

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

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Dallas Children's
Advocacy Center

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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.

www.SkepticMeditations.com

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, include

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

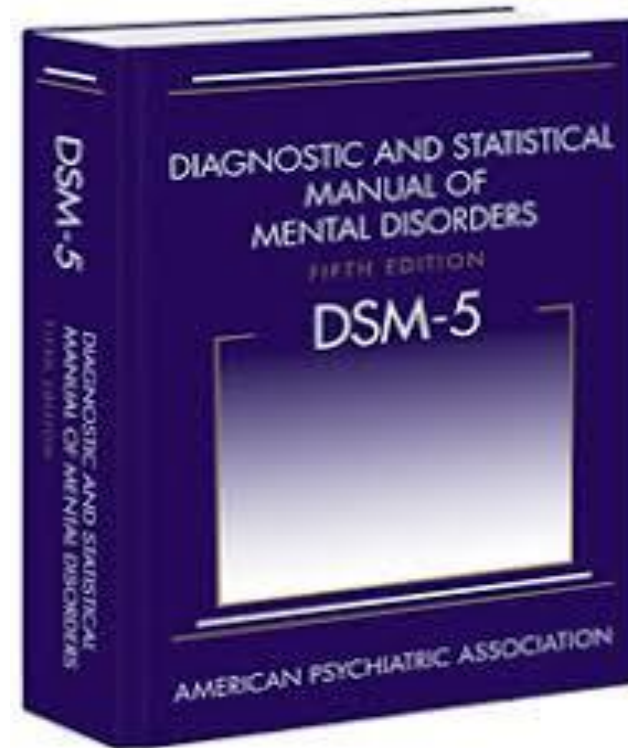
Use hallucinogens or pot

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 webmd.com
- 5 wikipedia.org

DSM-5

- 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.

