



# **DART CENTER FOR JOURNALISM & TRAUMA**

## **The Journalist Trauma Support Network: An Innovative Training Program to Support Journalists' Mental Health**

A DART CENTER WHITE PAPER

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The Dart Center for Journalism and Trauma is a project of Columbia University's Graduate School of Journalism and is devoted to informed, ethical and innovative news coverage of violence, conflict and tragedy. For more information and resources, find us online at [www.DartCenter.org](http://www.DartCenter.org).

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# Abstract

Media professionals today face a unique combination of exposure to traumatic content and high-stakes occupational stressors. Yet few mental health practitioners are equipped to address the specific demands, culture, and risks associated with news production. In response, the Dart Center for Journalism and Trauma at Columbia University launched the Journalist Trauma Support Network (JTSN) in 2021—a groundbreaking pilot program designed to train experienced trauma therapists in the occupational culture and mental health needs of journalists.

From 2021 to 2023, the program trained 39 clinicians and provided free, time-limited therapy to 65 journalists as part of the training. Evaluation data assessed feasibility, utilization, clinical outcomes, and participant satisfaction. Results showed highly efficient referrals, exceptional engagement, and a reduction in clinically significant PTSD, depression, anxiety, and stress from 60% to 23% among journalist participants. Both therapists and journalists reported high satisfaction with the program.

This white paper presents the full evaluation findings and highlights the critical role of journalist-specific clinical training, sustained clinician communities, and reliable referral pathways in supporting the mental health and resilience of news professionals amid growing professional pressures.

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# INTRODUCTION AND EXECUTIVE SUMMARY

Journalists are resilient professionals. But today's reporters, editors, photographers and producers face an array of extraordinary—in some cases unprecedented—workplace demands, threats, and stressors. Wars and rising authoritarianism, the lingering disruptions of COVID-19 and the churning economics of the news industry, mass shootings and intensifying climate change, identity-inflected abuse and a flood of graphic imagery: all these can challenge the well-being and occupational mental health of journalists on any beat, in any country, and at any stage in their careers. At the same time, many of today's early-career journalists are more open than previous generations in discussing their concerns about occupational mental health, trauma, and burnout, and demanding a robust duty of care from news industry employers—especially now that ample research has established stress, trauma exposure, and related factors as occupational mental health risks for news professionals.

Thus, the need for accessible and qualified mental health support for journalists is increasingly important to news industry leaders, trade unions, and press freedom advocates. But where can that support come from, especially for reporters, photographers, and producers exposed to high levels of violence, trauma, threat or crisis? When journalists need help, where can they turn?

The answer isn't as simple as "get a therapist." Around the world, journalists face significant barriers to mental health support:

- Few psychotherapists understand journalists' occupational culture, job-related risks, and professional and ethical obligations;
- Few newsroom employee assistance programs (EAPs) include counselors with experience treating professionals who are routinely exposed to mass shootings, graphic imagery, or wars, or are contending with persistent threats, abuse, and harassment;
- Few newsroom benefits packages offer adequate psychotherapy coverage;
- Newsroom managers, unions, and professional associations lack referral pathways for colleagues seeking help; and
- Many freelancers have severely limited income, restricting their ability to pay market rate or even significantly reduced therapy fees.

To address these barriers, the Dart Center for Journalism and Trauma, based at Columbia University's Graduate School of Journalism, pioneered a pilot project to establish a community of qualified therapists specifically trained to support trauma-

impacted journalists and to test whether such specialized training for clinicians would lead to positive therapy outcomes.

**The JTSN team built a first-of-its-kind curriculum, addressing journalist culture, occupational risk factors, and evidence-based therapy approaches.**

This white paper lays out a case study of that project, the [Journalist Trauma Support Network](#) (JTSN), which was made possible with initial funding from Google.org and later the Open Society Foundations, along with support from the Dart Foundation. In outlining the creation and outcomes of the first program in the world to train psychotherapists to address the needs of trauma-impacted news professionals, this paper provides valuable lessons for future efforts and charts a path forward as journalists continue their essential work amid daunting threats and obstacles.

JTSN was launched in early 2021 as a U.S.-focused pilot project. The model consisted of several key components:

- The JTSN team led by Dr. Emily Sachs built an innovative, first-of-its-kind curriculum, addressing journalist culture, occupational risk factors, and evidence-based therapy approaches.
- In July 2021, JTSN piloted a two-day live webinar training for 22 U.S. psychologists.
- The training was followed by six months of supplemental education, consultation, and support while the therapists worked with journalist clients referred through the program.
- To ensure timely journalist referrals for all therapist trainees, JTSN partnered with the Committee to Protect Journalists to screen and refer news professionals into time-limited therapy of up to 23 sessions, at no cost to the journalists, and compensated therapists at reasonable rates for these training cases during the 6-month program. Therapy referrals were fully confidential, consistent with HIPAA and other U.S. statutes and standards.
- To evaluate the quality and effectiveness of the program, we surveyed both the therapist trainees and the journalists who accessed free care through the program.

After making minor revisions, JTSN trained a second cohort of 17 therapists in 2023, this time with the International Women's Media Foundation as the referral partner. The second cohort followed the same model of training, supplemental education and

support, payment for 23 sessions for referred journalists, and program evaluation. Of the 39 therapists trained in both cohorts, 37 (95%) went on to offer specialty services to journalist clients through a public-facing “[JTSN Therapist Directory](#)” created for this purpose.

The evaluation data (detailed in the white paper below) indicates overwhelmingly positive results, leading to several conclusions with significant implications for the future of journalists’ professional resilience and occupational health and safety:

- Journalists will reach out for mental health support if there is a clear and trusted referral pathway;
- Seasoned clinicians with trauma expertise will undertake specialty training to better support journalists;
- The large majority of journalists seeking help will engage in, and stay in, a consistent course of therapy;
- Therapy with a highly skilled and specialty-trained clinician helps to relieve symptoms of trauma exposure, stress, and burnout, improves coping skills and sense of well-being, and in general brings significant mental health benefits for journalists seeking care.

Appropriate trauma-focused psychotherapy is of course not the only support journalists need. Nurturing journalists’ resilience requires newsroom-wide training in self-care and looking out for colleagues; formal and informal systems of peer support; editors and newsroom managers with trauma-aware leadership skills; and news industry commitment to psychological safety. In addition, the cost of therapy remains a significant barrier, and philanthropic support will remain essential to ensure the availability of appropriate therapy to many trauma-impacted news professionals. The need still far exceeds the limited number of clinicians trained to date. At the time of writing in early 2025, the Dart Center is fundraising to train two additional clinician cohorts of 25 therapists each to achieve our goal of training close to 100 U.S.-based clinicians to effectively support journalists at critical moments of need.

The extraordinarily favorable data from the JTSN pilot among clinicians and clients alike clearly indicates the value of specialty-trained mental health professionals to provide culturally appropriate care to journalists. This white paper indicates that journalist-specific clinician training, the maintenance of a clinician community, and the availability of a qualified and trusted referral pathway for news professionals together form a crucial response to the mental health needs and resilience of this vital workforce at a time of immense challenges.

# Background: Journalists Need Culturally Aware Trauma Care

Journalists across platforms and roles contend with an extraordinary range of traumatic material and high-stakes occupational stressors. This is true of newsroom personnel at all levels, whose work includes comprehensive, continuous breaking news coverage of profoundly traumatic events; investigative and features reporting requiring extended immersion in difficult material; and prolonged exposure to violent and graphic video and images. There are also profound risks for other media professionals, such as documentary filmmakers who may spend extended time with traumatized subjects and freelance journalists who cover violence and crises with little or no institutional support.

