COMPASSION FATIGUE & PROVIDER RESILIENCE

Valerie M. Kading, DNP, MSN, PMHNP

Chief Operations Officer

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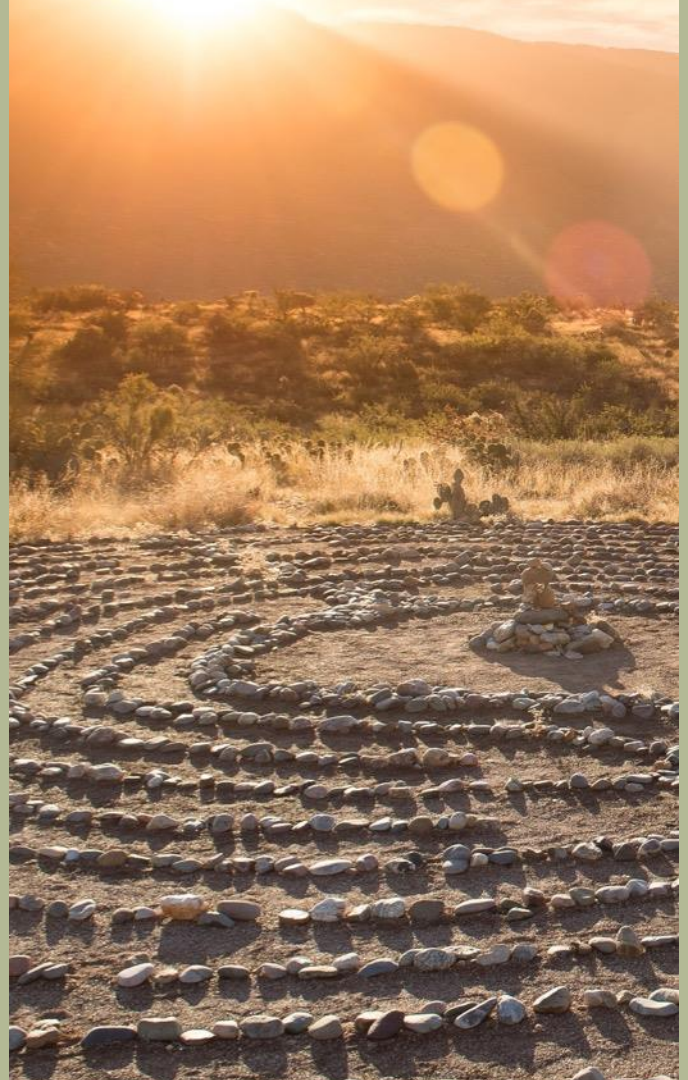

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The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet. … we burn out not because we don't care but because we don't grieve. We burn out because we've allowed our hearts to become so filled with loss that we have no room left to care.

Naomi Rachel Remen, Kitchen Table Wisdom

Statistics from the Field

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Between 40% and 85% of "helping professionals" develop vicarious trauma, compassion fatigue and/or high rates of traumatic symptoms, according to compassion fatigue expert Francoise Mathieu.

(2012)

Compassion Fatigue

Profound emotional and physical exhaustion that helping professionals and caregivers can develop. Gradual erosion of all things that keep us connected to others in our caregiver role:

- *Empathy*
- *Hope*
- *Compassion*

- (Figley 1995)

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Compassion Fatigue =

Secondary Traumatization + Burnout

Figley (1995)

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Secondary Traumatic Stress

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand **trauma** experiences of another. Its symptoms mimic those of post-**traumatic stress disorder** (PTSD). They include being afraid, having difficulty sleeping, having images of stressful event, and avoidance.

Baransky & Gentry 2015

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Vicarious Trauma

Vicarious trauma is the emotional residue of exposure that counselors have from working with people as they are hearing their trauma stories and become witnesses to the pain, fear, and terror that trauma survivors have endured.