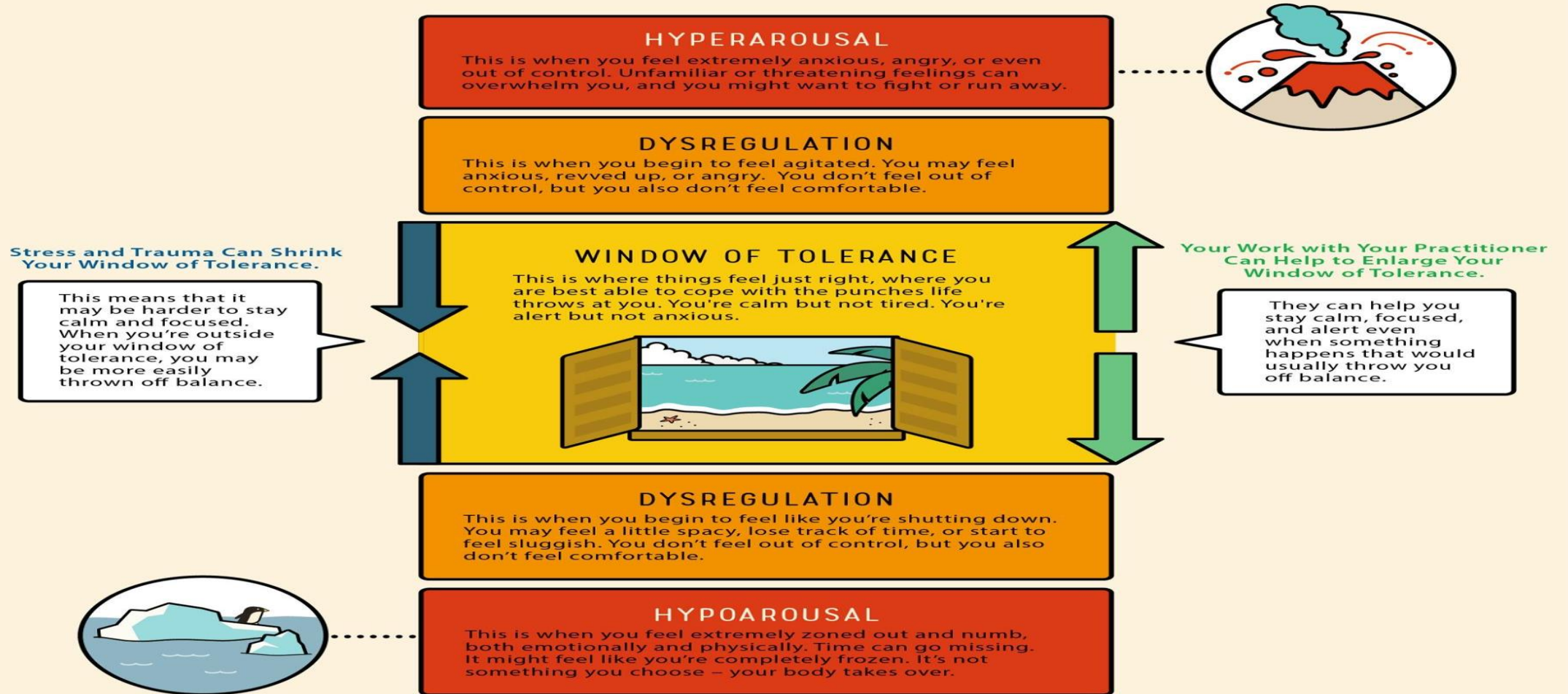
Job Risk Factors

- 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



nicabm
www.nicabm.com

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Window of Tolerance

Knowing your history : ACE Study

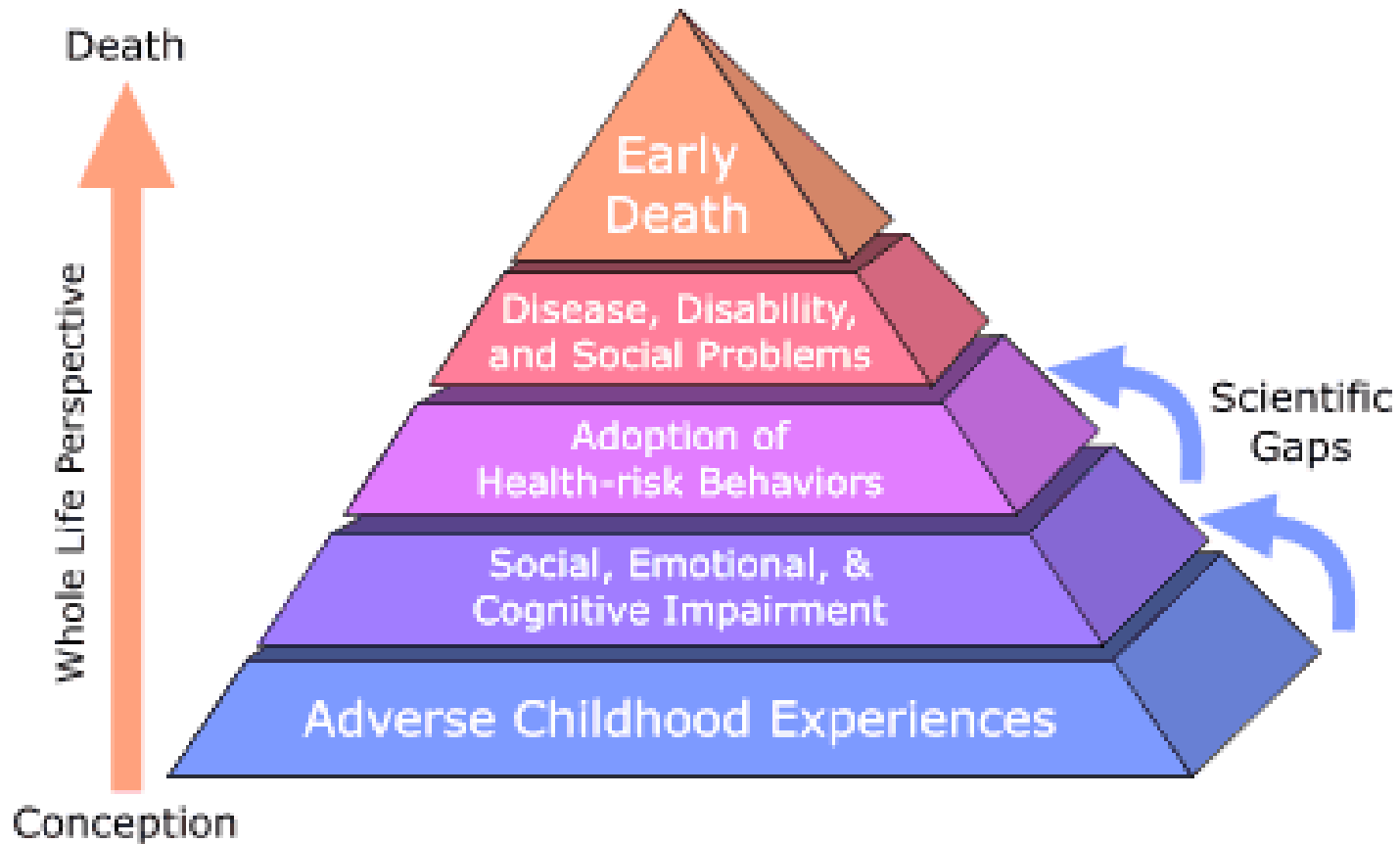


It is important for us to recognize our own histories of trauma.



