helping professions; and 4) Improving the quality and continuity of care for individuals, families, and communities experiencing trauma and adversity. Reducing the damaging effects of indirect trauma is critical to maintaining a healthy and resilient workforce that will, in turn, continue to provide high-quality health and human services to individuals and communities experiencing trauma and adversity. CoHealing was piloted in 2019

using an in-person format and was adapted in 2020 to allow for virtual facilitation during the COVID-19 pandemic. The model can be flexibly modified for either format, depending on the needs and resources of the host group.

Prior to conducting the preliminary evaluation on the effectiveness of CoHealing on secondary trauma, approval was obtained from the Case Western Reserve University Institutional Review Board.

2.1.1 CoHealing Intervention Structure

The CoHealing intervention consists of six distinct sessions. Sessions are designed to stand alone, yet complement one another, and are anchored by consistency in structure and integration of core concepts. Sessions begin with an overview of SAMHSA's [50] principles of trauma-informed care and a discussion of the way the session will align with principles of safety, trustworthiness and transparency, peer support, empowerment, voice and choice, collaboration and mutuality, and sensitivity to cultural, historical, and gender issues. Each session moves through a consistent agenda: 'Mingle' small group discussion and reflection, didactic instruction, facilitator-led discussion and exploration of a monthly theme, and an experiential self-regulation activity to close. Each session lasted approximately two hours. The general outline for CoHealing sessions is presented in Table 1. While monthly themes vary, the three connecting threads that tie each CoHealing session together are attention to relational connection, self-regulation, and psychoeducation. These core concepts, described below, are illustrated across each of the six monthly themes.

Table 1 General Outline for CoHealing Sessions.

Session Activity	Activity Description
Welcome	• Define SAMHSA's principles of trauma-informed care; discuss alignment with CoHealing • Review agenda for the session
Self-Regulation Overview	• Define "self-regulation" and provide examples • Encourage participants to tend to their physical needs throughout the session
Mingle and Connect	• Discussion prompts provided for partners and small groups to build trust and establish relationships • Prompts focus on checking in about work, its impact on worker well-being, and what keeps participants going
Didactic Education: Creating a Shared Language	• Define and distinguish between indirect trauma, vicarious trauma, secondary traumatic stress, and compassion fatigue • Discuss the power of relational health • Explore post-traumatic resilience • Review the goals of CoHealing intervention
Symptom Check-In	• Participants use "Indirect Trauma & Resilience" handout to reflect on current well-being and changes since last session • Large group discussion on participant attempts to implement self-care and self-regulation activities since last session

Monthly Theme	• Facilitator-led activity, discussion, and debrief based on monthly theme
Self-Regulation Exercise	• Facilitator-led experiential activity for self-care. Examples include mindful meditation exercises, gentle stretching, drumming, music, coloring, and movement-based activities
Open Networking and Connection Time	• Participants build new connections, continue conversations from the session, and/or make plans for ongoing connection outside of CoHealing

Relational Connection. To build trust, rapport, and connection between participants, each CoHealing session includes multiple opportunities to participate in small group and large group discussion. The 'Mingle' portion of the session places participants in groups of two or three to explore how they are being impacted by their work, why they have chosen to enter a helping profession, and what about the work keeps them going. Monthly topic activities and self-regulation activities end with an opportunity to debrief and reflect on what it was like to engage, to listen, and to share with others. The final 10-15 minutes of the session is left open and unstructured as participants are encouraged to network, connect, and engage with anyone they had not yet connected with during the session.

Self-Regulation. In keeping with trauma-informed approaches [50], each session begins and ends with opportunities to both explore and engage in self-regulation. At the start of each session, participants are invited to check-in with themselves about what their bodies may need and are encouraged to eat, drink, move, breathe, or otherwise self-soothe in whatever ways feel best in order to prioritize self-regulation. Each session ends with an experiential exercise aiming to soothe the nervous system and expand the 'window of tolerance.' Exercises include guided imagery, breathwork, acupressure, and polyvagal-informed somatic grounding, among others. Participants are encouraged to consider how they may implement regular self-regulation practices between sessions of CoHealing in the form of a self-care plan.

