

# **CARING WITHOUT CRASHING: PRACTICAL SKILLS FOR 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 an individual experiences after hearing the firsthand trauma experience of another individual."

*National Child Traumatic Stress Network*

# BURNOUT VS. SECONDARY TRAUMATIC STRESS

- **Burnout** is when one detaches from their true self (feels outside of themselves), experiences mental or emotional exhaustion, and may not feel as if they have accomplished much personally.
- Burnout can develop as a result of **occupational stress**.
- **Secondary traumatic stress (STS)** is when you develop symptoms of trauma exposure.

# 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

## Altered cognitions:

- 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
- Regularly assess ourselves, supervisees, team members
- Know organizational supports to **take care of ourselves and our teams**



# MYTHS ABOUT WELLNESS AND SECONDARY TRAUMATIC STRESS

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

# 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). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC: National Center for Child Traumatic Stress*

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

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

*Miller, Brian & Sprang, Ginny. (2016). A Components-Based Practice and Supervision Model for Reducing Compassion Fatigue by Affecting Clinician Experience. Traumatology. 23. 10.1037/trm0000058.*

# EXPERIENTIAL ENGAGEMENT

- Recognizing feelings
- Honoring them
- Leaning in to being with people, opening up to the experience
- **“What do I do with the hurt?”**

# REDUCING RUMINATION

- Recognizing
- Anchoring
- Social engagement
- **ACES** (the good kind)
  - Action-oriented
  - Concrete
  - Experiential
  - Specific

# 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



# **REDUCING EMOTIONAL LABOR**

- **What is the real emotional labor?**
- Curiosity
- Radical empathy and candor

# PARASYMPATHETIC RECOVERY

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

# 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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# Headshot Station



## **RESERVE YOUR SPOT**

**No spots left? Stop by!**  
We'll fit you in for a walk-up.