**Journalists work within a distinct professional culture, under conditions that are very different from most careers.**

Editors who face an array of news choices with each story are stressed by the responsibilities of their work. In the U.S., direct threats to individual journalists are at unprecedented levels. Even journalists working on previously apolitical beats such as education, weather, or technology have become targets of hate speech, threats, and even violence. Studies consistently show that while generally resilient, journalists are not immune to the effects of trauma and other occupational stressors<sup>1-6</sup> and may need professional mental health support in response to particular crises or the cumulative impact of assignments and working conditions.

Like military personnel and first responders, journalists work within a distinct professional culture, under conditions that are very different from most careers.



Journalists largely function well under stress, can manage complex situations and information, and are accustomed to self-sufficiency, agility, and hard deadlines. When they reach a point of needing professional help, it is critical that the helper be able to quickly understand their “normal” and what has overwhelmed their particular coping system.

Unfortunately, few mental health professionals understand the distinct professional culture, demands, and risks of a career in news production. Although multiple programs have emerged to support first responders such as police, firefighters, and aid workers, no such programs exist to train clinicians to work effectively with journalists. As a result, trust of clinicians often lags behind the need, and many clinicians may find themselves without adequate contextual understanding as they work to support journalists contending with mass shootings, disasters, war, social unrest, graphic imagery, media-directed harassment, and other newsroom challenges.

The Dart Center for Journalism and Trauma, an interdisciplinary think tank and resource center based at Columbia University’s Graduate School of Journalism, regularly partners with newsrooms and press freedom organizations across the world. These institutions have been voicing a common request with increasing urgency over the past several years, for a list of trauma clinicians the Dart Center trusts, who understand journalism’s professional culture and challenges. In 2020, with a gift from Google.org to address the psychosocial needs of journalists, the Dart Center embarked on a collaborative project to create such a resource.

# A Trauma-Informed Solution: The Journalist Trauma Support Network (JTSN)

In July 2021 the Dart Center and partners launched a pilot program, the Journalist Trauma Support Network (JTSN), to provide already-experienced trauma psychologists with training on journalist professional culture and occupational health. The training model is interdisciplinary, created and delivered by experienced journalists and psychologists who have a professional focus on journalist mental health. Dart Center staff developed the curriculum in consultation with stakeholders regarding the knowledge, skills, and attitudes needed for competent care of news professionals who may have high exposure to traumatic content and situations; the recruitment process for

**The training model is interdisciplinary, created and delivered by experienced journalists and psychologists.**

the therapist cohort prioritized diversity and advanced clinical skills.

Due to a sharply increasing incidence of online attacks against journalists, from hacking to harassment to organized physical threats, we also partnered with the Freedom of the Press Foundation to create a therapist-specific training module on digital security for telehealth communications.

As a core training requirement, each therapist in the program provided therapy to 1-3 journalists, in consultation with training faculty and peers. Training cases were referred through the Committee to Protect Journalists (CPJ). For the non-clinical CPJ staff who screened and referred journalists, the JTSN program director provided training in trauma-informed practices for interacting with potentially traumatized individuals, a protocol for processing cases, and ongoing support in live biweekly meetings for the

duration of the project. Understanding that journalists may have mental health effects from occupational stressors *other than* trauma, and that potentially traumatic events do not always result in a mental health disorder, all journalists with occupation-related distress, not only those with validated trauma exposure or a diagnosable trauma disorder, were potentially eligible for therapy through the program.

Core staff who contributed to the training curriculum were Bruce Shapiro, Dart Center Executive Director; Dr. Elana Newman, Dart Center Research Director; Dr. Emily Sachs, consulting psychologist; Dr. Katherine Porterfield, consulting psychologist; Martin Shelton, Ph.D., Principal Researcher at the Freedom of the Press Foundation; and Dr. Cait McMahon, then Director of Dart Centre Asia-Pacific. During this process we also consulted with several accomplished journalists who cover trauma around the world, among them Patricia Evangelista, Finbarr O'Reilly, Ismail Einashe, and Naseem Miller. Additional consultants included Karen Percy, then Dart Centre Asia-Pacific Chair and veteran foreign correspondent; and Lucy Westcott, journalist, researcher, and now Director of Emergencies at the Committee to Protect Journalists.

To deliver on the core goals of the program, we agreed upon specific **criteria**:

1. Consistent with the principles of trauma-informed care<sup>7</sup>, where systems of care are designed to avoid exacerbating the trauma-related distress of beneficiaries as well as that of staff working in service settings, the following conditions applied:
  - a. Therapists in the program would receive fair compensation for their time and labor, in the form of CEs (continuing education credits) for didactic training hours and reasonable payment for therapy hours.

- b. In addition to training and technical resources, trainees would have regularly scheduled consultation and support meetings with program peers facilitated by Dart-affiliated psychologists, as well as access to individual consultation as needed. In addition, part of group consultation would address reactions and self-care related to trauma-facing work. (This regular contact also allows Dart Center staff to serve as gatekeepers for the developing network.)
  - c. Therapist trainees would be given formal and informal opportunities to evaluate the training program and give input for program improvement.
2. Therapy would be free for journalists who participated as “training cases” in the program. In addition to providing a high value service to journalists who may not otherwise be able to afford six months of therapy, this was done to ensure that therapist-trainees would rapidly get cases at the beginning of their training.

We launched the 2021 pilot program to assess the feasibility of the program, with several key questions in mind:

Question 1	Will U.S. journalists access free mental health services if there is a clear and reputable referral pathway?
Question 2	Is it possible to identify and recruit 20 clinicians with expertise in trauma treatment who are willing to engage in six months of specialty training to better support journalist clients?
Question 3	Is the Dart Center for Journalism and Trauma equipped to train trauma-informed clinicians, such that they will feel competent working

	with journalist clients with a high “dose” and variety of trauma exposures and occupational stressors?
Question 4	Will the majority of journalists seeking treatment engage in prescribed courses of therapy, despite the demands of deadline-based work?
Question 5	Is time-limited therapy with specialty-trained therapists helpful to journalists, i.e., will psychological measures demonstrate clinically significant improvement and will journalists report satisfaction with their therapists and the results of treatment?

A major planned deliverable of this program was the [JTSN Therapist Directory \(U.S.\)](#), a public-facing site where journalists can learn about and contact Dart-trained therapists directly, as well as contact Dart Center staff with any questions or concerns about network therapists.

## Implementation of the 2021 Pilot

A cohort of 22 therapists was chosen for the 2021 pilot from a pool of 35 applicants. Therapists were eligible to apply to the program if they had a doctoral degree in clinical or counseling psychology, an existing private psychotherapy practice, a current U.S. mental health license in good standing, no history of complaints against their license or disciplinary action by a professional licensing body, at least five years of relevant training and clinical experience using evidence-based therapies to treat trauma-related disorders, and competence (training and experience) in the practice of teletherapy. Beyond these core requirements, preference was given to clinicians with

exceptional levels of training and experience using evidence-based protocols for trauma; those whose professional identities largely focused on caring for individuals and communities impacted by trauma; experience and comfort with conducting time-limited therapy; expressed interest in serving the journalist population; expressed commitment to culturally competent care, taking into account clients' multiple identities and related experiences; availability to take new clients; absence of potential dual roles regarding

**Preference was given to clinicians with exceptional levels of training and experience using evidence-based protocols for trauma.**

media personnel (e.g., multiple appearances as an expert commentator on community news programs would disqualify a therapist); and those whose websites demonstrated professionalism and good population “fit” (e.g., free of errors, discussion of trauma expertise, and work with similar/relevant populations). Additional consideration was given to the racial and gender diversity of the cohort, given the diverse population of journalists they would serve, and to geographic diversity, balancing states with high concentrations of journalists with those with fewer therapy resources. Therapists who qualified based on a review of their application and curriculum vitae were interviewed by the program director, and the most qualified applications were then presented to a committee of Dart Center staff for final selection.

