Identifying and Managing the Impact of Workplace Trauma: Building Resiliency and Self Care

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“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet” Remen
Occupational Hazards

- **Burnout**
  - Physical or Emotional exhaustion, especially as a result of long-term stress.

- **Empathic Distress – AKA: Compassion Fatigue**
  - A state of tension and preoccupation with individuals who have been impacted by emotional or physical trauma.

- **Vicarious Trauma**
  - The transformation or change in a helper’s inner experience as a result of long-term empathic engagement with traumatized clients.
Symptoms of Burn Out and Compassion Fatigue

- **Emotional** – anger, sadness, grief, anxiety, depression, hopelessness, numbing, feeling overwhelmed.

- **Physical** – headaches, stomach aches, lethargy, hyper-arousal, increased fatigue or illness, sleeping problems.

- **Personal** – isolation, cynicism, irritability, moodiness, withdrawal, increased risk for alcohol or substance use, negativity, pessimism.

- **Workplace** – avoidance, lack of motivation, reduced productivity, job dissatisfaction.
The Ripple Effect - Vicarious Trauma

Hypervigilance (i.e. on guard all of the time).

Out of window of tolerance (i.e. hyper-arousal/ hypo-arousal).

Intrusion (i.e. nightmares, flashbacks, unwanted memories).

Avoidance of stimuli (i.e. not wanting to talk or think about the trauma).
Three Common Psychological Defense Mechanisms

• **Stoicism:**
  • Unique sense of humor, which can be interpreted as cold and/or disrespectful by others.

• **Depersonalization:**
  • Experiencing an event, but feeling like it is happening to someone else.

• **Derealization:**
  • Experiencing an event, but feeling like it isn’t real.
Depersonalization and Derealization

Adverse Reactions To Mindfulness

When your passing experiences of depersonalization-derealization keep occurring or never completely go away[1], according to DSM-V, it is a mental disorder[2]. Adverse reactions to Mindfulness (MBCT) have included rare cases of depersonalisation-derealization[3]. Below are the symptoms and risk factors.

Depersonalization

Symptoms, include

Feelings you are:
- Outside yourself observing your thoughts, your feelings, your body[1]
- Floating above yourself[1]
- Living in a dream or like a robot[1,4]

3rd Most Common Psychological Disorder

Depersonalization is the 3rd most common psychological disorder, after anxiety and depression[5]

- Depression #1
- Anxiety #2
- Depersonalization #3

Derealization

Symptoms, inclucde

Feelings you are:
- Living in a movie[1,4]
- Emotionally disconnected from people, the world, yourself [1]
- Beyond or outside of time[4]

Risk Factors

You are at increased risk of depersonalization or derealization if you experience or have one or more of the following risk factors[1]

- Deny difficult situations
- Trauma or abuse
- In teens or early adult
- Depression or anxiety
- Use hallucinogens or pot

Sources

1 mayoclinic.org
2 Diagnostic and Statistical Manual of Mental Disorders, 5th Ed. (DSM-5).
3 theguardian.com/society/2014/aug/25/mental-health-meditation.org
4 who.int/mental_health
5 wikipedia.org
The term burn-out itself is not a diagnosable condition.

Trauma and Stress related disorders are:
  • Adjustment Disorders
  • Post-Traumatic Stress Disorder
Risk Factors to Consider
Professional Trauma

• There are traumas unique to our field.
  • Loosing a client/patient to suicide.
  • Line of duty death (loosing a co-worker in the line of duty)

• Research suggests feeling powerless is often what causes a person to experience these events as traumatic.

• Responding to and witnessing a critical event or a series of distressing life events over time can lead long-term consequences.
Job Risk Factors

- Large case loads
- Lack of support from organization or peers
- Lack of resources to do the job
- Dangerous jobs:
  Probation and parole work can be dangerous. Between 39 and 55 percent of officers have been victims of work-related violence or threats, according to surveys conducted in four States.
How Trauma Can Affect Your Window of Tolerance

**HYPERAROUSAL**
This is when you feel extremely anxious, angry, or even out of control. Unfamiliar or threatening feelings can overwhelm you, and you might want to fight or run away.

**DYSREGULATION**
This is when you begin to feel agitated. You may feel anxious, revved up, or angry. You don’t feel out of control, but you also don’t feel comfortable.

**WINDOW OF TOLERANCE**
This is where things feel just right, where you are best able to cope with the punches life throws at you. You’re calm but not tired. You’re alert but not anxious.

**DYSREGULATION**
This is when you begin to feel like you’re shutting down. You may feel a little spacy, lose track of time, or start to feel sluggish. You don’t feel out of control, but you also don’t feel comfortable.

**HYPOAROUSAL**
This is when you feel extremely zoned out and numb, both emotionally and physically. Time can go missing. It might feel like you’re completely frozen. It’s not something you choose — your body takes over.

Stress and Trauma Can Shrink Your Window of Tolerance.
This means that it may be harder to stay calm and focused. When you’re outside your window of tolerance, you may be more easily thrown off balance.

Your Work with Your Practitioner Can Help to Enlarge Your Window of Tolerance.
They can help you stay calm, focused, and alert even when something happens that would usually throw you off balance.

Window of Tolerance
Knowing your history: ACE Study

It is important for us to recognize our own histories of trauma.

