

TAKING CARE OF YOUR BEHAVIORAL HEALTH

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- “We have an obligation to our clients, as well as ourselves, our colleagues, and our loved ones, not to be damaged by the work we do”

National Child Traumatic Stress Network

OUTLINE

- My Story
- Definitions, Risk Factors, & How to Identify STS
- Prevention & Intervention Strategies
- References

MY STORY

HURRICANE KATRINA

The storm had reached category 5 status but slightly weakened and went east of New Orleans. We thought we “dodged the bullet” and avoided a direct hit. Then that evening, we couldn’t talk to family because phone lines were tied up, and the pictures started coming in. I awoke the next morning and felt utterly sad. More and more images were coming in from the news. People were trapped in their roof because of flooding, the city had been evacuated to the Superdome, the biggest/most solid structure in the city, that seemed invincible, and the roof was leaking! I remember going to the bathroom and crying uncontrollably...”

HOUSTON'S RESPONSE

The buses arrived at the Astrodome and I was given the opportunity to take time off of my rotations to help coordinate residents' relief efforts at the Astrodome. That night, the Reliant Arena was turned into a makeshift hospital, and people were dropped off in the Astrodome. Cots were lined up side by side and people packed in like sardines. My assignment that night: to walk the aisles in the Astrodome and see who 'looked' like they needed help. I remember leaving the Arena with meds to go to the Astrodome and asking, 'What are we doing for acute stress disorder? What's the best for kids?' I had done psychiatry for over a year but felt so absolutely unprepared. This was like nothing I'd ever seen. As I entered the Astrodome, there were literally thousands of people lined up side by side. I felt absolutely **overwhelmed** as we entered the arena and looked out over the crowds."

- What do you say to the woman who tells you about cutting a hole in her roof, throwing her grandkids through it, then being transported to the Superdome, where ‘ignorant’ people raped children then air-transported to Houston? Now she is worried because she is separated from her kids and doesn’t know where they are or if they are alive, much less who will provide for them. What do you say to that?
- At times, I noticed I was too objective, because there were so many people to see, meds to give, and because it was easier not to feel, but when I allowed myself to really listen, if I could stand it, just caring was all that seemed to matter.
- I tried to take a break and go shopping at the Galleria with friends but it just didn’t feel the same- guilt, guilt, and more guilt- I should be helping...if I have money to spend, it should be on victims of the hurricane. We left and went to a movie which was a good escape, and I almost forgot that my whole city had been destroyed until the lights came on at the end, and I realized that the nightmare was reality...**I continued to feel as if a black hole was swallowing me or that a dark curtain was enveloping me- there was no escape...**

RETURNING HOME

To see the homes with water lines to the rooftops.

I can imagine the water in the streets, the boats, the screams for help.

To see the tick tack toe boards on the houses, counting the number of survivors.

I can imagine what it must have been like to find a dead body to record.

To see blue tarps on every house.

I can imagine the trees that fell on their roofs.

To see this once beautiful city absolutely crippled...where there was skyline, there is darkness.

I can imagine the laughter of Mardi Gras, hear the music, and taste the gumbo...all these are gone now.

I feel so sad for the people who have lost everything.

I feel so angry that this could have been prevented.

I feel so helpless that no matter what I do, I cannot make this go away, not in 5 minutes, 5 days, 5 weeks, or 5 months. It never feels like enough...And it's everywhere.

But the city lives despite this tragedy. What our city is known for will save us now...spirit...and it can't take that away!”

DEFINITIONS,
RISK FACTORS,
&
HOW TO IDENTIFY STS

WHAT IS SECONDARY TRAUMATIC STRESS (STS)?