Of the 22 therapists selected for the program, all but one identified as female (there were only three male applicants). Half of the cohort identified as white and non-Hispanic; the other half identified as either African American, Caribbean, Asian

American, South Asian, or Latinx\*. They ranged from mid-career to seasoned psychologists, and all had extensive training and professional experience providing treatment for post-traumatic stress disorder (PTSD) and other trauma sequelae.

The 2021 pilot program tested a model of a **2-day baseline training in the occupational culture, hazards, and resiliency factors of journalists** via live webinar, led by senior Dart Center staff and affiliated psychologists. It included trauma-focused modules such as a review of research on journalist trauma exposure and outcomes and differential diagnosis for journalist clients. The 2-day training was followed by **6 months of continued clinician engagement**, including:

- Timely referrals: trainees worked with 1-2 journalist clients, who received up to six months of free therapy sponsored by the program;
- Monthly consulting groups facilitated by Dart Center-affiliated psychologists, designed to support clinicians with their training cases and development of journalist-care specialties within their private practices;
- On-demand individual consultation with Dart Center clinicians on issues related to journalism occupational culture that arose with their training cases;
- On-demand consultation with JTSN partner the Freedom of the Press Foundation for questions about digital security for telehealth;
- A monthly continuing education “newsletter” on topics related to journalist mental health (e.g., moral dilemmas, covering disasters, identity, and reporting);
- A compilation of background educational materials and journalist support resources.

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\* Racial and ethnic designations are reported as participants self-described, not according to multiple choice survey items; therefore, categories may not match across samples.

After clinicians “graduated” from the program, they were invited into continued community with the Dart Center and other graduates through a dedicated listserv, a quarterly newsletter, reunion events with professional development opportunities, and access to free continuing education modules as they are created.

## **Pilot Results**

To evaluate the quality and effectiveness of the program, we surveyed both the participating therapists and the journalists who accessed free care through the program. Therapists were required to complete evaluations of the JTSN training program at three critical junctures: after the initial 2-day webinar training, mid-way through the training program, and after the 6-month program was completed. Journalist clients were asked to complete one anonymous satisfaction survey at the end of their six months of sponsored therapy.\*

### **Therapist Outcomes**

#### *Satisfaction with Baseline Training Webinar*

Therapist ratings immediately after the baseline webinar training were uniformly high: therapists rated all items a 4 or 5 on a scale of 1 (lowest) to 5 (highest), with an average score of 4.93 on various items assessing the quality, information, and usefulness of training, and both modal and overall scores of 5 out of 5. Critical feedback focused on requests for more time on various training topics or interactive exercises.

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\* A summary of outcome data from this pilot program, combined with data from a second training cohort, is presented in Tables 1-6 and Figures 1-2, pp. 39-45.



In follow-up surveys over time, all therapists said they felt better prepared to work with journalist clients as a result of the training webinar; 2 said they felt somewhat better prepared, while 20 endorsed feeling “significantly better” prepared or “very well” prepared for the work. In terms of time commitment, all therapists said that two days for the initial training felt both acceptable and effective, yet the majority (62%, n = 13) said they would have been willing to commit a little more time for deeper exploration of certain topics.

**All therapists said they felt better prepared to work with journalist clients as a result of the training webinar.**

Therapists were also required to complete a “digital security checklist” based on the digital security module of the webinar. Checklist items included using end-to-end encrypted telehealth tools, setting up a password manager, and other digital hygiene practices. Initial ratings of the digital security module were high in terms of information and quality of training (all 4-5 out of 5), but more mixed in terms of confidence implementing specific strategies. However, after completing their digital security checklists (5 therapists took advantage of the free consultation with Freedom of the Press Foundation staff to complete this task), subsequent survey scores were notably higher, with an average of 4.39 out of 5 on all items.

Therapists then completed mid-point and final evaluations regarding their satisfaction with aspects of the 6-month program, including screening and referral of journalist “training cases,” monthly Peer Learning and Support Groups, individual consultation with Dart-affiliated psychologists (if used), self-study materials, and the program overall.

### *Satisfaction with Screening and Referral of Cases*

In the pilot cohort, 75% of therapists said they were satisfied or very satisfied with the process of receiving referrals through CPJ. From discussion with the few therapists who indicated some referral problems, it emerged that problems stemmed from journalists being given too many referral options (up to six), causing delays and complicating communications as journalists attempted to vet possible matches. Encouragingly, 80% of therapists said all of their referrals were appropriate (i.e., “journalist experiencing occupation-related distress and able to engage in a time-limited treatment structure”). Of those that did not, two therapists said they had received referrals where the level of severity and complexity were not a good match for time-limited care (these therapists made use of free individual consultation with program faculty and reported it was helpful); one referral had a primary clinical issue (obsessive-compulsive disorder) which was outside the therapist’s scope of competence; and one therapist said one of her referrals had not experienced any specific traumas or occupational stressors.

### *Satisfaction with Group and Individual Consultation*

All therapists agreed with the use of facilitated peer consultation groups, and scores ranged between three and four on 1-4 scales assessing usefulness, supportiveness, and sensitivity to diversity, equity, inclusion, and belonging issues. In particular, therapists said they appreciated the sense of community, expertise, and support of their co-trainees, and described facilitators as warm, knowledgeable, and supportive. Therapists especially appreciated when facilitators discussed their own clinical examples, combined with soliciting the expertise of other participants. Critical

feedback centered on delays in some therapists matching with a training case, which resulted in some group time discussing didactic material versus case consultation.

Five therapists opted to access free individual consultation with a JTSN staff psychologist during the program. All of them rated the consultation 5 on a 1-5 scale, indicating that the consultations “resolved my question and/or need for support.”

### *Satisfaction with Self-Study Materials*

Monthly educational “newsletters” were emailed to therapists throughout their training, providing didactic narrative with links to multimedia self-study materials on topics related to professional journalism (i.e., harassment and assault of journalists, identity and reporting, covering disasters, ethical dilemmas, and an exploration of journalists’ ongoing motivations in the work.) About half (12) of the therapists said they had consumed at least 50% of the material in the monthly newsletters. Five people said they consumed 25-50% of the material, and three people acknowledged consuming very little of it. (Therapists were encouraged to study each monthly newsletter, but also to use them as a future resource.) Low consumers cited lack of time. Most therapist comments indicated that they found the newsletter to be high quality and useful, and planned to review the material in more depth as topical issues arose with future cases.

### *General Therapist Feedback*

Therapists also had the option to provide open-ended feedback on program strengths and weaknesses. The most commonly cited strengths were: the quality and usefulness of the initial training webinar (n = 15); co-learning and sense of community with colleagues in the Peer Learning and Support Groups, including staff efforts to foster collegial connections (n = 13); the opportunity to work with a unique and under-

served population (n = 9); positive staff communications and responsiveness throughout the program (n = 4); and the structure and organization of the program (n = 3).

In terms of weaknesses, six therapists noted that delays in some therapists receiving their first referrals diminished the usefulness of early peer consultation groups. An additional six therapists were frustrated by delayed payments for therapy hours. Several felt confused or burdened by monthly data reporting requirements (n = 5), the limit of 20 sessions when some issues require more therapy (n = 2) and, possibly related, wishing for more thorough screening for complex cases that might not be able to benefit from time-limited therapy (n = 2).

The JTSN program was able to resolve the issues with timeliness of referrals and payments and reduce data reporting requirements before launching the next cohort (see “Program Revisions,” p. 26).

Some final therapist comments:

I don't know of any other program that provides such in-depth training for therapists... The most valuable element was the access to the experts that ran the 2-day training, who also ran the consultation groups. Having direct access to their expertise and being able to consult with them helped me feel informed and more capable to treat this population.

I really appreciate the training and support we were offered and the way it translated into creating a greater sense of purpose in the clinical work.

