


CURRENT TOPICS

Total Worker Health[®] is Incomplete Without Trauma Intelligence[™]

Carolyn M. Porta, PhD, MPH, RN, SANE-A, FAAN, FNP¹ 

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Continued success of Total Worker Health[®] will be determined by our commitment to promoting trauma-informed workplace cultures, our development as trauma intelligent[™] occupational health professionals, and our support of every worker toward trauma intelligence[™]. With 160+ million people in the American workforce, and a larger than ever proportion of workers over 60 years old, the workforce arguably consists of greater diversity of lived experiences and traumas than in any previous American workforce. Trauma develops because of *an event*, or multiple events, that is *experienced* as harmful, and results in lingering *effects* on an individual's functioning and health (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014). Common categories of trauma include Type 1 Trauma—unexpected, single incident—for example, assault, childbirth; Type 2 Trauma—repeated, often by a family member—for example, sexual abuse, domestic violence; Historic, Collective, or Intergenerational Trauma—for example, racism; Vicarious or Secondary Trauma—supporting the person who experienced original trauma; and Little (t) Trauma—experienced frequently—for example, losing a job (The Trauma Institute, 2024). Traumas and their effects spill over into the workplace, evidenced in part by reduced work productivity or creativity, poor work relationships, employee turnover, and more (Rosemberg et al., 2018).

Since 2003, the National Institute for Occupational Safety and Health (NIOSH, 2024) has framed worker well-being efforts as Total Worker Health[®] (Hudson et al., 2019). Shifting from historical occupational health's emphasis on mitigating physical threats, Total Worker Health[®] called for explicit attention to whole worker well-being. This resulted in expanded occupational health and safety programs and policies designed to strengthen workplace cultures, workflows, work relationships, and worker health (NIOSH, 2024; Tamers et al., 2019).

Total Worker Health[®] will continue guiding workplace improvements; this third decade of Total Worker Health[®] is expected to confront “concerns like the ever-increasing wage gap; gender, racial, and ethnic inequalities, invasive monitoring and AI-related losses of workers’ agency and autonomy; employment insecurity; and occupational segregation and oppression” (Chosewood et al., 2024, pp. 3–4).

Occupational health professionals will not effectively confront systemic and deeply rooted injustices without being trauma-informed and having emotional intelligence. To be trauma-informed is to *realize* the pervasiveness of trauma, to *recognize* the signs and symptoms of trauma, to *respond* by incorporating knowledge of trauma into practices and policies, and to *resist* re-traumatization (SAMHSA, 2014). To have emotional intelligence is to identify, express, and regulate emotions in oneself and in others (Salovey & Mayer, 1990). Being trauma-informed and having emotional intelligence is *trauma intelligence*, which is the integration of introspective reflexivity, awareness of external influences, and intentional decisive behaviors and words that fully support self and others. Those who have *trauma intelligence*—which can be developed with intention and skills-building—will be best positioned to promote healthy and safe workplaces. They will do so with trauma-informed efforts characterized by safety, trustworthiness and transparency, empowerment, collaboration, peer support, and humility and responsiveness (SAMHSA, 2014). In fostering trauma-intelligent workplaces, we build a future where every worker thrives and contributes to environments designed to respect and support their experiences.

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ORCID iD

Carolyn M. Porta  <https://orcid.org/0000-0003-0823-7179>

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