Psychoeducation. The didactic portion of the session focuses on psychoeducation about indirect trauma, relational health, and vicarious posttraumatic growth and resilience. Shared language is created by offering definitions and clear distinction between often misused terms such as vicarious trauma, compassion fatigue, and burnout. Participants receive resources on these concepts and are encouraged to check-in with themselves regarding their symptoms of indirect trauma and/or vicarious posttraumatic growth and resilience. Each monthly topic also includes an educational component, as facilitators discuss the evidence informing the topic, relevant definitions, and offer personal examples to illustrate.

2.1.2 CoHealing Session Content

The six monthly CoHealing themes tap into a range of topics designed to deepen participants' understanding of self-care, promote well-being, and encourage peer support and connection. A detailed overview of each monthly theme is described below.

Session 1 Theme: Tapping into our Role as Helpers: Why We're Here, How We Cope. Participants are introduced to the concepts of vicarious trauma and vicarious posttraumatic growth; prevalence rates among different groups of helping professionals are provided. Self-regulation skills and other methods of coping are offered as ways of mitigating the impact of indirect trauma. Participants are asked to consider their challenges and triumphs of their work, as well as the ways they currently cope with stress or indirect trauma exposure and share their reflections in breakout groups of 4-5; large group debrief follows. A critical examination of the term 'self-care' is offered. Participants are encouraged to begin thinking about potential components of a plan for self-regulation and stress management. Closing self-regulation exercise: Mindful breathing.

Session 2 Theme: Creating a Story of Self as a Carer. Participants explore the function of narrative sharing and storytelling within the context of indirect trauma and resilience. The importance of ongoing reflection is explored. Participants are given a template for creating a story of self, including prompts to reflect on how they ended up in the role of a carer, how aspects of their personality show up in their work, and how challenges, choices, outcomes, and their morals/values have molded who they are as helping professionals. Participants are given 10 minutes to craft their narratives, and then placed into small groups of 2-3 where they are invited to share them aloud. A final full group debrief occurs where participants are asked how they were impacted by listening and by sharing. Closing self-regulation exercise: Mindful movement paired with breathwork.

Session 3 Theme: Safety and Emotional Armoring. Participants are asked to explore what 'safety' means in their work and how they may enhance their own safety and the safety of those they serve. Dr. Brene Brown's work on emotional armoring is introduced and defined; psychological body armor as a tool for resilience is defined. Participants are put into small groups (e.g., three or four participants) and asked to discuss prompts around both honoring and shedding their emotional armor, and how both may impact the people they serve. A large group debrief follows, where participants can reflect on what they shared and what they heard. Closing self-regulation exercise: guided visualization.

Session 4 Theme: The Work of Grief and Loss. Participants are encouraged to consider how personal or professional loss has impacted their work and discuss the significance of validation in the grieving process. Anticipatory grief, complicated grief, and disenfranchised grief are defined, and examples of each are shared. Participants meet in small groups to explore their own experiences with each type of grief and the ways they have given and received support in their personal and professional grieving. A large group debrief follows, where participants are asked to reflect on what they learned by sharing and by listening. Closing self-regulation exercise: acupressure for stress relief.

Session 5 Theme: Polyvagal Theory and the Social Nervous System. Participants are given an overview of the neurobiology of trauma, the fight/flight/freeze/flock/fawn stress response, and the role of the nervous system. Participants are introduced to the social nervous system and polyvagal theory and encouraged to consider the role of the social nervous system in their work. Participants are put into small groups and asked to consider and discuss their somatic experience of social engagement throughout the session. In the large group debrief, participants are asked to reflect on

what they learned by sharing and by listening. Closing self-regulation exercise: polyvagal-informed somatic settling.