I appreciated the peer consultation immensely. I think that JTSN has created a strong network of providers and it was amazing having the opportunity to interact with such skilled colleagues across the country.

Really explaining why this is a need, defining more the community of journalists, and being of utmost support to the therapists involved to feel comfortable and competent.

“

**I really appreciate the training and support we were offered, and the way it translated into a greater sense of purpose in the clinical work.**

”

**– Therapist trainee**

## **Journalist Outcomes**

### *Program Enrollment, Clinical Issues, and Outcomes*

Individuals were considered eligible for free therapy through the JTSN training program if they were professional journalists working within the past year; suffering from occupational stress or trauma associated with their work; located in a U.S. state where a JTSN trainee was licensed; agreeable with time-limited (vs. ongoing) therapy; and not actively suicidal, in acute crisis, or demonstrating active psychosis or substance-related impairment. (Crisis referral resources were provided to phone screeners.)

During the initial four months of the project when JTSN was open for referrals (June 15 - October 1, 2021), 80 individuals reached out to CPJ seeking a therapy referral. Of these, 47 (58.8%) were given referrals to JTSN therapist-trainees. Journalists were given up to six referrals, depending on availability of therapists, for the purpose of maximizing choice. Of these, 38 (80.9%) went on to schedule an intake with a therapist, most (74%) within a week of receiving referrals. Four journalists never

contacted a therapist, and five declined to schedule an intake citing scheduling problems. All journalists who attended an intake session went on to participate in therapy with that clinician.

The majority identified as female (66%) and white/non-Hispanic (71%), with others identifying as Black/African American or Caribbean, Asian, Middle Eastern, and multi-racial. Most journalists were staff reporters; six were freelancers. They covered diverse beats including politics, business, health, education, crime, environment, and human rights.

**The most common precipitant to journalists seeking therapy was severe or cumulative exposure to the suffering of others in the course of their work.**

The most common precipitant to journalists seeking therapy was severe or cumulative exposure to the suffering of others in the course of their work. Instances included exposure to police brutality, murder, sexual assault, and assault of children/child pornography. Approximately 20% of these exposures were in the form of digital graphic imagery that the journalist needed to review for a story. Organizational stressors (e.g., conflicts with managers, stressful team dynamics, racial injustice) were the next most common precipitating stressor. Other precipitating events included covering protests or civil unrest, in-person or online harassment, and physical attack on the job. 33 journalists (87%) met DSM-5 “Criterion A” for having experienced at least one traumatic event in their lives.

The most common clinical diagnosis at intake was secondary traumatic stress (n = 16, 42%). Additional diagnoses included post-traumatic stress disorder (PTSD) (n = 8, 21%) and major depression (n = 8, 21%). Others presented with clinically significant anxiety, workplace stress, burnout, feelings of institutional betrayal, and work-related guilt. Therapists also identified issues in need of treatment that were not directly occupation-related, including grief/loss, family issues, and relapse of a pre-existing mental disorder. While substance use problems were rarely reported at intake, program therapists identified 4 cases of substance abuse through the course of treatment (i.e., 11% of clients we have this data on, n = 36). Five journalists (13%) reported thoughts of suicide at the time of intake.

**No journalists dropped out of therapy prematurely, and none requested a change of therapist.**

#### *Use of Therapy and Symptom Change*

Journalist clients used on average 20 out of the 21 free sessions offered (range = 13-21, mode = 21). None dropped out of therapy prematurely, and none requested a change of therapist. Cancellations were not as common as anticipated, given the demands of breaking news: the majority of journalists cancelled between 0-2 appointments (not counting those that therapists were able to reschedule within the same week). However, a minority (n = 9, 24%) did cancel or miss between 4-6 scheduled sessions, a rate which may impede therapeutic outcomes. No patterns were found for these cases in terms of age, beat, or type of employment.

To assess the impact of therapy, therapists were asked to collect validated self-report clinical measures at the beginning and end of treatment. These included measures of anxiety, depression, stress, and post-traumatic stress disorder (PTSD) symptoms, as well as a measure of well-being<sup>8-10</sup>. Therapists either collected these during a session or allowed clients to complete them independently through a secure telehealth portal. All journalist clients completed baseline measures, and 32 (84%) completed post-treatment measures (therapists were instructed to send two reminders after the initial request to complete these measures).

**At intake, 68% of journalists met criteria for clinically significant distress, compared to 26% at the end of time-limited treatment.**

Treatment outcomes were highly encouraging. At intake, 26 journalists (68%) met criteria for clinically significant distress according to one or more of the study measures, compared to 10 (26%) at the end of time-limited treatment (20 or fewer sessions). Between 53-72% of the journalists showed statistically reliable improvement\*

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\* “Reliable change” (whether a change in an individual’s score is statistically significant, based on how reliable the measure is) is calculated by dividing the difference between “before” and “after” scores by the standard error of the difference. A score greater than 1.96 indicates scores reliably increasing, and a score lower than -1.96 indicates scores reliably decreasing (see Reliable Change Index, Jacobson & Traux, 1991). When available we also used validated clinical cut-offs for significant distress, as in the case of the PTSD Checklist for DSM-5.

Note: Case totals reflect significant change outside of the normal range of distress. E.g., if a baseline depression score was within the “normal range” (i.e., not clinically depressed) according to the DASS-21 questionnaire, and then improved to a statistically significant degree at the end of treatment but was still within the “normal range” according to this symptom measure, it was not coded as “reliable” symptom change. The same rule was applied if symptoms worsened but still did not meet the measure’s criteria for even a mild clinical level of distress.



on measures of PTSD, depression, anxiety, and/or stress. In terms of PTSD specifically, 10 out of 11 journalists who initially scored above the clinical cut-off for probable PTSD on a validated measure scored below that cut-off after treatment (indicating no probable PTSD). No journalists endorsed suicidal thoughts at the end of treatment (compared to 5 before treatment). Additionally, 35% of journalists showed a statistically reliable increase on a measure of subjective well-being, and 34% scored above the general population average after treatment (vs. 13% before treatment).

While results were overall very positive, six journalists (19%) evidenced *worsened* distress on one or more measures at the end of the JTSN-sponsored therapy session. Four of these six journalists experienced *both significant improvements on some measures and worsening on another*; for example, one showed significant improvements in anxiety, stress, and PTSD, but had a reliably worse depression score at the end of treatment. Two other individuals seemed to have increased symptoms at the end of treatment with no improvements in other symptoms (one with worse anxiety at the end of treatment, and one with worse depression and anxiety, and continued PTSD symptom elevation). Such patterns are not uncommon in trauma-focused treatment, especially when a person is exposed to multiple traumas across the lifespan or other life stressors occur over the course of treatment. Dart Center staff were able to follow up with the therapists of these cases for more information. In each case, therapists' clinical assessments agreed with the objective measures and helped to explain the findings. For example, in some cases a new source of distress (e.g. termination of job) or job-related trauma exposure had occurred during the course of treatment. In two cases, stronger depressive/grief symptoms emerged after the arousal

of PTSD and anxiety had significantly reduced. In addition, three of the six reported severe childhood trauma, which can predict a longer and less linear course of recovery. In all cases the therapist had either continued to treat the journalist in their private practice after the end of the 20 sponsored sessions or referred them to a new provider to continue care.

Twenty-seven journalists (71% of all beneficiaries) completed an anonymous satisfaction survey at the end of their treatment with a JTSN trainee.

### *Satisfaction with Referral Process*

By most accounts the referral process—from scheduling an initial screening with CPJ staff to attending a first appointment with a therapist—was efficient. Speed of connection to services met journalists' expectations and needs, and interactions with program staff were highly positive. Journalists retrospectively reported that they received a response from CPJ screening staff an average of 2.96 days after initiating contact (SD = 2.03, range = 1-7) and subsequently waited an average of 2.36 days (SD = 1.55, range = 1-7) to receive a therapist referral. Only one journalist felt their wait time to receive a referral (5 days) was too long. Journalists also acted quickly on their referrals: most therapy intake appointments were scheduled within one week of referral.

