What is the problem?

- 31% healthcare professionals reported burnout, which was then associated with lower career satisfaction and lower satisfaction with resources to treat complex patients (Whitebird, et al, 2017).

- In one of the few national surveys of psychologists, 74% reported experienced “personal distress” during the previous 3 years; of those, 37% indicated that it decreased the quality of patient care, and 5% admitted that it resulted in inadequate treatment. (Guy et al., 1989; Pope, Tabachnick, & Keith-Spiegel, 1987).

- Clinicians working overtime also reported significantly greater importance in reducing stress but less confidence in their ability to reduce stress than those not working overtime. (Luther, et al., 2017)
Challenges?

- Why do healthcare and helping professionals have such a hard time prioritizing their own self care?
- What messages get in the way?

The barriers to seeking help

Percentage of doctors who "somewhat agree" or "strongly agree" that these are barriers to seeking help

- Lack of time: 89%
- Lack of confidentiality: 68%
- Not knowing who to go to: 61%
- "Using services means I am weak": 41%
- "My problems are not important": 26%

SOURCE: Journal of Quality and Safety in Health Care

Vox, 2016
Number One Reason?

- The single most important factor in the development of burnout is **unrealistic self-expectation**.
  
  Scully, 1983; Freudenberger, 1980

“Once encountering stress, mental health professionals are often expected by others and themselves to be invulnerable, with high expectations for personal efficacy, equating personal difficulties with incompetence.”

Skorina, 1982

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How do the helping professions and unrealistic expectations connect?

- With your neighbor, discuss how being a professional helper/service provider might reinforce messages about unrealistic expectations?
- How would having early childhood traumatic exposure also reinforce messages about unrealistic expectations?
- Could having the unrealistic expectation of being an all-good care-giver/helper be the product of a traumatic childhood?
- How could that help the child? (worker as a child)
- How can it harm the worker? (grown child as a worker)
“A duty of care towards the Self that is placed at risk in these environments becomes an ethical responsibility for individuals and those who govern the work practices of these individuals.”

Kelly and Colquhoun, 2005

The organizational environment matters

- When people perceive their organizations to be supportive, they experience lower levels of vicarious trauma.
  
  Hodges and Wegner, 1997

- In a study of behavioral health professionals working with traumatized clients, the utilization of evidence-based practices predicted statistically significant decreases in compassion fatigue and burnout, and increases in compassion satisfaction.

  Craig and Sprang, 2010
• “A number of terms have been used to describe the phenomenon of clinician stress: burnout, compassion fatigue, vicarious traumatization and countertransference. Generally those using the terms are speaking about the change in the clinician's internal experience that results from responsibility for and the empathetic engagement with traumatized consumers.....”
   Using Trauma Theory to Design Service Systems, Harris and Fallot, 2001, pp.91-92

• “....Unfortunately, burnout and compassion fatigue have developed the negative connotation that the clinician is weak or callous, and vicarious traumatization has been interpreted as meaning the consumer herself is traumatizing or toxic to the clinician. We instead use the term “impact of trauma work” to describe the aspect of working with trauma survivors.”
   Using Trauma Theory to Design Service Systems, Harris and Fallot, 2001, pp.91-92
“I would also argue we use the term compassion fatigue cautiously. It connotes a lessening of, rather than the impediment to, the expression of compassion. Do we understand compassion as an economic model? Does one only have so much compassion, then one becomes compassion fatigued or depleted?”

Understanding compassion fatigue: understanding compassion. *Journal of Advanced Nursing*

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**Not due to trauma treatment, exactly**

- Findings are mixed:
  - Findings examining the association between exposure to traumatic material and secondary trauma symptoms are inconsistent.
- Often indicate that trauma clinicians are not frequently experiencing “clinically significant” levels of symptoms
- These symptoms may not be uniquely associated with trauma-focused treatment.

Elwood, et al, 2011
The inevitable impact of trauma work

1. People choosing to work with traumatized people have high rates of primary trauma.
2. An agency serving traumatized populations must ethically recognize the impact of that work on the workers and the organization.
3. Self-care becomes a job duty and the agency adds self-care into job interviews, job descriptions, performance reviews, supervision and promotion.
4. Opportunities to provide agency-wide staff and consumer together self-care workshops and practice prioritized (group acu, group yoga, group cooking classes, group walks, group art, group tai chi)

Primary trauma?
Among clinicians treating sexual abuse clients
- 76% reported a history of at least one form of childhood maltreatment (v 67%)
- 39% childhood history of sexual abuse (v 22%)
- 26% physical abuse (v 21%)
- 51% emotional abuse (v 29%)
- 28% physical
- 51% emotional neglect
- 53% reported experiencing two or more forms of childhood maltreatment.
- 70% reported having experienced two or more forms, of those who reported a history of childhood maltreatment (v 35%)
- These rates are higher than the childhood maltreatment reported in a study of HMO adult participants (N=8,667; Edwards, Holden, Felitti, & Anda, 2003)

Way, et al., 2007)
The inevitable impact of trauma work

• With your neighbor....

