

Well@Work Podcast Season 4, Episode 1: Managing Occupational Trauma: Secondary Traumatic Stress

Welcome to the Well at Work podcast from the University of Kentucky Center on Trauma and Children. This podcast is made possible by a grant from SAMHSA through the Kentucky Department of Behavioral Health and UK Center on Trauma and Children. 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 Innovations and Solutions Center. That's relevant because today's Well at Work podcast is on secondary traumatic stress. Now we all know that being employed in workplaces that serve people who've experienced trauma can be both rewarding and stressful. Understanding the stress you may be experiencing will allow you to develop strategies to support you in both staying well and more effective in your work. Most likely you're familiar with post-traumatic stress disorder or PTSD. This is a set of symptoms that occur following exposure to a traumatic event that might threaten your life, your body, your integrity, or that of someone you love. A traumatic event might also include hearing about 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 qualify as a traumatic event and lead to PTSD. In fact, the Diagnostic and Statistical Manual fifth edition, you know this is the DSM5, includes indirect exposure to adverse details of traumatic stories through the course of our professional duties as an event that can lead to post-traumatic stress disorder. This might include hearing graphic details of others trauma experiences, seeing the 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, and having to repeat trauma details to others during the course of your professional work.

Here's some signs that you may be experiencing secondary traumatic stress: you're having intrusive symptoms. That means you're experiencing distressing events, unwanted upsetting memories, nightmares, flashbacks, or distressing memories of something that has happened at work. There's also avoidance symptoms: avoidance of any trauma related thoughts, feelings, or reminders of loss or adversity. Some people report experiencing changes in their cognitions and moods. This could be irritability, aggression, there's also negative thoughts and assumptions about yourselves and others in the world. That includes a lot of difficulty in your interpersonal relationships. Hyperarousal, that's when you become easily startled or feel like you're on guard all the time. You may be experiencing physical signs of stress like a racing heartbeat or you're having difficulty sleeping, and then there's 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 like PTSD, you're right. Secondary traumatic stress parallels PTSD, and if you have enough symptoms you just 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 work with those suffering from traumatic events.





Now I have a friend, we'll call her Mary. Mary's a juvenile justice worker in another state. Mary confided to me that although she's been with the department a few years, she's seen her share of suffering, and she thinks of herself as a good problem solver, her reactions to some of the cases under her care have been unsettling to her. She talked to me about being preoccupied with the experiences of youth with complex mental health needs and a lot of trauma exposure. Mary's having flashbacks and nightmares related to her distress over how complicated the challenges faced by some of these youth are. She also shared that some of the kids in her care are similar in age to her own children, which heightens her worries. She describes being irritable, uninterested in other things, uninterested in the people around her, and tearful. Mary's suffering from secondary traumatic stress. Does she have PTSD? Not yet, but if these symptoms go unaddressed, they may worsen. So what can you do if you think you might be suffering from secondary traumatic stress? Here's four tips.

First tip: self-monitor. Pay attention to how you're feeling. If you think you might have symptoms of STS, know these can be transient if you tend to them, but they can turn into something more serious if you ignore them. There's some free screeners available on our website that can let you know what your symptom levels are and whether it's burnout, secondary traumatic stress, or 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're feeling distress, take a minute to calm your mind and body. If you can prevent an escalation of distress 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 downregulate 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 about these events with a trusted other. We learn to metabolize these events so we can just move past them. If talking with a friend or peer or counselor is not your style, write about them. Some attention to deliberate processing can get things unstuck so negative thoughts and feelings don't take up so much of our energy. The last thing any of us wants is to carry negative work experiences home with us.

Finally, limit your indirect exposure. Mary's work involves processing some violent and traumatic events with kids, but she can avoid the graphic recounting of these events in the break room, in the halls, and in her co-worker office. It's okay to talk about how you're feeling, but we don't need to relay all the trauma details to feel better. Just focus on the feelings and the thoughts about what you saw or heard, not the gory details. Try it, you might find it just makes you feel a lot better.

These strategies are just a place to start. For more tips on how to manage occupational trauma like 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 at work.

