



## Well@Work Podcast

### Episode 1: Secondary Traumatic Stress

Welcome to the Well@Work podcast from the University of Kentucky Center on Trauma and Children. This podcast is being brought to you by a grant from SAMHSA to the Department of Behavioral Health. On this episode of the podcast, Dr. Ginny Sprang discusses secondary traumatic stress and what you can do to mitigate its effects. And now Dr. Ginny Sprang.

Hello, I'm Dr. Ginny Sprang, professor of psychiatry and executive director of the UK Center on Trauma and Children. I'm the past chair of the Secondary Traumatic Stress Committee for the National Child Traumatic Stress Network and principal investigator of the Secondary Traumatic Stress Innovation and Solutions Center. That's relevant because today's Well@Work podcast is on secondary traumatic stress. Now we all know that responding to a crisis like COVID-19 can be both rewarding and stressful, but this pandemic is not just a professional challenge, there's no escaping the realities of what it means to stay healthy at home, keeping our families and ourselves safe as well as physically and emotionally healthy. Understanding the stress you may be experiencing will help you stay well and allow you to withstand the uncertainty of this pandemic. Now, you've certainly heard of post-traumatic stress disorder, this is a set of symptoms that occur following exposure to a traumatic event that might threaten your life, your body, or your integrity, or that of someone you love.

A traumatic event might also include witnessing one of these things happening to someone else. We now have several decades of research that has revealed that chronic indirect exposure to serious threats to others can also qualify as a traumatic event and lead to PTSD symptoms. In fact, the Diagnostic and Statistical Manual 5th edition, you know this as the DSM-5, includes indirect exposure to adverse details of traumatic events during the course of our professional duties as a traumatic event that can lead to post-traumatic stress symptoms. Some of the sources for health and behavioral health professionals may include: hearing graphic details of others trauma experiences, seeing the after effects of violence and trauma, witnessing human suffering that you feel you may be ill-equipped or unable to lessen, feeling physically or psychologically unsafe in your environment, having to repeat trauma details to others during the course of your professional work, and of course witnessing death and dying, especially when patients are isolated and alone. These sources of stress come from the traumatic nature of pandemics and the exposure that health and mental health professionals experience. Here are some signs that you may be experiencing secondary traumatic stress.

You're having re-experiencing symptoms, that means you're re-experiencing distressing events, unwanted upsetting memories, nightmares, flashbacks to distressing episodes of something bad happening at work.

There's also avoidance symptoms; avoidance of any COVID related thoughts, feelings or reminders of loss, and adversity. Some people report experiencing mood changes, this could be irritability and aggression or difficulty feeling joy.

Cognitive disturbances, these are overly negative thoughts and assumptions about yourself others and the world; it also includes difficulty concentrating.

Hyperarousal, this is when you become easily startled or you feel like you're on guard all the time; you may be experiencing physical signs of stress like a racing heartbeat and you're having difficulty sleeping. And then this general feeling that others trauma experiences are your own. These are just a few symptoms of secondary traumatic stress that you might notice. If you're thinking this sounds a lot like PTSD, you're right. Secondary traumatic stress parallels PTSD and if you have enough symptoms, you might be diagnosed with PTSD. Some people are surprised by this, but there's significant data to support this in health, behavioral health, and other professionals, as well as those who, anyone who works with those suffering from traumatic events.

Now I have a friend, we'll call her Mary; Mary's a nurse in an ICU unit in another state. Mary confided to me that, although she had been a floor nurse for many years, had seen her share of death and suffering, and really thought of herself as a good problem solver and copier, her response to COVID has been surprising to her. She talked to me about not being able to escape the threat of COVID about being preoccupied with experiences of her patients, and having flashbacks, nightmares, related to her distress over how alone and isolated her patients were. She described being irritable, uninterested in other things, uninterested in the people around her, and tearful. Mary is suffering from secondary traumatic stress. Does she have PTSD? Not yet, but if symptoms go unaddressed, they may worsen. So, what can you do if you think you might be suffering from secondary traumatic stress? First of all, know this is a normal occupational hazard of doing the kind of work that we do.

Here are three tips. First self-monitor, pay attention to how you're feeling. If you think you might have symptoms of secondary traumatic stress, know these can be transient if you attend to them but they can turn into something more serious if you ignore them. There's this great app I like, you can download it for free, it's called the Provider Resilience app. It has a built-in screener that can let you know what your symptom levels are and whether it's burnout, secondary traumatic stress, or just general stress that may be at play.

Second tip, learn to self-regulate. Whether it's taking a moment to breathe deeply, do a mindfulness exercise, or maybe some type of guided meditation; when you feel distressed, take a minute to calm your mind and your body. If you can prevent an escalation of dysregulation in the moment or at least minimize it, you can decrease the likelihood it will lead to other problems. Plus, once you learn how to down regulate and you practice this enough it becomes easier and muscle memory takes over and makes it seem more automatic.

Tip number three, process your experiences. By talking these experiences through with a trusted other, we learn to metabolize these events so we can move past them. If talking with a friend or a peer or counselor is not your style, write about them. Some attention to deliberate processing can get things unstuck so they don't take up so much of our energy.

These strategies are just a place to start. For more tips on how to manage secondary traumatic stress visit our website and remember stay Well@Work. Thank you for listening to this episode of the podcast, follow the link in the video description for more resources on our Well@Work website and of course stay tuned for more episodes on topics that will keep you Well@Work.