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<tr>
<th>Presentation Title</th>
<th>Place in Schedule</th>
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</thead>
<tbody>
<tr>
<td>A Peer-Reviewed Analysis for World Trade Center Health Program Human Service Professionals</td>
<td>Poster Session Day 2 – Wednesday – May 9th, 2018 8:30am-9:30am</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Description of Presentation</th>
<th>Presenter Name(s) And Credentials</th>
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</table>
| The terrorist attacks on September 11, 2001 were among the most traumatic events in US history, and resulted in adverse physical and mental health effects on those within the New York City Disaster Area (NYCDA) and surrounding communities. Human service employees of the World Trade Center (WTC) Health Program, administered by the National Institute for Occupational Safety and Health (NIOSH), interact with those who have experienced trauma from the 9/11 terrorist attacks and are at risk of experiencing secondary trauma. Evidence-based practices that address compassion fatigue, secondary traumatic stress, and employee burnout may be implemented to address these risks. WTC Health Program staff frequently interact with Program members known as survivors and responders of the 9/11 attacks. During communication with Program staff, members share powerful accounts of their experiences pre and post-9/11. Human service professionals who serve the most affected populations are frequently confronted with the psychological distress and traumatic recollections of such populations (Harker, et al. 2016). This phenomenon, known as secondary traumatic stress (STS) or compassion fatigue, is common among social workers, clinicians, and other human service professionals. Initial analysis of current peer-reviewed articles reveal that some workers who may be experiencing STS are also at risk of burnout syndrome (BOS), a mental and/or physical collapse due to stress or overwork. These studies show that reinforcing human service professionals’ protective factors with methods such as meditation and collaborative debriefing can reduce these risks. At this time, WTC Health Program staff members are investigating additional risk and protective factors surrounding STS and BOS. The proposed | Brittany L. Grear, MPH  

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research method includes reviewing peer-reviewed scientific literature to obtain evidence-based best practices that measure the effectiveness and safety of solutions to prevent STS and BOS.

Anticipated Outcomes:
- Provide findings to WTC Health Program staff and management
- Utilize findings to develop interventions for WTC Health Program
- Implementing interventions to promote self-care and prevent and/or manage STS and BOS

Practical Implications:
- Increased awareness and discussion of STS and BOS throughout the WTC Health Program
- Utilization of evidence-based practices to re-design a healthier work environment
- Dissemination of findings to service professionals outside of the WTC Health Program who may be at risk for STS and BOS

Conclusion:
Further peer-reviewed research is needed to identify practical interventions for human service professionals who are at risk for STS and BOS. The implications of these findings may assist WTC Health Program staff and other human service professionals in improving their mental and physical health, while potentially enhancing the work-life balance for all service professionals impacted by traumatic events.