• What changes when moving from compassion fatigue or vicarious trauma to the inevitable impact of trauma work?
Post Traumatic Growth

• Coined in 1995 by Richard Tedeschi and Lawrence Calhoun, Post Traumatic Growth is defined as the “experience of individuals whose development, at least in some areas, has surpassed what was present before the crises occurred. The individual has not only survived, but has experienced changes that are viewed as important, and that go beyond the status quo.”

• Individuals have described profound changes in their view of “relationships, how they view themselves and their philosophy of life.

• There is controversy and debate about how to measure PTG.

Post traumatic growth more likely when there is more:

1. Purpose and appreciation of life
2. Social connectedness
3. New possibilities in life/future focus
4. Personal strength/characteristics
5. Intrinsic religiosity
6. Intentional rumination
7. Adaptive coping

Tsai, at al., 2015
Post traumatic growth more likely when there is less/fewer:

1. Stressful experiences
2. Brooding
3. Substances being used
4. Personal relationship stress

Tsai, et al., 2015

Resilience

• *Noun*: the capacity to recover quickly from difficulties; toughness.
• 1620s, "act of rebounding," from Latin *resiliens*, present participle of *resilire* "to rebound, recoil," from re- "back" (see *re-*) + salire "to jump, leap"
Discuss one of the following

1. Posttraumatic growth is not universal, nor can it be expected.
2. Everyone will face a major loss or crisis in their lifetime, but not trauma.
3. Individuals who experience growth also experience suffering and pain.
4. That someone reports feeling better may not be objectively true. Why not?
5. Traumatic events do not retroactively become good when the victim improves.
6. Skills can be built, although some people are naturally inclined to experience post-traumatic growth.

Wellness (Wellbeing)

The presence of the highest possible quality of life in its full breadth of expression focused on but not necessarily exclusive to:

- good living standards
- robust health
- a sustainable environment
- vital communities
- an educated populace
- balanced time use
- high levels of democratic participation
- access to and participation in leisure and culture.
  - The Canadian Index of Wellbeing
Overarching wellbeing

- **Hedonia**: the experience of positive emotional states and satisfaction of desires.

- **Eudaimonia**: the presence of meaning and development of one’s potentials.

WHO-5

- 5-item World Health Organization Well-Being Index (WHO-5) is among the most widely used questionnaires assessing subjective psychological well-being.
- Since its first publication in 1998, the WHO-5 has been translated into more than 30 languages.
- Complete the questionnaire
Complete the WHO-5

Once traumatized people learn to reorient themselves to the present they can experiment with reactivating their lost capacities to physically defend and protect themselves.

Van der Kolk, 2006
Essential nutrients

- Alimentation (Vitamins, minerals, protein, etc.)
- Water, fluids
- Fresh air, oxygen
- Movement, muscle fatigue
- Sleep, rest
- Shelter
- Sunshine
- Clothing
- Needed medical attention
- Safety

What can you try next?

- EFT
- Tai chi and chi gong
- Yoga
- Martial arts
- Dancing
- Theatre
- Drumming
- Gardening
- ASMR
Constructive Rest

Option: CRP with legs supported helps reduce low back pain

Actions, building skills, noticing

• Use trauma recovery skills in your own life
• Pick an easy way to add self-care into your work day
  – Create a self-care library/ideas list
  – Download safety apps
  – Pick from the safe coping skills sheet
  – Put time into your schedule, like a Dr. appt.
  – Be flexibly structured (balance)
  – Use trauma-informed approaches on yourself
Keys to resilience

**Open eyes**
- Safety
- Safe connections
- Safe boundaries
- Safe self care
- Safe finances
- Rest, sleep, needed treatment

**Open hearts**
- Match your values to the work
- Acknowledge the existence of suffering including disasters
- Foster altruism and service
- Engage in social activism
- Tap into spirituality and higher purpose

**Open minds**
- Cultivate a learning mind
- Integrate new understandings into your work
- Question old beliefs
- Enjoy people's perspectives, differences and approaches
- Think optimistically - occasionally

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**Thank you!**

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