(American Counselors Association)

Vicarious Trauma

- Self Capacities – identity, relatedness, Connections self esteem. Ability to tolerate and integrate
- Creating dysregulation and loss of ability to self soothe
- Increased self criticism
- Unable to respond to needs of others or seek support for self

(Pearlman & Saakvitne 1995)

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"**Burnout** is a psychological syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment"

(Maslach, 1982; Maslach & Goldberg 1996, Maslach & Leter 2003)

- **Emotional Exhaustion** – feeling depleted, overextended, fatigued
- **Depersonalization (cynicism)** – negative and cynical attitudes toward one's consumers and work in general
- **Reduced personal accomplishment** – negative self-evaluation of one's work with consumers, decreased occupational effectiveness

Maslach et al, 2001

Predictive factors of burnout

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- Large case loads
- More work than can be accomplished
- Internal politics and bureaucracy
- Perception of a lack of control
- Preponderance of administrative duties
- Lack of specific training for assigned work
- Treatment of those with personality disorders or malingers
- Difficulty with work life balance

Garcia, etal

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What are key differences?

- **CF** – Profound emotional and physical erosion when we can't refuel
- **STS** – Bearing witness to traumatic events which can lead to PTSD symptoms
- **VT** – Transformation of *worldview* due to CUMULATIVE exposure to traumatic images and stories (may have many STS events)
- **BURNOUT** – stress and frustration caused by workplace

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Who is at greatest risk?

- Those who are the most empathetic
- Those who do not see self care as a priority
- Those with a personal history of trauma

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Internal Source Factors

- People bring a past and a present to anything they do
- Their schemas and beliefs; their stigma beliefs
- Their social support systems (positive & negative)
- Their history of trauma and illness
- Their families and close others
- Their economic situation

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Compassion fatigue can be recognized on the job by its effects on work performance, morale, behavior and relationships.

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Cognitive Markers

- Intrusive thoughts and disturbing memories
- Preoccupation with trauma
- Lowered concentration
- Disorientation
- Thoughts of self-harm or harm to others
- Reduced sense of safety

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Emotional Markers

- Powerlessness
- Anxiety or fear
- Anger
- Survivor's guilt
- Numbness or inability to feel emotions
- Sadness
- Emotional roller coaster
- Feelings of depletion, being run down or out of steam
- Irritability
- Decreased self-esteem

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Behavioral Markers

- Impatience
- Being snappy or short tempered with others
- Poor sleep
- Nightmares
- Appetite changes, eating more or less than normal
- Being jumpy or on edge, startling easily
- Being accident prone
- Losing things
- Being rigid or inflexible, wanting to do everything the same way
- Using ineffective or harmful self-care practices

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Spiritual Markers

- Loss of hope
- Loss of purpose
- Anger at God
- Questioning prior religious beliefs
- Skepticism toward religion
- Reduced joy and sense of purpose with career
- Loss of compassion

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Social Markers

- Decreased interests in emotional intimacy
- Mistrust and isolation
- Being overprotective as a parent or as a leader; not allowing others to have normal activities
- Loneliness
- Increased interpersonal conflicts
- Trouble separating work from personal life

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Somatic Markers

- Shock
- Rapid heartbeat and sweating
- Breathing difficulties
- Aches and pains
- Dizziness
- Impaired immune system: being more prone to illness
- Exhaustion
- Gastrointestinal problems and headaches

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Effects on Work Performance

- Decreased quality
- Decreased quantity
- Low motivation
- Avoidance of tasks
- Increased mistakes
- Setting perfectionist standards
- Obsession about details

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Effects on Morale

- Decrease in confidence
- Loss of interest
- Dissatisfaction
- Negative attitude
- Apathy
- Demoralization
- Lack of appreciation
- Detachment
- Feelings of incompleteness

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Effects on Behavior

- Absenteeism
- Exhaustion
- Faulty judgment
- Irritability
- Tardiness
- Irresponsibility
- Frequent job changes
- Overwork
- Substance Use

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Resiliency

"Persons inner ability to face fear and adversity with courage, and the will to persevere and overcome."

Combat and operational stress control, chapter 4

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Building our own Provider Resiliency

- Strength, not pathology
- Who is your resiliency role model?
- What are the qualities of people that inspire you?

