Emotional Occupational Hazards

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Objectives

- Identify trauma and understand its prevalence
- Understand the impact of trauma on the brain and affect regulation
- Identify the signs & symptoms of vicarious traumatic exposure
- Differentiate between the terms: vicarious traumatization, compassion fatigue, burnout, and secondary traumatic stress
- Identify and define key concepts and models related to stress, coping, and resilience
- Practice resilience promoting interventions
- Utilize various assessments to assist with assessing for trauma and traumatic exposure

What is Trauma?

- The (unique & individual) experience of violence and victimization including sexual abuse, physical abuse, severe neglect, loss, domestic violence and/or the witnessing of violence, terrorism or disaster. (NASMHPD, 2006)
- From an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

(Substance Abuse and Mental Health Services Administration [SAMHSA], 2012)

Trauma Statistics – U.S.

- 70% of adults have experienced some type of traumatic event at least once in their lives; that's 223.4 million people.
- In public behavioral health, over 90% of clients have experienced trauma.
- A woman is beaten every 15 seconds, a forcible rape occurs every 6 minutes.
- More than 33% of youths exposed to community violence will experience PTSD.
- Nearly all children who witness a parental homicide or sexual assault will develop PTSD. Similarly, 90% of sexually abused children, 77% of children exposed to a school shooting, and 35% of urban youth exposed to community violence develop PTSD.

https://www.thenationalcouncil.org/wp-content/uploads/2013/05/Trauma-infographic.pdf?daf=375ateTbd56

Trauma and the Brain

- Hyper arousal continuum
  - Fight or Flight response
- Dissociative continuum
  - Freeze or Surrender response
- *States* can become *traits*

Trauma & Self-Regulation

- Abuse and neglect profoundly impair capacity for self regulation.
- Chronic affect dysregulation associated with substance use, chronic anxiety, depression, increased use of medical/MH services.
- Loss of self-regulation:
  - Self-injury, substance use, eating disorder, suicide attempts
  - Loss of ability to focus on relevant stimuli
  - Attention problems
  - Inability to inhibit action when aroused

Regulating Affective States

- Bodily signals = helplessness
  instead of subtle shifts that = warning
- satisfaction, pleasure; people avoid them
- Critical to find ways to express and identify bodily sensations and to name emotional states
- Knowing what is felt and allowing self to experience uncomfortable emotions is important in learning how to cope
- Ability to name and tolerate feelings, sensations and experiences gives people capacity to “own” what they feel

Stress in the United States

- Job Stress - leading source of stress for adults.
- Stress levels have also escalated in children, teenagers, college students & the elderly due to:
  - increased crime, violence and other threats to personal safety
  - peer pressures that lead to substance abuse and other unhealthy life style habits
  - social isolation and loneliness
  - erosion of family, religious values & familial ties
  - loss of other strong sources of social support

Why is stress now different & more dangerous?

- Four different types of stress reactions:
  - Physiological
  - Emotional
  - Cognitive
  - Behavioral
- Contemporary stress tends to be more pervasive & persistent, it stems primarily from psychological than physical threats.
- Associated with immediate physiological reactions that we have no control of, but are designed to be beneficial.
- Stress impedes delivery of bio-information
- In one stress event 14,000 chemicals & 30 hormones are released into the bloodstream

Physiological Reaction to Stress

- Heart rate & blood pressure rise to increase flow of blood to the brain to improve decision making.
- Blood sugar rises to furnish more fuel for energy as the result of the breakdown of glycogen, fat and protein stores.
- Blood is shunted away from the gut (where it is not immediately needed for digestion) to the large muscles of the arms & legs to increase strength in combat or greater speed in fleeing potential danger.
- Clotting occurs more quickly to prevent blood loss from lacerations or internal hemorrhage.

Stress & the Cause of Diseases

- Much of today's disease is due to increased sympathetic nervous system (SNS) activity; an outpouring of adrenaline, cortisol, and other stress-related hormones.
- Chronic stress due to loneliness, poverty, bereavement, depression and frustration are associated with impaired immune system resistance to viral linked disorders ranging from the common cold and herpes to AIDS and cancer.
- Stress can effect hormones, brain neurotransmitters, small chemical messengers elsewhere in the body, prostaglandins, crucial enzyme systems, and metabolic activities.
- Research is examining how stress contributes to depression, anxiety, and impact on the gastrointestinal tract, skin and other organs.