Most journalists were presented with a choice of 2-3 therapists. Reasons they chose the therapist they did varied widely, including the therapist having a specialty that the journalists found relevant to their issues (e.g. veterans, prisoners, children); a strong research focus; holistic mind-body practices; female gender; affiliation with a prestigious training institution; physical proximity (in case in-person sessions were desired post-COVID); and schedule flexibility. Others mentioned the demeanor of the therapist on the

initial call. The lack of a pattern in these responses supports our starting assumption that journalist clients as a group are best served by a pool of clinicians with a variety of backgrounds and expertise, as well as scheduling flexibility.

### *Satisfaction with Therapy*

Overall, journalist satisfaction with therapy was extremely high, with an average rating of 4.81 on a scale of 1-5, and similarly excellent ratings on items related to the therapeutic relationship (mean = 4.89), the results of therapy (mean = 4.72), and therapist sensitivity to diversity issues relevant to the client (mean = 4.85). Particularly relevant to this pilot, journalists also highly rated their therapist's knowledge and sensitivity to journalism occupational culture (mean = 4.50) and digital safety issues (mean = 4.93). One journalist provided lower-than-average scores across all items, stating that they felt their therapist was not directive enough, and was also understandably disappointed that they were not provided a therapist of color, as they had requested. The other 26 respondents said they would recommend their therapist to other journalists.

**Overall, journalist satisfaction with therapy was extremely high... [and] the results of psychological measures largely supported the efficacy of time-limited therapy.**

An empirical question of this pilot project was whether, or for what proportion of journalists, time-limited therapy (20 sessions over 6 months) would be sufficient to provide clinically significant benefits. As described above, the results of psychological measures largely supported the efficacy of time-limited therapy. In satisfaction surveys,

feelings about the time limit were mixed. Six journalists (22.2%) were fully satisfied with the 20-session frame, reporting that this was enough to accomplish the goals they had for seeking therapy. The majority, 18 journalists (66.7%), felt that therapy was helpful and enough to accomplish *some of* their goals, but felt they could have continued gains through more therapy. Three individuals felt 20 sessions was not enough to significantly improve their problems.

### *Post-Treatment Disposition and Care Planning*

At the end of the 20 JTSN-sponsored sessions, about one-third (31%) of client-therapist pairs decided to continue to work together in fee-for-service treatment. Ten journalists (27% of the whole sample) were given referrals for individual and/or couples therapy with other providers in the community. The remaining journalists (34%) “graduated” from therapy with informational resources to connect them with support in the future as needed.

Example comments from journalist clients at the end of their free sessions:

I am so grateful for this program and would recommend it to any other journalist. My therapist was very aware of the unique challenges facing journalists, which helped in our sessions, because I didn't feel like I had to explain my work.

Thank you so much for this program. It truly radically changed my life and approach to my work for the better. In my personal life, I am happier, more confident and significantly less anxious.

Thank you so much for this program... 20 sessions were enough to triage some of my more deeply disruptive trauma symptoms. This has made a huge impact in my life and I now feel my resiliency is increased and I can stay in journalism longer.

The JTSN therapy program made an invaluable difference in my life and career at a time when I needed help to process work-related trauma. Therapy also

equipped me with strategies on how to handle difficult work situations in the future. I could not have paid for six months of sessions on my own. I believe this is an incredible resource for journalists and hope that it will continue to exist.

These sessions changed my life, saved my life. Thank you.

The JTSN program helped me overcome numerous work-related challenges, leading to a dramatic improvement in my reporting abilities and self-confidence... I feel motivated again, and have found a way to enjoy life outside of work for the first time in years. Seriously, thank you so much for this program and the work that you do.

I could not be more grateful to this program. This helped me address years of trauma associated with reporting experiences. My PTSD symptoms drastically reduced over the 20 sessions.

I feel like a completely different person after this round of therapy.

“

**The JTSN therapy program made an invaluable difference in my life and career at a time when I needed help to process work-related trauma. Therapy also equipped me with strategies to handle difficult work situations in the future.**

”

**– Journalist client, Cohort 1**

## Program Revisions

Based on the success of the 2021 JTSN program pilot, only minor revisions were made based on therapist and journalist feedback. These included:

Program Feature	Revision
Therapist recruitment	Applications were opened to all mental health licenses (expanding beyond pilot requirement of doctoral degree) to attract qualified therapists from diverse backgrounds who may also offer lower fees in their private practice.
Initial Training Webinar	More time was allocated for additional topics/depth of discussion as requested by therapist trainees (e.g., differences across types of journalistic roles, additional intervention strategies tailored for journalists, and more discussion about intersectional identities).
6-Month Training Program	<ul style="list-style-type: none"><li>• Peer Learning &amp; Support Groups: Referral matching would begin earlier so every group meeting includes case consultations; increase group structure through stimulus questions; more proactive facilitator support with case termination and ongoing referrals.</li><li>• Consolidated data reporting process to reduce trainee burden.</li><li>• New payment system established for more timely remittance of therapy fees</li></ul>

## Early Impact Data: Public Use of the JTSN Therapist Directory

Out of the 22 pilot trainees, 19 therapists agreed to be listed on the public-facing JTSN Therapist Directory upon graduation (2 more added their profiles later that year). We did not widely advertise the Directory because of its limited size, but partners such as CPJ planned to use it as a referral resource. We surveyed the pilot therapists at two timepoints over the subsequent year to see whether they were being contacted by journalists through the Directory, and whether successful referrals were resulting. Surveys were sent in July 2022, 8 months after “graduation,” and again in February 2023, 4 months after the end of the last JTSN-sponsored case.

Based on limited survey responses, in the year after the 2021 pilot class, 65 journalists reached out for therapy through the Directory (mean = 2.6 per therapist, range = 0-5). This is likely an underrepresentation\*. Of these, 38 were staff journalists and six were freelance; the rest were unknown. Most were referred by CPJ (n = 31), followed by internet search (n = 14), and employer or colleague/friend (each n = 6). All referrals were considered appropriate by the therapists who were in contact with them. 41 journalists (63% of those who reached out) were offered therapy; 16 (25% of therapy seekers) went on to engage in therapy. 25 journalists (39% of those who reached out) were not able to engage in therapy due to inability to pay therapy fees. In addition to new referrals, 13 journalists who were seen as training cases continued or resumed therapy with their JTSN therapist after the program was over.

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\* The survey response rate was moderate for the first survey (n = 18, 68%), and relatively low for the second time point (n = 7, 32%). Therefore, results likely underrepresent the number of journalists who have reached out to the JTSN network.

These results, taken together with the successful pilot of the JTSN training model, were highly encouraging. The data suggest that professional journalists will reach out to specialty-trained therapists whose profiles they can view privately through the website, and that these therapists are interested in accepting journalists into their practices. Successful therapy matches are resulting. Barriers remain, including 1) many journalists either cannot afford therapy or are ambivalent about the expense (both the money and time needed to apply for insurance reimbursement); and 2) more therapists are needed in the Directory to meet the needs of the population and to offer sliding scale slots.

We were eager to test the program revisions with a second cohort of therapists, with the primary goal of increasing the membership of the JTSN Therapist Directory. With a substantial referral resource available, we hope our partners in journalist support services can attract more funding for therapy grants and that news corporations may also be encouraged to allocate financial resources for therapy when it is needed for occupational health and safety.