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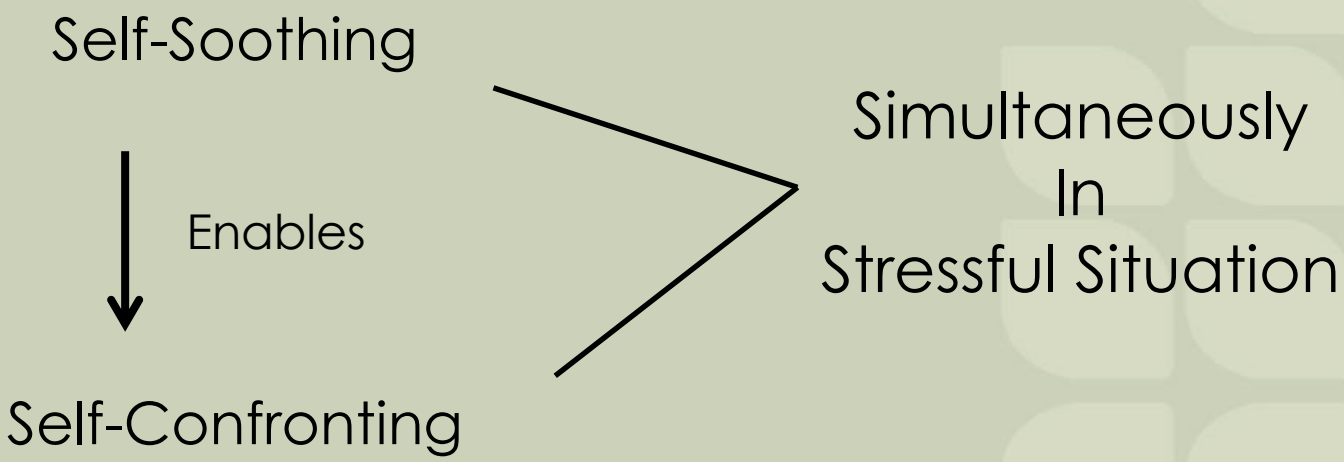
How do we build Resiliency?



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Self-Sooth

Deliberately RELAX

- Breathing
- Meditation
- Orientation
- Grounding

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Self-Confronting

Self-Confronting is the process of assessing one's own anxiety and examining what might be learned from the situation. Providers should ask themselves questions such as….

- Why am I anxious?
- What am I trying to prove?
- Whom am I trying to impress?
- What am I trying to fix?
- Am I depending on someone else to validate my sense of worth?
- What is the growth potential in this situation?

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Self Confronting

Self-Soothing = Avoidancy

- Withdrawing
- Being demanding or driven by emotion
- Overeating
- SUD

Self Sooth

Self-Confront = Negativity – Being stuck

- Failure to see growth opportunity

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Building Provider Resilience