Disclaimer

- How we work & what we do for work is a part of lifelong development
- We all are effected by work
  - By doing this work, we ***will*** be impacted by it
- Consider frequency, duration and intensity
- Purpose of self-awareness is not to ***blame***
- *If you believe you meet criteria for VT or STS, please consult a physician*

https://www.counseling.org/docs/trauma-disaster/fact-sheet-9---vicarious-trauma.pdf?sfvrsn=f0f03a27_2

https://www.counseling.org/docs/trauma-disaster/fact-sheet-2---contributing-factors.pdf?sfvrsn=ffb10cc7_2

Compassion Fatigue

- Feeling of being emotionally “spent” by caring for others without being able to replenish own reserves
- Compassion fatigue may manifest as a decreased ability to engage with clients in an empathetic and compassionate manner

(Figley, 2002, Mathieu, 2012)

Burnout

- Emotional exhaustion and feelings of ineffectiveness due to work-related perceived powerlessness and lack of appreciation
- Symptoms:
  - Exhaustion
  - Isolation
  - Escape fantasies
  - Irritability
  - Frequent illnesses

(Maslach, 1982)

Vicarious Trauma

Changes in one's inner experience or worldview due to empathic engagement with a traumatized person (may include moral injury, the experience of events that transgress deeply held moral and ethical beliefs and expectations). (Pearlman and Saakvitne, 1995; Litz, 2009)

"There is a soul weariness that comes with caring. From daily doing business with the handiwork of fear. Sometimes it lives at the edges of one's life, brushing against hope and barely making its presence known. At other times, it comes crashing in, overtaking one with its vivid images of another's terror with its profound demands for attention; nightmares, strange fears, and generalized hopelessness."

(Stamm, 2002)

Vicarious Trauma

- Emotional residue of exposure from hearing trauma stories
- Witnessing the pain, fear, and terror that trauma survivors have endured
- Can impact professional performance and function, may result in errors in judgment and mistakes
- A state of tension and preoccupation of the stories/trauma experiences described by clients:
  - avoid talking or thinking about what the trauma effected client(s) have been talking about
  - being numb to it
  - be in a persistent arousal state

(ACA)

Signs/Symptoms of VT

- having difficulty talking about feelings
- free floating anger and/or irritation
- startle effect/being jumpy
- over-eating or under-eating
- difficulty falling asleep and/or staying asleep
- losing sleep over client/patients
- worried that they are not doing enough for their clients
- dreaming about their clients/their clients' trauma experiences
- diminished joy toward things once enjoyed
- feeling trapped by work
- diminished feelings of satisfaction and personal accomplishment
- dealing with intrusive thoughts of clients with severe trauma histories
- feelings of hopelessness associated with work/clients
- blaming others

(ACA)

Associated Behavior of VT

- frequent job changes
- tardiness
- free floating anger/irritability
- absenteeism
- irresponsibility
- overwork
- irritability
- exhaustion
- talking to oneself (a critical symptom)
- going out to avoid being alone
- dropping out of community affairs
- rejecting physical and emotional closeness (ACA)

Interpersonal Impact of VT

- staff conflict
- blaming others
- conflictual engagement
- poor relationships
- poor communication
- impatience
- avoidance of working with clients with trauma histories
- lack of collaboration
- withdrawal and isolation from colleagues
- change in relationship with colleagues
- difficulty having rewarding relationships

(ACA)

VT Impact on Values/Beliefs

- dissatisfaction
- negative perception
- loss of interest
- apathy
- blaming others
- lack of appreciation
- lack of interest and caring
- detachment
- hopelessness

(ACA)

VT Impact on Values/Beliefs (cont'd)

- low self image
- worried about not doing enough
- questioning their frame of reference – identity, world view, and/or spirituality
- disruption in self-capacity (ability to maintain positive sense of self, ability to modulate strong affect, and/or ability to maintain an inner sense of connection)
- disruption in needs, beliefs and relationships (safety, trust, esteem, control, and intimacy

(ACA)

VT Impact on Job Performance

- low motivation
- increased errors
- decreased quality
- avoidance of job responsibilities
- over-involved in details/perfectionism
- lack of flexibility

(ACA)

Secondary Traumatic Stress

- Presence of PTSD symptoms resulting from indirect exposure to others' trauma
  - Increasing levels of distress for caring professionals, may lead to negative outcomes for clients (Figley, 2002)
  - Risk factors for developing STS (Molnar et. al., 2017)
    - own histories of trauma exposure, especially trauma occurring during childhood
    - high levels of empathy
    - volume of caseload and amount of time spent with client

(NCTSN Secondary Traumatic Stress Workgroup, 2011;
American Psychiatric Association, 2013)

Two Kinds of Empathy

- Human services requires strong listening and communication skills
- Cognitive empathy – the ability to cognitively understand the trauma effected person's experience, narrative, and meaning of it
- Affective empathy – the ability to feel some of the client's emotions, such as anger, fear, helplessness, hopelessness, etc.
- Being With
  - because we feel "with" and think "with", what others are experiencing

(ACA)

Who is at Risk?

