



Junior Officer Advisory Group

Readiness & Deployment Committee

Behavioral Health Team

Practicing Wellness

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Understanding High Stress and Building our Emotional Resilience

Submitted by: *LT Johanna Paillet-Growl*

As Public Health Service Officers, the potential for traumatic exposure and experiencing high stress is something we cannot avoid either during deployment or in our day-to-day duties. Monitoring our level of stress and utilizing supportive resources can provide a roadmap to ensuring sustainability in our line of work and building our emotional resilience.

High stress can be triggered by a single event, multiple events over time, or an amalgam of complex stressors which can lead to burn out and compassion fatigue. CDC defines burnout as “feelings of extreme exhaustion and being overwhelmed”. We may also experience secondary traumatic stress, which encompasses reactions and symptoms due to our exposure to other’s traumatic experiences. Secondary traumatic stress may be triggered by hearing disaster survivor’s stories, sitting with individuals experiencing mental health distress, or witnessing physical destruction while in the field.

Burnout and secondary traumatic stress can culminate in compassion fatigue, which entails a responder’s inability to feel empathy towards an individual experiencing significant stressors. High stress may manifest itself in multiple ways and affect our bodies, emotions, intellect, behaviors, relationships, sense of meaning/purpose, and religious/spiritual practice.

Understanding the progression of stress can be helpful in identifying the type of support we may need as public health responders. A new officer might feel optimistic, ready to change the world, and able to feel deep compassion for individuals affected by traumatic events. As our career and “time-in” progress, we might still feel good about our work while noticing that helping others brings increased stress and concession to our life. This may progress into “fortifying stress”. Individuals may experience this type of stress as low energy and lack of motivation when performing daily duties or through relationships that start to suffer significantly. The last stage in the continuum of stress entails individuals simply not caring about their duties and experiencing an array of symptoms including feelings of hopelessness, anxiety, depression, broken relationships, and sometimes thoughts of suicide.

In parallel to the continuum of stress, the continuum of support can help us in addressing stressful experiences, whether it is a single event, the weight of multiple events over time, or complex stressors including personal and work-related traumatic events. Interventions can range from engaging in peer-to-peer support talk with friends, colleagues, or religious/spiritual guides to seeking support from trauma-informed therapist.

As Public Health Service Officers, our dedication to serving vulnerable populations and responding to public health emergencies may take a toll on us. Gaining additional understanding about the impact of high stress, developing our ability to self-regulate, and discussing the impact of a traumatic event openly can nurture our ability to be more resilient leading to Post-Traumatic Growth (PTG). PTG is defined as the ability to engage in growth following adversity. By being attuned to our stress level and seeking support when needed, we are better equipped to tackle future challenges coming our way.

References:

Center for Disease Control and Prevention. (2016). Healthcare Workers and Mental Health.

<https://www.cdc.gov/niosh/topics/healthcare/workstress.html>

New England Disaster Chaplaincy Association. (2022). Emotional Resilience and Trauma-Informed Care.

<https://www.nedca.org/about-us>

Responder Alliance. (n.d). The Stress Continuum. <https://www.responderalliance.com/stress-continuum>

Tedeschi, R. (2020). Growth after trauma. In Harvard Business Review. <https://hbr.org/2020/07/growth-after-trauma>