- Physical Renewal
- Mental Renewal
- Emotional Renewal
- Spiritual Renewal

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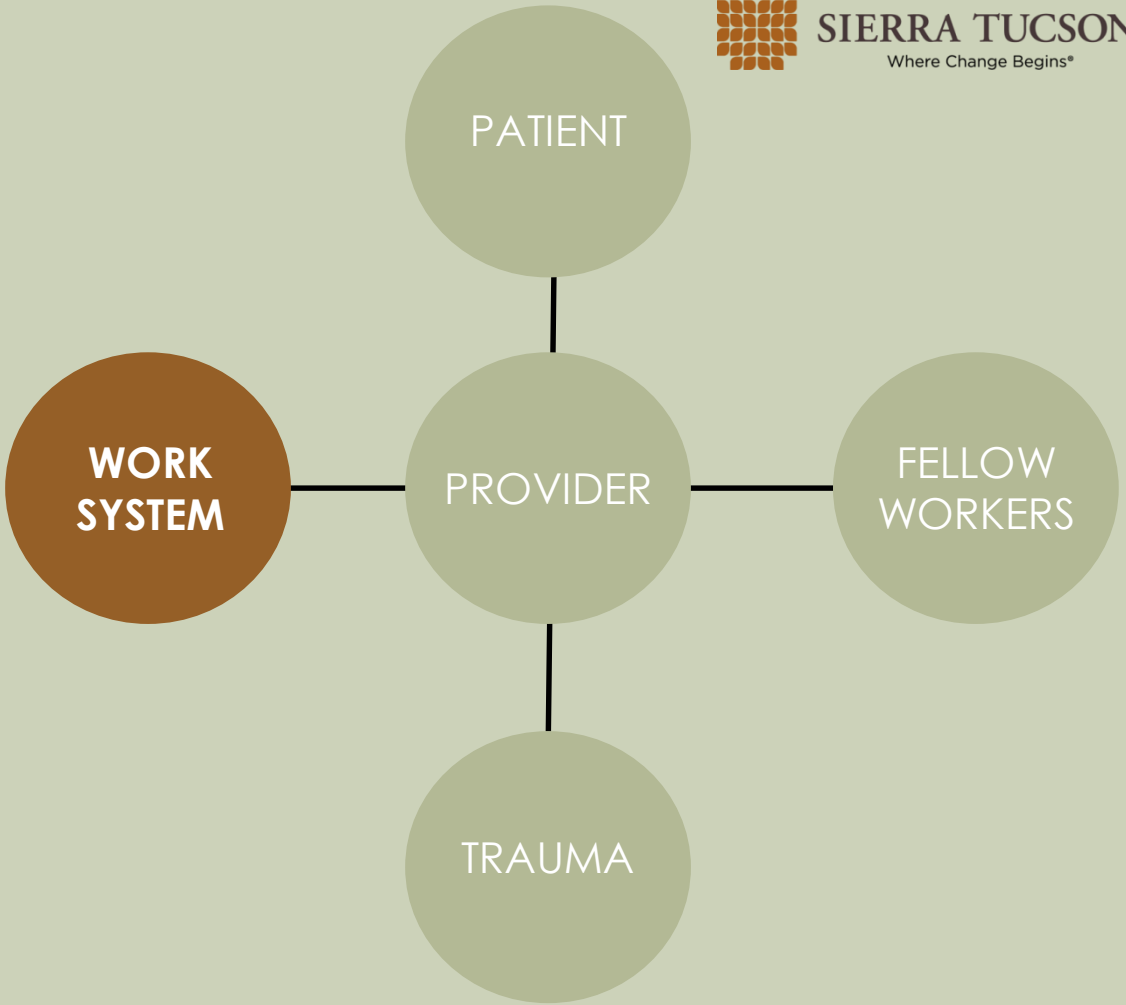
Focus on the provider is essential to combating provider fatigue. Providers are affected by their many relationships with patients and clients as well as colleagues, in a work environment with exposure to various types of trauma.



Compassion Satisfaction

- Positive aspects of helping
- Pleasure and satisfaction derived from working in helping, care-giving systems

May be related to

- Providing care to the system
- Work with colleagues
- Beliefs about self
- Altruism

ProQOL

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Professional Quality of Life

(Pro-QOL;Stamm, 1998,2009)

www.proqol.org

Provider Resilience Phone App

https://itunes.apple.com/ca/app/provider-resilience/id559806962?mt=8

My Story of VT, and CF…

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What is intruding to your thoughts and dreams?

Journal your narrative

Looking at…

- Vicarious trauma
- Loss of innocence
- Anger and irritability
- Avoidance of meetings
- Predictability of client issues
- Avoiding difficult topics with clients
- Feeling discouraged about lack of options
- Failure to get a life
- Fatigue and exhaustion

Interventions

REAPER Model

Recognition of signs and symptoms

Education at all levels

Acceptance in the culture creating empathy

Permission to deal with symptoms openly

Exploration to identify resources

Referral sources when necessary

(Mitchell and Bray)

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Take care
of yourselves,
and each other.