## **From Pilot to Rollout: Cohort 2**

In 2022, with funding from the Open Society Foundations, the Dart Center partnered with the International Women's Media Foundation (IWMF) to pursue the mutual goal of facilitating journalists' access to mental health resources. IWMF staff assumed the role of frontline access point for journalists who were seeking free therapy, screening journalists for eligibility and then connecting them to JTSN services or to



alternate referral resources. IWMF also directed some of their own funds that were earmarked for underserved journalist groups to JTSN therapy dyads.

## Cohort 2 Results

The 2023 JTSN training round replicated the major results of the pilot program: Seventeen therapists were selected out of 30 applicants, according to the priorities described on pp. 9-10. In terms of therapist demographics, approximately half (n = 9) identified as white and non-Hispanic, and 8 therapists identified as either Black, Middle Eastern-North African, Puerto Rican, and Asian American. Two identified as male, the rest female. They all had extensive training and professional experience providing treatment for PTSD and other traumatic distress and collectively held clinical licenses serving 44 U.S. states.

Twenty-eight journalists were matched with therapists-in-training (out of 59 who

**The 2023 JTSN training round replicated the major results of the pilot program.**

reached out during the 3.5-month enrollment period).

Of these, 27 journalists entered treatment with the therapist they met at intake, and none subsequently requested a change of therapists.

Journalist clients were located in 7 U.S. states. Most identified as female (n = 20), the rest male (n = 7). In terms of race and ethnicity, 11 identified as white and non-Hispanic, 5 were Black/African American, 1 Caribbean, 6 Asian, 1 Middle Eastern/North African, and 3 were undisclosed. Most (n = 20) were staff employees, and 7 were freelancers. Among them they covered 15 different beats.

### ***Therapist Satisfaction (Cohort 2)***

Therapist satisfaction scores on the revised training were similarly high to the first cohort. For the baseline webinar training, average scores (on items assessing quality, information, usefulness, attention to diversity, organization, and effectiveness of each trainer) ranged from 4.59 - 4.92 out of 5, with a modal score of 5 and an “training overall” average score of 4.71. No critical comments were offered, aside from one participant who said they would have preferred in-person training.

Regarding the referral process, after making some changes based on pilot feedback (described above), the second cohort expressed uniform satisfaction regarding efficiency of referrals. In all but one case (26/27), therapists considered their referrals to be appropriate for training cases. (The outlier, according to the therapist, had “a long history of complex PTSD which made it difficult to work in a [time-limited] model.”)

Therapists in the second cohort highly valued the resources provided in the six months of training after the baseline webinar—including the continuing education newsletter, the availability of staff for questions and individual consultation, and the peer consultation model of the program—and generally felt significantly better prepared to work with journalist clients as a result of the training. Regarding the consultation model (a core component of the program), clinicians mostly gave high ratings for their consultation groups on measures of usefulness, supportiveness, and sensitivity to diversity (mean = 3.47 - 3.76 on a 1-4 scale, SD = 0.56 - 0.72, range = 2 - 4, with a modal score of 4). We did receive feedback from a therapist who had concerns about how issues around racial diversity were handled in their group; this led to several

conversations among program staff, and the program director identified and has begun consulting with an outside clinician educator specializing in diversity, equity, inclusion, and belonging in healthcare. Several therapists wished that consultation groups could continue beyond the prescribed program period (which we will consider, depending on available funding).

At the end of training all but one clinician submitted their profiles to be listed in the public-facing JTSN Therapist Directory to be contacted directly by journalists seeking therapy.

Example therapist comments from the second cohort:

The program has been fantastic. The training at the beginning of the program, monthly consultation groups, availability of staff, newsletters and general communication have been phenomenal. The staff is also open to feedback and constantly trying to improve the program.

I felt super supported by amazing and passionate leaders. The therapists you selected to be a part of the program were exceptional and I am grateful to have been trained with them. Will continue those relationships!

The program has been very well organized and clear. I greatly enjoyed the training and exposure to this population. I believe in the mission of the program and feel excited about participating to help this population that is typically underserved by MH services. The training and breadth of experiences of fellow clinicians was very impressive, which lent itself to thoughtful and productive consultation group sessions. I felt supported by JTSN/DART staff throughout, and appreciated their positive interfacing with trainees. Also the billing/payment has been seamless!

### ***Journalist Use of Therapy and Treatment Results (Cohort 2)***

Journalists used an average of 19 out of their 21 sponsored sessions, and only one dropped out of treatment early (after multiple discussions with the therapist where the journalist cited difficulty making time for therapy and expressed ambivalence about

committing to a therapeutic process.) Again, frequent cancellations was not a common problem with these clients: most cancelled 1-2 times or were able to reschedule their appointment within the week. However, a minority of five journalists (19%) canceled more often, between 3-7 times, potentially inhibiting the progress of therapy.\* The most common reason for cancellations was work-related (breaking news/travel).

Before treatment with their JTSN therapist, 7 journalists (26%) had clinically significant symptoms of major depression, 5 (19%) displayed clinically significant symptoms of anxiety, 7 (26%) showed signs of clinically elevated stress, and 7 (26%) scored above a validated cut-off for probable PTSD. While no journalists reported substance abuse as a problem at intake, in two cases therapists subsequently reported that substance abuse emerged as a likely clinical issue. Three journalists acknowledged thoughts of suicide at intake.

Therapists were able to collect clinical outcome data from 74% (n = 20) of the clients at the end of treatment. Again, outcomes were very encouraging. Average distress scores came down on all measures from intake to the end of therapy, with between 25-45% of journalists demonstrating statistically reliable improvement on measures of psychological distress. Whereas a total of 13 (48%) of the journalists met criteria for clinically significant distress on one or more measure at intake, only 5 (19%) did at the end of brief treatment (e.g., 5 out of the 7 individuals who initially scored above the cut-off for probable PTSD scored within the normal range of psychological

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\* We queried the therapists about the three cases that canceled frequently (5-7 times). Two described journalist ambivalence about fully engaging in therapy from the outset (i.e., no external factors explained the absences, and the journalists had previously expressed uncertainty about committing the time or “opening up” in therapy). The third noted a mix of illness and changing work schedule and did not perceive this as a function of treatment avoidance.

functioning after treatment). No journalists endorsed suicidal thoughts at the end of treatment, compared to three at intake. Additionally, 40% of journalists showed a statistically reliable increase on a measure of subjective well-being at the end of JTSN-sponsored sessions.

A small minority (three journalists) exhibited worsened symptoms on one or more measures at the end of sponsored sessions. In two of these cases, therapists believed that current distress was associated with a new stressor (job loss in one case, outbreak of two wars triggering war-related childhood trauma in the other); in the third case, stress and anxiety went down significantly, but depression rose related to an ongoing family problem. All three cases continued with their JTSN therapist after the end of sponsored sessions.

### ***Journalist Satisfaction (Cohort 2)***

Sixteen journalists (59%) completed a satisfaction survey at the end of treatment. All of them were satisfied with the ease and speed of connection with services, and 80% made contact with a therapist within 3 days of receiving the referral. With the exception of one client, ratings were uniformly high (4-5 out of 5) on measures of the therapeutic relationship, the results of therapy, therapists' sensitivity to issues of clients' diverse identities and occupational culture, and digital security competency. (The single outlier reported that their therapist was not directive/did not challenge them enough, and was also understandably disappointed that the program was not able to provide a therapist of color in their state at the time that they requested care.) In terms of overall satisfaction with therapy, the remaining 15 journalists gave a rating of 5/5 ("very satisfied") and said they would recommend the therapist to other journalists. Most

journalists (n = 13) said 20 sessions was enough to accomplish some or all of their goals for therapy, while 3 journalists felt it was not enough sessions.