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

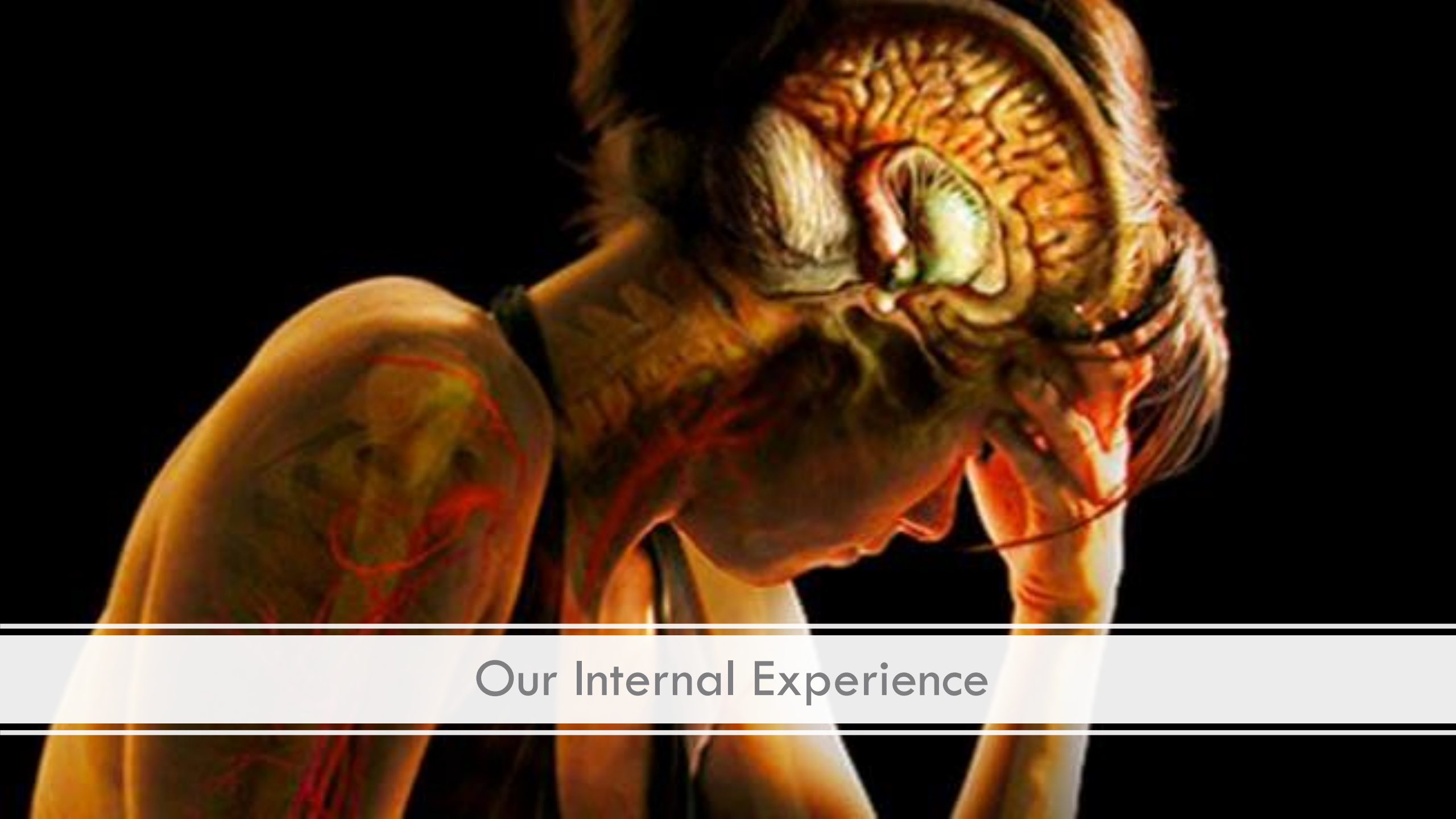
Cultural Considerations

- 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”.

A person wearing a dark hat and coat stands with their back to the camera, looking out over a body of water at sunset. The sky is filled with soft, orange and yellow light from the setting sun. The person's hair is blowing in the wind. The entire scene is framed within a circular vignette.

Self-Preservation and Self- Compassion

"Taking care of myself
doesn't mean 'me first'
It means 'me too.'"

L.R. Knost

GoodTherapy.org

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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."

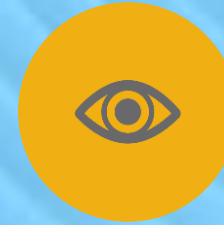
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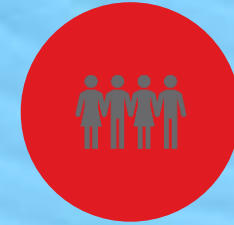
Recommended Treatment Modalities



**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

- *Hudnall, S.B., (1995) Secondary Traumatic Stress: Self-Care Issues for Clinicians, Researchers, and Educators.*
- *Lewis, K.R., L.S. Lewis, and T.M. Garby. (2012). Surviving the trenches: The personal impact of the job on probation officers. American Journal of Criminal Justice, April 23 DOI: 10.1007/s12103-012-9165-3*
- Miller, B., & Sprang, G. (2016, January 28). A Components-Based Practice and Supervision Model for Reducing Compassion Fatigue by Affecting Clinician Experience. *Traumatology*. Advance online publication. <http://dx.doi.org/10.1037/trm0000058>
- *Resilience and interoception. Biological Psychology, 113 (2016), 37-45.*
- Trauma Informed Principles (2019) <https://www.dhs.wisconsin.gov/tic/resources.htm>
- Window of Tolerance (2017). <http://www.nicabm.com/treatingtrauma2017/blog-infographics2/index.shtml>