- Refers to the presence of PTSD symptoms caused by indirect trauma exposure
- **Vicarious trauma**- INNER experience of the therapist resulting from empathic engagement with a traumatized client; focuses less on trauma symptoms and more on cognitive changes that occur following exposure to another person's traumatic material such as alterations in sense of self, change in world view about safety/trust/control, and changes in spiritual beliefs
- **Burnout**- develops as a result of occupational stress; not used to describe the effects of indirect trauma exposure specifically- includes:
 - Emotional exhaustion
 - Depersonalization- negative, cynical, or excessively detached responses to coworkers or clients and their situations
 - Reduced feeling of personal accomplishment- feelings of inadequacy when clients don't respond to treatment despite efforts to help them

TRAUMA IN DSM-5

- Exposure to actual/threatened death, serious injury, or sexual violence in 1 (or more) of the following ways:
 - Directly experiencing the traumatic event
 - Witnessing the traumatic event in person
 - Learning that the traumatic event occurred to a close family member/friend- in cases of actual/threatened death of a family member/friend, the event must have been violent/accidental
 - **Experiencing repeated or extreme exposure to aversive details of the traumatic event- does not apply to exposure through media, pictures, television, or movies (unless this exposure is work-related)**

DIAGNOSTIC CLUSTERS IN DSM-5

- Re-experiencing- largely unchanged- includes memories of the event, nightmares, flashbacks
- Hyperarousal- now includes more of the “fight” reaction (aggressive, reckless, or self-destructive behavior) in addition to the “flight” aspect (sleep disturbances, hyper-vigilance)
- Avoidance/Numbing- now placed into 2 separate categories
 - Avoidance-largely unchanged- includes avoidance of distressing memories, thoughts, feelings, reminders
 - Negative cognitions/mood- new- includes negative beliefs, blaming self/others, estrangement from others, diminished interest in activities, inability to remember aspects of the event

WHO IS AT RISK?

- People who experience the retelling of trauma stories and may experience indirect effects include friends, family, coworkers, neighbors and professionals who work with victims including:
 - Therapists and mental healthcare providers
 - Healthcare providers including physicians and nurses
 - First responders- police, fire, emergency medical technicians
 - Child welfare workers
 - Court officials- judges, attorneys
 - Media- journalists

RISK FACTORS

- Female gender
- Highly empathetic individuals
- Preexisting anxiety/mood disorder or personal trauma history
- Heavy caseload of traumatized children
- Socially/organizationally isolated
- Maladaptive coping skills such as suppression of emotions
- Shorter duration of professional experience/inadequate training
- Poor communication

IDENTIFYING STS

- Supervisors/organizational leaders may use a variety of assessment strategies to identify and address STS affecting staff members:
 - **Self assessment strategies**- questionnaires, checklists, or scales to help characterize the individual's trauma history, emotional relationship with work and work environment, and symptoms/experiences that may be associated with traumatic stress
 - Professional Quality of Life measure (ProQOL)
 - **Reflective supervision**- fosters professional/personal development within the context of a supervisory relationship; attentive to the professional's responses as they interact with clients; promotes greater awareness of the impact of indirect trauma exposure; provides structure for screening emerging signs of STS

WARNING SIGNS

- Frequent absenteeism
- Chronic tardiness
- Chronic fatigue
- Evidence of poor client care
- Low completion rates of clinical/administrative duties

PREVENTION & INTERVENTION STRATEGIES

OVERVIEW

- Multidimensional approach involving the individual, supervisors, and organizational policy yields the most positive outcomes
- Most important strategy in preventing STS is the triad of:
 - Psychoeducation
 - Skills training
 - Supervision

INDIVIDUAL

- Increase self-awareness of STS
- Use supervision to address STS
- Maintain healthy work-life balance and varied case load/work assignments
- Practice self care- exercise, nutrition, rest/relaxation including vacation
- Stay connected- coworkers/supervisors, friends/family, and/or spiritual (church, meditation, yoga, philanthropic activities)
- Use positive forms of expression (drawing, painting, sculpting, outdoor, cooking)
- Use acceptance as a coping skill
- Avoid unnecessary exposure to further traumatic material (i.e. media)
- Use Employee Assistance Programs (EAP)/counseling services as needed

ORGANIZATIONAL

- Enhance physical safety of staff
- Encourage vacation
- Foster a respectful and supportive environment
- Train staff and organizational leaders on STS
- Provide clinical supervision and ongoing assessment of staff risk and resiliency
- Assist with trauma case load balance and varied assignments
- Form workplace self-care groups
- Develop policy/procedures for stress-related issues

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