Creating awareness allows us to remain engaged and grounded rather than discouraged and distracted by our own experiences when interacting with people we serve.
Adverse Childhood Experiences (ACE) Study

- ACE Study is a research study conducted by the American health maintenance organization Kaiser Permanente and the Centers for Disease Control and Prevention.
- Participants were recruited to the study between 1995 and 1997 and have been in long-term follow up for health outcomes.
ACE Study Categories

ABUSE
- Physical
- Emotional
- Sexual

NEGLECT
- Physical
- Emotional

HOUSEHOLD DYSFUNCTION
- Mental Illness
- Incarcerated Relative
- Mother treated violently
- Substance Abuse
- Divorce
Rumination

- **Rumination** — the repetition of the same thought in your head over and over.
- Are problem solving?
- Is the thought about something that is unsolvable or out of your control?
Areas of Vulnerability

- Five need areas have been identified as susceptible to the effects of trauma:
  - Safety
  - Trust
  - Esteem
  - Intimacy
  - Control
Cultural Considerations

- Stoicism is a professional-cultural expectation in the field of first responders and mental health providers.
  - The expectation is to not be impacted by the events to which they respond.
  - The uniform and mask is used to cope with the career.
- Being “Strong” – “If I seek help it means I cannot handle my job”
- Our own ethnic or family cultural values.
  - Not seeking help.
  - Mental Health Professionals vs. Faith.
  - Secrecy
Who is at Risk for Vicarious Trauma?

• People who:
  • Tend to avoid problems or difficult feelings.
  • Withdraw from others when things get hard.
  • Have experienced trauma themselves.
  • Lack connection with a source of meaning, purpose, and hope.
  • Have stress in multiple areas of life.
Our Internal Experience
Memory Integration

Central Event

Sounds

Sights

Details
Triggers – Ongoing Exposure to Traumatic Material

- Images: Intrusive Memories, Nightmares, Flashbacks, Rumination.
- Emotions: Shame, Guilt, Fear, Sadness, Powerlessness.
- Physical: Sickness, Aches, Lethargy.
- Believes: “The world is not safe”, “I am not safe”.
Self-Preservation and Self-Compassion

“Taking care of myself doesn’t mean ‘me first. It means ‘me too.’”

L.R. Knost

GoodTherapy.org
Resiliency

One's ability to positively adapt to stress, adversity, and trauma.
Defying the Occupational Hazards

• Resiliency Factors and Strategies:
  • Restoring our sense of connection and having meaningful connections with others.
  • Introspection and awareness.
  • Supervision.
  • Boundaries.
  • Education – Ongoing Training.
  • Having a sense of humor.
  • Ability to accept circumstances that cannot be changed.
  • Ability to develop realistic goals and to move toward them.
  • Therapy.
Resiliency – Self-Reflection

- What of your job or what circumstances at work are emotionally taxing for you?
- How often do you rehash or ruminate about stressful/heavy feelings and situations from work?
- What is the narrative you tell yourself about yourself at work or about the work you do?
- Do you find meaning in your work?
- What motivates or energizes you about your work?
- What depletes you about your work?
- Do I wait until I get home to de-stress or de-stress in “real time” all day long?
- How do I recover from the stress of this work?
Resiliency Plan of Action:

How will I increase my willingness to engage with those feelings, clients, and/or situations?

Acknowledging rumination: What will I tell myself to acknowledge I am ruminating?

What is something I can do in the moment that takes attention from me and holds it elsewhere?

What is the story I want to tell myself about my work in the moment of a stressful event at work?

After a stressful experience at work, with whom will I process it? How will that happen?

What noticing strategies will I implement to help me have oversight of my emotional state?

What recovery strategies will I build into my work day to move into a calmer, more relaxed state?
Changing our Stories

• Stress is a very personal and individual condition.

• Our personal perceptions guide how we communicate. When we are stressed we use our communication system.

• Communication is sensory based.

• Our internal-self is also sensory based.
  • Our memories are linked to one or more of our senses.
"When you shut down emotion, you're also affecting your immune system, your nervous system. So the repression of emotion, which is a survival strategy, then becomes a source of physiological illness later on."

- Gabor Maté
Recommended Treatment Modalities

- Cognitive Behavioral Therapy
- Eye Movement Desensitization Reprocessing Therapy
- Internal Family Systems Therapy
- Solution Focused Brief Therapy
- Body-Focused Trauma Therapy
Cognitive Processing vs. Engaging the Brain

- Brain Structure Changes in Response to our Experience:
  - Brain Stem – Instinctive responses.
  - Limbic System – Body sensations, feelings, implicit memories, amygdala.
  - Cortex – Thinking, concentrating, explicit memory.

- During cognitive processing (i.e. talk therapy) we are only engaging part of the brain.

- Assimilation of events and integration into memory can only happen when we engage the full capacity of our brains.
Informed Approach

• Safety: This includes creating spaces where people feel culturally, emotionally, and physically safe as well as an awareness of an individual’s discomfort or unease.

• Transparency and Trustworthiness: This includes providing full and accurate information about what's happening and what's likely to happen next.

• Choice: This includes the recognition of the need for an approach that honors the individual’s dignity.

• Collaboration and Mutuality: This includes the recognition that healing happens in relationships and partnerships with shared decision-making.

• Empowerment: This includes the recognition of an individual’s strengths. These strengths are built on and validated.
Experiential Practice
Body-Mind Connection

“The ability to notice our internal state, and make choices about what to do with that information, is an important part of our overall ability to regulate our physiology, affect, and social interactions in healthy ways.” (Kain and Terrell, 2018)
Body-Mind Connection - Grounding

• 5 Senses
• Noticing your surroundings
• Breathing
• Repetitive Movement
Mindfulness Attitudes

- Receptive
- Courage
- Non-judging
- Focus
- Discipline
- Balanced Effort
- Compassion
Self as System

- Identifying strengths
- How perfectionism/hypervigilance undermines performance
- Self compassion vs. perfectionism/hypervigilance
Home Practice

Choose a Mindfulness Attitude as a guide

Decide how much you can commit and schedule it

Formal or informal practice
Contact Information

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Resources