“

**These sessions were life changing. I was able to, for the first time in my life, work on some things related to trauma that I didn't know I hadn't fully dealt with. By working on that I was able to move forward with current work that itself was traumatic to approach.**

”

**– Journalist client, Cohort 2**

Again we received many positive comments from journalists. Two examples:

I cannot thank you enough for this program. I absolutely would not have been able to afford six months of weekly therapy without JTSN. I was able to deal with immediate work stress and learn strategies that will help me in the future. Finding a competent therapist can be so hard, but the combination of screening and training done by JTSN provided me with a wonderful therapist on the first recommendation. I have already recommended this program to people at my workplace who mention they are dealing with a lot of stress. I feel so lucky to have been a part of this and I hope the program continues. Thank you from the bottom of my heart.

I don't say this lightly, but these sessions were life changing. I was able to, for the first time in my life, work on some things related to trauma that I didn't know I hadn't fully dealt with. By working on that I was able to move forward with current work that was itself traumatic to approach. I also know how to approach work like this in the future. Beyond my initial reason for seeking out this resource, I was able to work on a number of connected things related to my work. I think this could be one of the best resources for a journalist (covering difficult stories) to

have at their disposal. The speed my request was processed was amazing as well. Please do not stop offering this to journalists.

(Note: A summary of outcome data from this pilot program, combined with data from a second training cohort, is presented in Tables 1-6 and Figures 1-2, pp. 39-45.)

## Conclusions and Recommendations

In its first two years (2021-2023) the JTSN project trained 39 clinicians, provided free mental health treatment to 65 journalists, and tested and revised a training model designed to increase capacity in the psychotherapy community to better support journalists in need. A pilot and revised version of the program confirmed our impression that many journalists are struggling with mental health issues related to heightened occupational pressures as well as cumulative impacts of years of trauma exposure through their profession. Specifically, 60% (39 out of 65) of participating journalists met the criteria for clinically significant distress on validated measures prior to treatment, while many also described symptoms of secondary trauma, moral distress, burnout, and grief which may not be captured by these measures. A minority (9%,  $n = 6$ ) acknowledged using substances to excess. The JTSN program demonstrated outstanding results in terms of creating an efficient, trauma-sensitive, and discrete referral pathway for journalists (via partnerships with CPJ and IWFMF). It produced impressive clinical outcomes through time-limited therapy with these cases, including reducing rates of clinically significant PTSD, depression, anxiety, and stress from a combined 60% to 23% among the journalists treated (with 68% of the journalists demonstrating significant improvement on at least one distress measure). It also earned high satisfaction ratings from both the therapists trained through the program and the

journalists who received their therapeutic support. Another concrete result of these trainings is that the JTSN Therapist Directory is now populated by 37 Dart Center-trained therapists and is accessible to all U.S.-based journalists.

**A pilot and revised version of this program confirmed that many journalists are struggling with mental health issues related to heightened occupational pressures as well as years of cumulative trauma exposure... and that therapy with a specialty-trained clinician helps to relieve journalists' symptoms and improve their coping skills and sense of well-being.**

The findings of our program evaluation provided strong affirmative evidence in terms of each of our research questions: namely, that journalists will reach out for mental health support if there is a clear referral pathway; that we can find and train excellent trauma-trained clinicians to work with them in a culturally competent way; that the large majority of journalists will engage in regular therapy; and that therapy with a highly skilled and specialty-trained clinician helps to relieve journalists' symptoms and improve their coping skills and sense of well-being. Journalists' comments also suggested that, by being provided with this service, they felt cared for and valued.

Journalists' need for mental health care resources remains significant. Our goal is to train two additional clinician cohorts in the U.S. to build our network to close to 100 U.S.-based clinicians who receive continued guidance and support from the Dart Center; and to study the impact of therapy on journalist job performance (in addition to continuing to track mental health impacts). By supplying this community of support, we believe we will substantially improve access to appropriate care for U.S. journalists.



Next steps also include adapting and scaling the program internationally in collaboration with local and regional partners. Global adaptation requires not only addressing language and culture differences but also functional differences in referral pathways, clinical qualifications, and medical systems in different nations and regions.

Notably, our follow-up surveys also suggest that a large proportion of U.S. journalists who reach out for treatment (39% according to JTSN therapists) are unable to afford market-rate services. We have anecdotally observed that even with insurance reimbursements and sliding scale services, therapy fees are often still out of reach for journalists.

Having specialty-trained psychologists to provide culturally appropriate care to journalists is a crucial arm of an appropriate response to the mental health needs of this workforce. Other necessary factors include trauma-informed management policies, structures for peer support, and institutional as well as philanthropic funding support for specialty mental health care. It is our hope that by providing a reliable source of excellent care, we can encourage continued and increased investment in each of these crucial areas of journalist support.

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## Tables And Figures: Combined Outcome Data for Two Therapist Cohorts and 65 Journalist Cases

The following summarizes combined program-evaluation and outcome data from the first and second training cohorts, including 37 therapists and 65 journalists. (Alternate tables separated by cohort are available upon request.)

**Table 1**

Journalist Demographic Characteristics (*N* = 65)

Variable	<i>n</i>	%
Age (years)		
30 or younger	24	36.9
31-40	30	46.2
40-60	11	16.9
Gender		
Female	46	70.8
Male	16	24.6
Non-binary	3	4.6
Race		
White/European American	38	58.5
Black/African American or Caribbean	9	13.9
Asian	8	12.3
Middle Eastern	2	3.1
Multi-racial	1	1.5
Undisclosed	7	10.8
Ethnicity		
Non-Hispanic	53	81.5
Hispanic	1	1.5
Undisclosed	11	16.9

**Table 1** (continued)

Variable	<i>n</i>	%
Sexual Orientation (reported for <i>n</i> = 46)		
Heterosexual	41	89.1
Bisexual	2	3.1
Lesbian	1	2.2
Queer	2	3.1
Role		
Staff	52	80.0
Freelance	13	20.0
Beat		
Social issues	10	15.4
Politics	9	13.9
Generalist/local daily news	7	10.8
Business/economics	5	7.7
Health/mental health	5	7.7
Human rights	4	6.2
War	3	4.6
Environment	2	3.1
Education	2	3.1
Crime	1	1.5
Energy	1	1.5
Sports	1	1.5
Corruption	1	1.5
Culture	1	1.5
Other	10	15.4
Unknown	3	7.9

**Table 2**

Therapy-Precipitating Events and Presenting Problems at Intake (Up to Two Reported Per Client) (*N* = 65)

Variable	<i>n</i>	%
<b>Events/Precipitants</b>		
Secondary trauma (exposure to suffering of others)	27	41.5
Not occupation-related	26	40.0
Organizational stressors	24	36.9
Exposure to graphic imagery	11	16.9
Covering protest/civil unrest	7	10.8
In-person harassment or threat	6	9.2
Witnessing murder, police brutality, torture, etc.	5	7.7
Witnessing or learning about sexual assault/violence	3	4.6
War/mass civil conflict/genocide/other mass violence	2	3.1
Physical attack (other than sexual assault; self)	1	1.5
Disaster (natural or man-made)	1	1.5
Death of a colleague	1	1.5
Other	3	4.6
<b>Presenting Problems</b>		
Workplace stress or burnout	27	41.5
Secondary/vicarious trauma symptoms	21	32.3
Anxiety	12	18.5
Depression	11	16.9
PTSD	10	15.4
Family issues	10	15.4
Grief/loss (not occupation-related)	7	10.8
Relationship issues	7	10.8
Work-related ethical dilemma/moral injury-guilt type	7	10.8
Feelings of institutional betrayal	6	9.2
Relapse of another pre-existing disorder	2	3.1
Substance abuse	1	1.5
Other	6	9.2

*Note.* Proportions do not add up to 100% because therapists were asked to identify up to two primary precipitating events/presenting problems per client.