~ Jerry Springer

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THANK YOU

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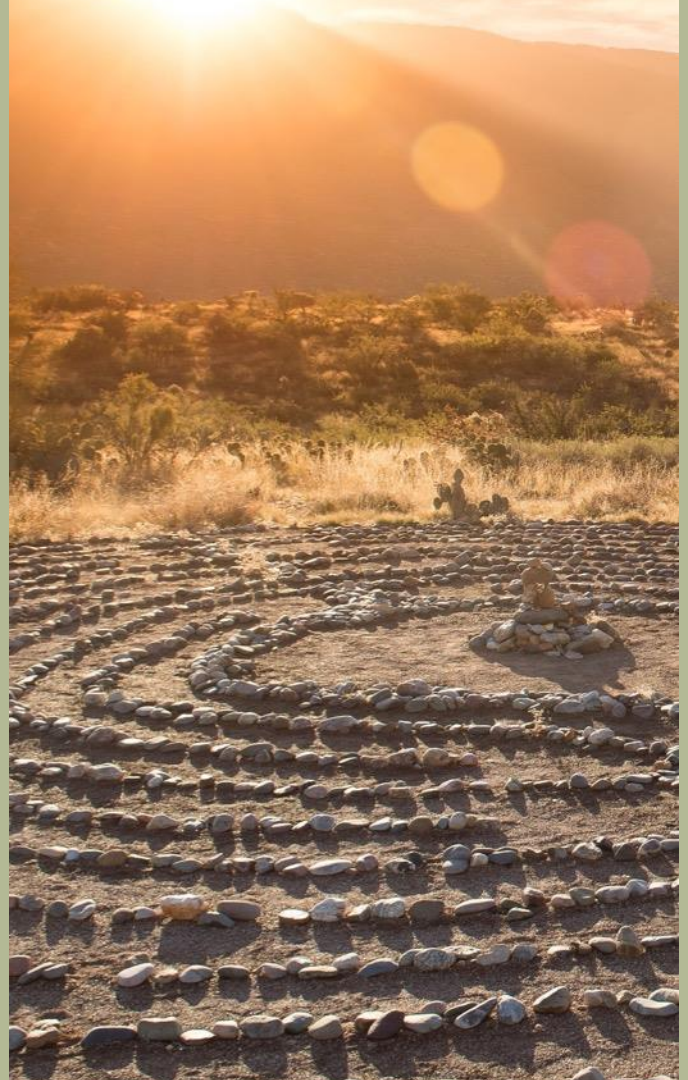

CHS

CENTER FOR HEALTHY SEX

Power in the Helping Profession: New Rules of Engagement in the 21st Century

Alexandra Katehakis, Ph.D.

September 27, 2018

Legal definition of sexual harassment

- Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that tends to create a hostile or offensive work environment.
- Sexual harassment is a form of **Sex Discrimination** that occurs in the workplace.

- legal-dictionary.thefreedictionary.com/sexual+harassment

Place your ad here. Click triangle to begin.

Why are women leaving the law profession?

Roberta Liebenberg and Stephanie Schaef, co-chairs of the American Bar Association's Initiative on Achieving Long-Term Careers for Women in Law, flank Harvard Law School Dean John Manning and ABA President Hilarie Bass at the opening reception of the initiative's

The San Diego Union-Tribune

Februry 5, 2018

By Kristina Davis

American Bar Association…

- Women make up 36% of practicing attorneys
- Many leave within 5 years of entering private practice
- Only 18% are equity partners at law firms

Why do women leave the profession?

- **Discrimination**
- Lack of work-life balance
- **Sexual Harassment**
- Childcare
- **Implicit bias**
- Stress fatigue

- Hilarie Bass, president ABA 2018

Entitlement

- People high in self-esteem and narcissism are most aggressive (more than those high in narcissism but low in self-esteem or those low in narcissism but high in self esteem or those low in both (Bushman & Baumeister, 1998, 2009)
- Reactance is defined as negative responses to loss of freedom (or threats of loss). When some people lose a desired option, they respond by increasing their desire for that option, by trying to do what is now forbidden, or by aggressing against the person who deprived them of the option (J. W. Brehm, 1966, 1972; S. S. Brehm & Brehm, 1981; Wicklund, 1974).