- Those who have the responsibility of providing care to a person who has had some type of crisis.
- Persons at greatest risk = emergency services professions:
  - police officers, fire fighters, emergency medical technicians, nurse crisis workers, clergy
- Recently, list expanded:
  - pediatricians, psychologists, psychiatrists, family lawyers, adult mental health professionals, child protective services workers, prison guards, juvenile probation officers, foster parents, and teachers

Why?

- **Empathy:**
  - being emotionally there for the patient/client
  - empathizing with or "feeling" someone else's pain, the professional becomes vulnerable to internalize some of the trauma-related pain
- **Insufficient Recovery Time**:
  - professionals are often required to listen to horrific situations
  - secondarily traumatized by having to listen to the same/similar story over and over again without sufficient recovery time

Why? (cont'd)

- **Unresolved Personal Trauma**:
  - many professionals have had personal loss or traumatic experience in their life (e.g., loss of family member, death of close friend)
  - the pain of experiences can be "re-activated"
  - when professionals work with an individual who has suffered a similar trauma, the experience often triggers painful reminders of their own

Why? (cont'd)

- **Isolation & Systemic Fragmentation**:
  - new research points to the important role of group cohesiveness in regulating individual stress reactions
  - when individuals feel valued and are in the presence of others who respect/care for them, they are more capable of tolerating extreme stressors
  - individual service delivery vs. team-oriented practice

Why? (cont'd)

- **Lack of Systemic Resources**:
  - inadequate economic and personnel investment in front-line services for front-line personnel
  - task of addressing these problems falls to the mid-level leader, supervisors, program directors and others who are working to create a positive work-climate for their co-workers

Formal Trauma Assessments/Tools

- ACES/PEARLS Screening Tools | ACEs Aware – Take action. Save lives.
- Schedule of Recent Experience (SRE) http://www.baylor.edu/content/services/document.php/183434.pdf
- Stress Symptom Checklist https://cvm.ncsu.edu/wp-content/uploads/2015/07/StressSymptomChecklist.pdf
- US Dept of Veterans Affairs – PTSD website https://www.ptsd.va.gov/professional/assessment/te-measures/index.asp
- ProQOL – Professional Quality of Life Measure https://www.proqol.org/

What is Resilience?

'…refers to a class of phenomena characterised by good outcomes in spite of serious threats to adaptation or development' (Masten, 2015)

- Bouncing Back? Bouncing Up? Bouncing Forward?
- Doing better than you'd think given the circumstances.
- Playing a bad hand well, rather than getting a good hand.
- Beating the odds while also changing the odds.
- 'Resilience' is often used to explain differences in how well individuals ***cope*** with adversity.

What is Coping

Constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of a person (Folkman & Lazarus, 1984).

…anything people do to adjust to the challenges and demands of stress… any adjustments made to reduce the negative impact of stress (Jacobs, 2016).

Coping refers to cognitive and behavioral strategies, resilience refers to the adaptive capacity to recover from stressful situations in the face of adversity (Fletcher & Sarkar, 2013).

Common Elements to Coping

- Strategies/Patterns
- Flexibility
- Effectiveness - how well one thinks it works
- Self-efficacy - sense of competence
- Coping Assistance
  - External resources (formal and informal)
- Coping Resources - individual characteristics

Coping Strategies

- Understanding boundaries and keeping within them
- Being brave
- Solving problems
- Identifying the “positive”
- Fostering interests
- Calming down & self-care
- Remember tomorrow is another day
- Lean on others when necessary
- Have a laugh

Social Connections

- Assistance with building networks of support that serve multiple purposes:
  - helping one personally develop
  - provide assistance in times of need
  - serve as a resource for information
  - help solving problems
- Isolation is a common risk factor, we need to have positive relationships and/or friendships

Building Healthy Relationships

- Check yourself
  - Being mindful of our own actions and developing self-reflective strategies assists us in avoiding repeating past mistakes
- Ask empowering questions
  - Open-ended questions encourage genuine discussion
- Energy attracts like energy
  - If you are positive, hopeful and encouraging, you will bring out the same energy in others

Conclusion

- Stress in unavoidable, especially in the workplace.
- There are many risks for staff who work with and around trauma.
  - *It is critical to be aware and reflective if we are to do this work.*
- Acknowledging and caring for oneself with the practicing of coping skills and techniques improves one's quality of life.
- We are designed for relationships; we need others to help us heal from any of life's issues.
- We are resilient.

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