**Table 3**Therapist Evaluations of Initial Webinar Training (*N* = 37)

Item	Mean (1-5)	SD	Mode	Range
How would you rate this training overall?	4.87	0.41	5	3-5
How much did you learn as a result of this training?	4.67	0.87	5	1-5
How useful was the content for your practice/ professional development?	4.77	0.63	5	2-5
Quality of information (current, well-organized, matched education/skill level, met expectations)	4.79-4.90	0.31-0.70	5	1-5
Quality of instruction (met learning objectives, quality of technology, presenters' knowledge and preparation, visual aids and resources)	4.82-4.95	0.22-0.39	5	4-5
Training material included consideration for cultural, racial, ethnic, socioeconomic, gender differences	4.77	0.48	5	3-5
Overall quality of presenters	4.90-5.00	0.00-0.32	5	3-5
"I would recommend this training to others."	4.87	0.41	5	3-5

*Note.* Table includes some aggregated items, indicated by parentheses. Score interpretations: "Training overall": 1 = "Terrible"; 5 = "Excellent." "Learning": 1 = "Very little"; 5 = "A great deal." "Useful": 1 = "Not useful"; 5 = "Extremely useful." All other scales: 1 = "Strongly disagree"; 5 = "Strongly agree."

**Table 4**Therapist Evaluations of Other Training Tools and Program Overall (*N* = 37)

Item	Mean	SD	Mode	Range
<b>Peer Learning and Support Groups</b>				
Usefulness (score range: 1-4)	3.30	0.85	4	1-4
Supportiveness (1-4)	3.62	0.55	4	2-4
Sensitivity to diversity issues (1-4)	3.70	0.52	4	2-4
<b>Independent study materials</b>				
How much did you consume? (1-5)	3.12	0.91	3	2-5
<b>Program overall</b>				
Overall, how well did the training prepare you to work with journalist clients? (1-5)	4.24	0.80	5	3-5

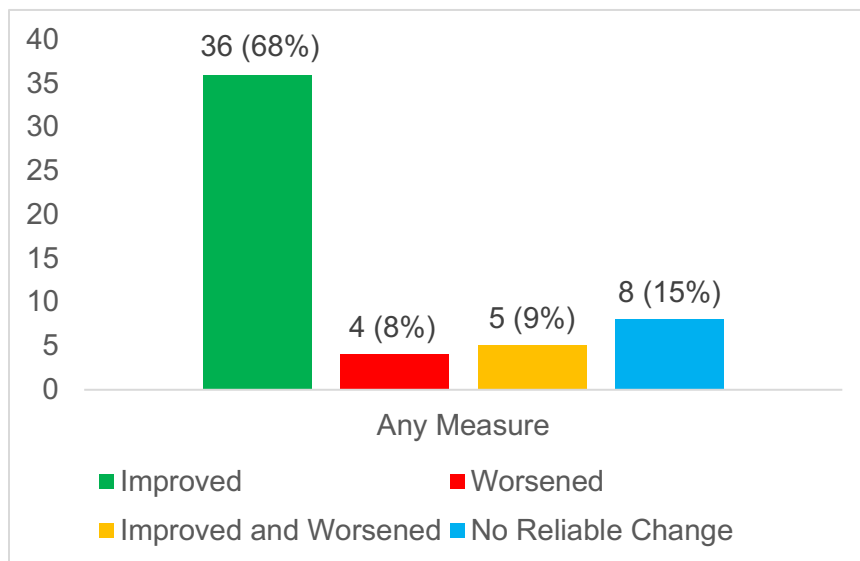
*Note.* Score interpretations: "Usefulness": 1 = "Poor use of my time"; 4 = "Highly useful." "Supportiveness": 1 = "Unsupportive/harmful"; 4 = "Highly supportive." "Sensitivity": 1 = "Insensitive/harmful"; 4 = "Highly sensitive." "Newsletter": 1 = "I consumed very little/none of the material"; 5 = "I consumed most or all of each month's material." "Program Overall": 1 = "Confusing/misleading/unhelpful"; 5 = "I feel very well prepared to work with journalist clients due to the training."

**Table 5**Journalist Use of Therapy (*N* = 65)

Item	Mean	SD	Mode	Range
Number of sessions used (out of 21 offered)	19.64	2.74	21	4-21
Number of sessions canceled or missed by journalist	2.09	1.86	2	0-8
Early drop-out from therapy	1 case	N/A	N/A	N/A

**Figure 1**

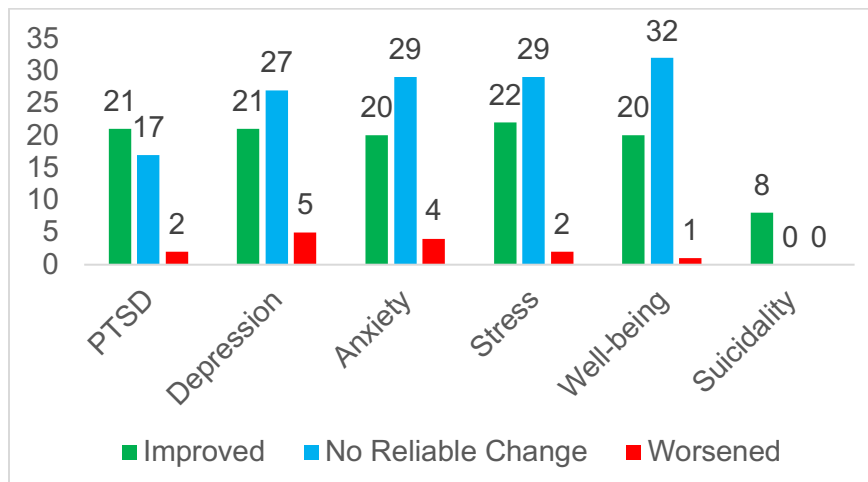
Number of Journalists Who Experienced Reliable Symptom Change ( $N = 53$ )



*Note.* “Reliable change” (whether a change in an individual’s score is statistically significant, based on how reliable the measure is) is calculated by dividing the difference between “before” and “after” scores by the standard error of the difference (Jacobson & Traux, 1991). Sample = the 53 journalists who completed symptom measures before *and* after treatment (81.5% of the full sample).

**Figure 2**

Reliable Change in PTSD ( $N = 40$ ), Depression, Anxiety, Stress, Suicidality, and Well-being Measures ( $N = 53$ )



*Note.* “Reliable change” (whether a change in an individual’s score is statistically significant, based on how reliable the measure is) is calculated by dividing the difference between “before” and “after” scores by the standard error of the difference (Jacobson & Traux, 1991). Sample = the 53 journalists who completed symptom measures before *and* after treatment (81.5% of the full sample). For PTSD we only analyzed the subset that reported a traumatic event (according to DSM-5 criteria),  $n = 40$ .



**Table 6**Journalist Satisfaction with Therapy ( $N = 43$ )

Item	Mean (1-5)	SD	Mode	Range
Therapeutic relationship <sup>a</sup>	4.87	0.34	5	3.3-5
Results of therapy <sup>a</sup>	4.76	0.52	5	2.5-5
Therapist sensitivity to diversity issues	4.84	0.48	5	3-5
Therapist sensitivity to occupational culture	4.63	0.72	5	2-5
Therapist digital safety knowledge/precautions <sup>b</sup>	4.91	0.29	5	4-5
Overall satisfaction with therapy <sup>a</sup>	4.81	0.66	5	2-5
	Yes	No/No answer		
Would recommend therapist to others <sup>1</sup>	40	3		

*Note.* Score interpretations: 1 = “Strongly disagree”; 5 “Strongly agree” or 1 = “Strongly dissatisfied”; 5 = “Very satisfied.”

<sup>a</sup> Measured with permission using Client Counselor Feedback Form (CounselingResource.com, 2003).

<sup>b</sup>  $N = 23$ ; 20 stated that digital security concerns were not applicable to them.