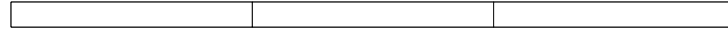


INTRODUCTION TO CE- CERT: SKILLS FOR REDUCING BURNOUT AND SECONDARY TRAUMATIC STRESS

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SELF-CARE IS PROFESSIONAL COMPETENCY

Reduce secondary traumatic stress by gaining skills to process the work *as you do it* in healthier ways.



WHAT IS SECONDARY TRAUMATIC STRESS?

Secondary Traumatic Stress (STS)

"The emotional duress that results when an individual hears about the firsthand trauma experiences of another."

(National Child Traumatic Stress Network, n.d.)

BURNOUT VS. SECONDARY TRAUMATIC STRESS

- **Burnout** can include mental or emotional exhaustion, overwhelm, supervisory frustrations, and/or reduced sense of accomplishment
- Burnout can develop as a result of **occupational stress within any field**
- **Secondary traumatic stress (STS)** is a reaction to the trauma content within your work

SIGNS OF SECONDARY TRAUMATIC STRESS

Mood:

- Difficulty talking about their feelings or how the work impacts them
- Free floating anger and/or irritation
- Diminished joy toward personal accomplishments or things they once enjoyed

Physical:

- Over- or under-eating
- Sleep impacted by clients
- Muscle tension

Changes in thinking:

- Intrusive thoughts of one's personal trauma history or clients with especially severe trauma histories
- Fears that every situation will turn into a traumatic event
- Self-destructive thoughts regarding capabilities/responsibilities

SIGNS OF SECONDARY TRAUMATIC STRESS

Changes in work behavior:

- Poor concentration
- Staff conflict, poor communication, lack of collaboration
- Blaming clients, loss of ability to conceptualize clients
- Increased errors at work, avoidance of work, over-involvement in work
- Superhero behavior, blaming others
- Change in motivation, timeliness, feeling exhausted by the work more than filled

Change in feeling and coping:

- Feeling as if alcohol or other substances are needed to cope
- Social withdrawal
- Pessimism, disconnection, disproportionate anger
- Constantly feeling indifferent, apathetic

RISK FACTORS

- Personal trauma history, working with clients whose stories mirror your own
- Isolation
- Overworked—time or case load
- Limited professional experience, lack of training in vicarious trauma and/or resources to perform work
- Working with marginalized populations and individuals

ASSESSING AND TAKING CARE

- Shift our thinking to *when* not *if* secondary traumatic stress happens to me
- Destigmatize within our teams and organizations
- Individual, supervisory, and organizational responsibility to reduce frequency and intensity of STS

Assessing and Taking Care

- Regularly assess ourselves
 - Increase skills for during work
 - Utilize supervision
 - Work-life balance
 - Access resources when needed
- Supervisors
 - Reflective supervision
 - Training for teams
 - Proactive response
- Organizational
 - Time to do, time to reflect
 - Flextime scheduling
 - Physically safe spaces
 - Culture around STS
 - Resources: EAPs, access to support groups, training

MYTHS ABOUT WELLNESS AND SECONDARY TRAUMATIC STRESS

- Empty your cup at work, fill it up on your own time
- Work and personal life can and should be permanently separated
- Feeling less is the secret to being resilient
- Twisted boundaries, "Don't work harder than your client"
- Compassion is a finite resource

COMPASSION FATIGUE IS A MISNOMER



COMPASSION FATIGUE IS A MISNOMER

- **Compassion is a renewable resource**
- Even after our most tiring days, one thing people often look forward to is going home to someone or something they love
- The job isn't hard because we lack compassion
- **Compassion is a skill not a virtue**

COMPASSION SATISFACTION

"Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society."

