

# **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
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# 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

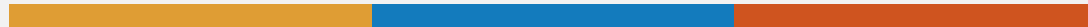
# Assessing and Taking Care

- 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
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# 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



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- **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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