Narcissism & Reactance

- …narcissism constitutes a personality trait that may foster tendencies toward sexual coercion, especially given the narcissistic propensity for self-serving interpretations, low empathy toward others, and inflated sense of entitlement.
- Some men (especially narcissists) may exhibit reactance when their sexual desires are rejected, and the reactance may foster an increase in sexual desire, attempts to take what has been denied, and a willingness to aggress against the person who thwarted them— responses that in concert may contribute to sexual coercion (Bushman, Bonaci, Van Djik, Baumeister, 2003).

Narcissus

- Narcissism is a personality trait defined by an unusually high degree of self-love, as exemplified by the character from Greek mythology who fell in love with his own reflection in the water.
- Empirical studies indicate that modern narcissists are preoccupied if not downright obsessed with garnering the admiration of others (see Morf & Rhodewalt, 2001, for review).
- The term *narcissism* is linguistically related to the word *narcotic*, implying perhaps that people sometimes become addicted to their image of themselves (see Baumeister & Vohs, 2001).

Narcissism

- Narcissism is characterized by an exaggerated sense of self-importance and uniqueness, an unreasonable sense of entitlement, a craving for admiration, exploitative tendencies toward others, deficient empathy, and arrogance. *Diagnostic and Statistical Manual of Mental Disorders* (American Psychiatric Association, 4th ed, 1994)
- Narcissists are strongly motivated to sustain their own and others' perception of them as superior beings.
- Narcissists provide some of the best evidence that threatened egotism is an important cause of aggression (Baumeister, Smart, & Boden, 1996).

Inflated entitlement

- Bushman and Baumeister (1998) found that identical remarks of insulting criticism elicited more severe and aggressive retaliation from high narcissists than from other participants.
- Their inflated sense of entitlement may make them think that women owe them sexual favors.
- Their low empathy entails that they would not be deterred by concern over the victim's suffering.
- Narcissists are generally capable of empathy but do not bother to use it when it is not in their interests to do so.
- (Bushman, Bonaci, Van Djik, Baumeister, 2003).

Delusional thinking

- The narcissist's tendency to maintain inflated views of self by means of cognitive distortions might help them rationalize away any borderline objectionable behaviors, such as if they could convince themselves that their coercion victims had really desired the sex or had expressed some form of consent.
- Finally, their concern with getting others to admire them could lead them to seek out sexual conquests in order to have something to boast about to their peers, and in fact, studies of coercive men have suggested that peer pressure and boasting are sometimes important contributing factors (Kanin,1985; Lisak & Roth, 1988).

Power and Control Dynamics

- Sexual harassment is not only a legal problem, but also a social and emotional problem
- Those in power who sexually harass subordinates are typically exhibiting controlling and abusive behavior
- Sexual exploitation of subordinates is used to manipulate leverage of advancement or as a threat of adverse employment consequences.

"…whenever something must be imposed by force, the conscious and unconscious motives involved are multi-faceted. An uncanny lust for power lurks in the background…"

Guggenbuhl (2015;1971)

How are you motivated by power even when your primary motive is to be respected and honored for your generosity?
Can you admit your shadow side to yourself and others such as friends and family members?

Power in the Helping Professions

Guggenbuhl-Craig (2015;1971)

- We have to accept the unrealistic images our clients [co-workers, employees, etc.] have of us and neither fight back or bask in these projections (Haule,in Guggenbuhl, 2015). We must not hide behind our “professional persona”.
- The more we strive for professional perfection, “the more we are in danger we are of acting out our power-hungry shadow.” (Haule, 2015)

“The basic structure of most professions is reflected in public opinion about it” (Guggenbuhl, 2015)

- “The collective image is usually a double one, with a light and dark side” (Guggenbuhl, 2015)
- What are the light and dark side stereotypes of the law profession?
- Which side do you predominately uphold?
- Are you aware of your own power split?
- How do you work with that in relation to gender dynamics?