Session 6 Theme: Trauma, Identity, and Sense of Self. In the final session, participants are provided with the evidence base for the impact of trauma (both direct and indirect) on identity and sense of self and guidance around living in line with values. Two opportunities for creative expression occur as participants are asked to draw a version of their 'best self' and an image that represents a time they adjusted to changing life circumstances, then share these images with the large group and discuss how to move toward a life that reflects each of them. Participants are invited to engage in a reflection activity where they offer affirmation to one another and reflect on how they've been impacted by one another throughout the CoHealing program. Participants are offered support in solidifying and implementing their self-care plans. Closing self-regulation exercise: guided gratitude meditation.

2.2 Preliminary Evaluation

While the purpose of the paper was to describe the CoHealing intervention, we have conducted a limited preliminary evaluation. The purpose of a preliminary evaluation is to conduct an initial broad assessment of intervention concept and rudimentary exploration of effectiveness. The primary goal of a preliminary evaluation was to assess the potential value and feasibility of pursuing the research further. We conducted two forms of preliminary evaluation: (1) a post-session evaluation after each CoHealing and (2) preliminary testing of effectiveness of CoHealing using an online survey-based, longitudinal design.

2.2.1 Preliminary Evaluation Using Post-Session Data

In 2019, over 200 helping professionals from a number of disciplines (37% social work, 23% other mental health professionals, 8% education, 4% medical, 7% community work/social entrepreneurship, 21% other disciplines) attended CoHealing, with session attendance ranging from 15-35 attendees. Post-session data from each session was collected asking attendees to voluntarily respond using a Likert scale indicating the strength of agreement to each statement (1 = strongly disagree, 5 = strongly agree): (1) You gained a new knowledge or skill. (2) You connected with other participants. (3) You felt safe and supported in the space. (4) The content and activities were relevant and can be applied to your work. (5) The people you serve will benefit from your having attended CoHealing. Post-session surveys were anonymous, and no demographic was collected from attendees. A total of 121 post-session surveys were completed.

2.2.2 Preliminary Evaluation on the Effectiveness of Cohealing on Secondary Trauma

All attendees of a CoHealing event were invited to participate in the study over a six-month period from January to June 2019. Once participants consented to be in the study, participants were sent eight electronic surveys over a one-year period (monthly for months 1-6, month 9, and month 12) regardless of their attendance of CoHealing events. Participants self-reported on the professional quality of life (ProQOL, [51]). The ProQOL is a 30-item measure assessing compassion satisfaction (i.e., pleasure from doing work; 10 items), burnout (i.e., feeling hopeless about doing work; 10 items), and secondary traumatic stress (i.e., secondary exposure to extremely or

traumatically stressful events through doing work; 10 items) at each time point. The secondary traumatic stress subscale was used for the preliminary evaluation and was summed according to the scoring protocol provided by the measure authors [51]. Data on gender and race were collected.

A total of 41 participants enrolled in the preliminary evaluation study and 26 participants completed surveys at two or more time points. Because this is a preliminary evaluation, there was no control group. Participants in the preliminary evaluation study were 70.37% female (11.11% male; 18.52% chose to not answer) and 59.26% White (14.81% Black or African American; 7.41% Asian; 18.52% other race). Participants were entered into a monthly drawing for a $20 gift card.

3. Results

3.1 Results from the Preliminary Evaluation Using Post-Session Data

Post-session data indicated that attendees (n = 121) found the sessions to be beneficial; the averages of responses indicating the strength of agreement to each statement (1 = strongly disagree, 5 = strongly agree): 'You gained a new knowledge or skill' (M = 4.3), 'You connected with other participants' (M = 4.6), 'You felt safe and supported in the space' (M = 4.88), 'The content and activities were relevant and can be applied to your work' (M = 4.77), and 'The people you serve will benefit from your attending CoHealing' (M = 4.6).

3.2 Results from the Preliminary Evaluation on the Effectiveness of Cohealing on Secondary Trauma

During the participants' first session, the mean secondary trauma score (STS) was 22.29 (σ = 8.22). About 41% (n = 11) demonstrated a moderate or high STS. There were 26 participants who completed more than one CoHealing session and completed at least one follow-up questionnaire. From the first session to the last session, participants reported on average a decrease of 1.64 points on the STS (σ = 8.43, d = -0.20, p = 0.47).