(National Child Traumatic Stress Network, Secondary Traumatic Stress Committee, 2011)

**COMPONENTS
FOR ENHANCING
CAREER
ENGAGEMENT
AND REDUCING
TRAUMA**

- Evidence-informed
- Skills-based
- Goal is conscious oversight

(Miller & Sprang, 2016)

EXPERIENTIAL ENGAGEMENT

- What do I do with the difficult feelings from this work?
- Reframing and sitting with the discomfort of the challenges in this work
- Reframe success

EXPERIENTIAL ENGAGEMENT

- Anger towards those who cause harm
- Seeing the physical effects of abuse
- Frustration and fear around clients returning multiple times
- De-escalation and clients who need more skills than you have
- System failures

EXPERIENTIAL ENGAGEMENT

- Recognizing feelings
- Honoring them
- Focus on internal reaction more than client behavior
- Leaning in to being with people, opening up to the experience
- **“What do I do with the hurt?”**

REFLECTION

- What are some ways I can be honest with myself about intense and uncomfortable feelings about this work?
- How can I build naming my feeling into my day?
- What situations do I avoid the most, and which can I open myself up to?

REDUCING RUMINATION

- Replaying difficult moments from the work day or client challenges
- Containment and “letting it pause”

REDUCING RUMINATION

- What if they go back?
- What should I have said differently to the child welfare worker?
- Did I push too hard to leave?
- Did I convey the safety risks appropriately?

REDUCING RUMINATION

- Recognizing
- Anchoring/containing/quick note
- Social engagement
- **ACES** (the good kind)
 - **A**ction-oriented
 - **C**oncrete
 - **E**xperiential
 - **S**pecific

REFLECTION

- What is it like when I try to permit myself to let it go? Do I feel guilty, unable?
- “Is there anything I need to do about this right now?”
- What are my best ACEs?

CONSCIOUS NARRATIVE

- Every day we tell ourselves a story about our work- we must choose whether that is intentional or not, helpful or not

CONSCIOUS NARRATIVE

- Nothing I do matters
- The system is broken

- There will always be harm, but it does not have to be to the same person or by the same person
- A body with 4 legs and no fingers would not be effective

CONSCIOUS NARRATIVE

- What is your **WHY?**
- Before work/experiences
- During
- After (consolidation)
- Wrapped in is a desire to grow professionally and a belief in mastery

REFLECTION

- Which of the narratives speak to you the most? Before, during, or after?
- Which is the hardest to find joy in? Who do I work with that I can talk to about this?

REDUCING EMOTIONAL LABOR

- **What is the real emotional labor?**
- Research on nurses in emergency departments

REDUCING EMOTIONAL LABOR

- Curiosity
- Radical empathy and candor
- Commitment to being true and helpful
- Congruence

REDUCING EMOTIONAL LABOR

- I don't know how this will turn out
- I didn't expect this to go so poorly
- Demonizing the person causing harm ignores the very real positive experiences survivors may have with that person
- *You can be deeply compassionate without being deeply depleted.*

REFLECTION

- How do you know the difference between common enemy and common goal?
- What do I need to radically accept about this work? Is it about the systems, the people we serve, or something else?

PARASYMPATHETIC RECOVERY

- Time in fight or flight
- Hotline ringing, clients who no-show, high volume walk-ins

PARASYMPATHETIC RECOVERY

- Mindfulness, grounding
- Movement
 - Stretching
 - Walking
 - Screen break

PARASYMPATHETIC RECOVERY

- **Time to do and time to reflect**
 - Organizational responsibility
- Team approach
- Time off
- Finding your person

REFLECTION

- Where or how can I build this in to my day?
- What are some ways I protect my work-life balance?

SUMMARY

- Experiential engagement-
stay with it
- Reducing rumination- *set it down*
- Conscious narrative-
control your meaning
- Reducing emotional labor-
be true and helpful
- Parasympathetic recovery-
rest is necessary

WRAP UP

Categories of STS Symptoms

- Intrusive thoughts
- Avoidance
- Altered cognitions (changes in reasoning, feelings)
- Arousal

Skills for caring for STS

- Letting your feelings digest
- Reducing intrusion/rumination
- Bridging your WHY with altered cognitions
- Addressing arousal through parasympathetic recovery
- Promoting social connection

THANK YOU

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