4. Discussion

Teaching is consistently ranked as one of the most stressful careers in the United States [52, 53]. The COVID-19 pandemic has exacerbated job-related stress for teachers and administrators alike, leaving the entire profession vulnerable to burnout and indirect trauma. Since COVID-19, educators have been found to more likely to suffer from burnout than the general population of working adults and twice as likely to report job-related stress [54]. Reducing the damaging effects of indirect trauma is critical to maintaining a healthy and resilient education workforce that can continue to provide high-quality education services to students as they navigate through the long-term educational impacts of the COVID-19 pandemic [55, 56].

This article presented, CoHealing, a promising intervention to mitigate the impact of indirect trauma and burnout in educators. CoHealing is not only timely for the COVID-19 pandemic but has broader implications for maintaining a resilient workforce of educators across a variety of public health emergencies. CoHealing is grounded in a strong theoretical base and utilizes evidence-based self-regulation skills in combination with relational connection as a coping resource and psychoeducation, all shown to be effective in reducing stress and indirect trauma symptoms. The purpose of this paper was to provide an intervention description. While preliminary findings

demonstrated reduced secondary trauma symptoms, this was not a statistically significant decrease. More research is needed to robustly evaluate CoHealing including larger sample size, retention of participants across time, and the use of control group comparison. All of these elements were limitations in the preliminary evaluation. With further evaluation, this novel intervention may have the potential to help foster healthy adaptation and bolster indirect trauma recovery for helping professionals including teachers and educational staff.

In addition to individual-level interventions aimed at reducing secondary trauma and burnout, it is also important for schools to consider organizational-level opportunities that promote connection, empowerment, and culture that enhance resilience among staff [57]. Indirect trauma symptoms can be exacerbated or influenced by the culture, environment, and systems processes of the organization [58, 59]. The World Health Organization [60] and the National Institute for Occupational Safety and Health [61] have included stress-related disorders as risks to occupational hazards. School is a complex environment with complex job demands, including both individual and school-level challenges like high workload, role conflict, school climate, and conflicts with colleagues [52, 62]. At the organizational level, class size, school size, the availability of support, and teachers' job-specific tasks are among the significant variables related to burnout [52]. There are also economic risks that organizations face when the prevention of indirect traumatic stress among staff is perceived as a self-directed rather than systems-wide, collaborative effort [63]. The National Commission on Teaching and America's Future estimated the national cost of public school teacher turnover to be more than $7.4 billion; an average of $20,000 per teacher who is not retained [64]. Such financial costs are associated with high absenteeism, early retirement, and lower-quality job performance [52]. It is clear from the research that a concerted focus on addressing the impact of indirect trauma is key to promoting teacher well-being and retention, effectiveness, and quality delivery of education.

5. Conclusions

The prevalence and effects of stress and burnout among educators have been studied for decades [1]. While stress and burnout are not necessarily new experiences for teachers, the COVID-19 pandemic exacerbated them as teachers, staff, and administrators struggled to adapt to online learning while balancing the mental health and academic needs of their students. The resulting challenges have led to heightened levels of stress, burnout, and anxiety among teachers and education staff, highlighting the need for greater mental health support and resources. Coping strategies that address these challenges are critical to ensuring that teachers can continue to provide high-quality education to their students. The CoHealing intervention is a promising approach that seeks to reduce secondary traumatic stress, burnout, and isolation by promoting a more resilient, trauma-informed network of helping professionals. By addressing the mental health needs of teachers and education staff, we can support their ability to navigate the complex needs of their students.

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Author Contributions

Jennifer King is the creator of the CoHealing intervention. Introduction: all authors. Methods: King, Holmes, Evans. Results: Holmes, Bender. Discussion: all authors. Conclusion: King, Holmes.

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Competing Interests

The authors have declared that no competing interests exist.

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