The law and political correctness

- The reason sexual harassment/power dynamics don't change dramatically is because we're usually given specific examples of what we can and can't say and what we should and shouldn't do.
- You have been trained to look at everything from a legal perspective and definitions of what's appropriate and what's not; if we look at this problem based on those definitions, the outcome isn't much to aspire to. It leaves us with lowest common denominator of what you can and can't get away with legally.

Common Decency

- Or is it about aspiring to something higher than what the law dictates such as common decency?
- What are the common sense values we can all relate to? Respect, dignity, decorum…
- Instead, what if the collective conversation was about dignity?
- How would you think about this issue differently?

Vulnerability

- We must consciously examine our intentions and admit our shadow into interpersonal relationships.
- We must admit how we're affected by one another and observe how our unresolved issues get stirred up then make adjustments accordingly.
- We must examine our own behavior, motives and how we play into cultural roles and rules.

Men…

- How do you determine whether a statement or remark is appropriate to make a female co-worker?
- Who are the important female figures in your life?
- Your grandmother, wife, sister, mother, daughter?
- Would you be comfortable if you heard another man say what you're thinking or about to say to a loved one?
- What would your reaction or counsel be to one of those women if a man made an inappropriate remark to her?

Women…

- How do you comport yourself in the work place?
- Do you buy into the patriarchy? If so, how do you contribute to the patriarchy?
- Some women who use their sexuality as a form of professional advancement find themselves in a dilemma; she silently condones and sides with the problem and violates herself.
- Do 82% of women drop out of the law profession in the first five years because, in part, they say, “I’m not going to do that?”

Men and women…

- How do you contribute to the problem?
- What solutions can you bring to the workplace on a daily basis?
- How can you intervene when you see inappropriate dynamics taking place?

What values and principles guide you?

- What are your personal values?
- What are your personal guiding principles?
- How do you want to be treated in the workplace?
- How would you want a female in your life to be treated in the workplace?
- If you’ re attracted to someone in the work place, what is an appropriate way to approach that person based on your values and principles?

Mental health

- How can you honor someone's humanity?
- How can you contribute to creating a space where people can feel connected, vulnerable and productive?
- How men and women embrace the feminine and masculine sides of themselves instead of cutting them off or having an imbalance?

The masculine directs, the feminine invites.” (Deida, 2006)

- Can men in power empower women without being seductive, feeling weak or like they’re going to lose something?
- Can women stand in their power without choking off their femininity or turning themselves into sexual objects?

Be part of the solution!

- Be a humanitarian
- Practice common decency
- Stay in your dignity
- Respect others
- Let your principles guide you
- Be vulnerable, talk about your shadow side, ask for help

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Taking it to the Employers: *The Path to Lawyer Well-Being*

September 25, 2018
Charleston, SC

Presenters

- **Mike Ethridge, [ ]**
- **Lisa Smith, lawyer and author, *Girl Walks Out of a Bar***
- **Eileen Travis, Director, Lawyers Assistance Program, the Association of the Bar of the City of New York**

Agenda

- Getting their attention
  - Points of contact inside firms
  - CLE and materials
  - Audiences
- Once they're listening
  - Discussion of the relevant studies
  - Discussion of recommendations
  - How to keep the conversation going

Getting Their Attention

- Points of contact inside firms
  - Chiefs of Professional Development/CLE Managers
  - Chiefs of Diversity & Inclusion
  - Directors of Associate Life
- Efforts to date have been largely reactive
- Future targets
  - Management/Executive Committees
  - Risk Management Committees
  - Chiefs of Human Resources/Benefits

Getting Their Attention

- CLEs
  - Offer Ethics credit
    - Improves attendance – alleviates perceived stigma
  - New state requirements provide entree
- Materials
  - 2016 ABA/Hazelden Betty Ford study
  - 2017 ABA Task Force recommendations
  - Local LAP brochures and materials
  - Law review articles
  - Ethics opinions

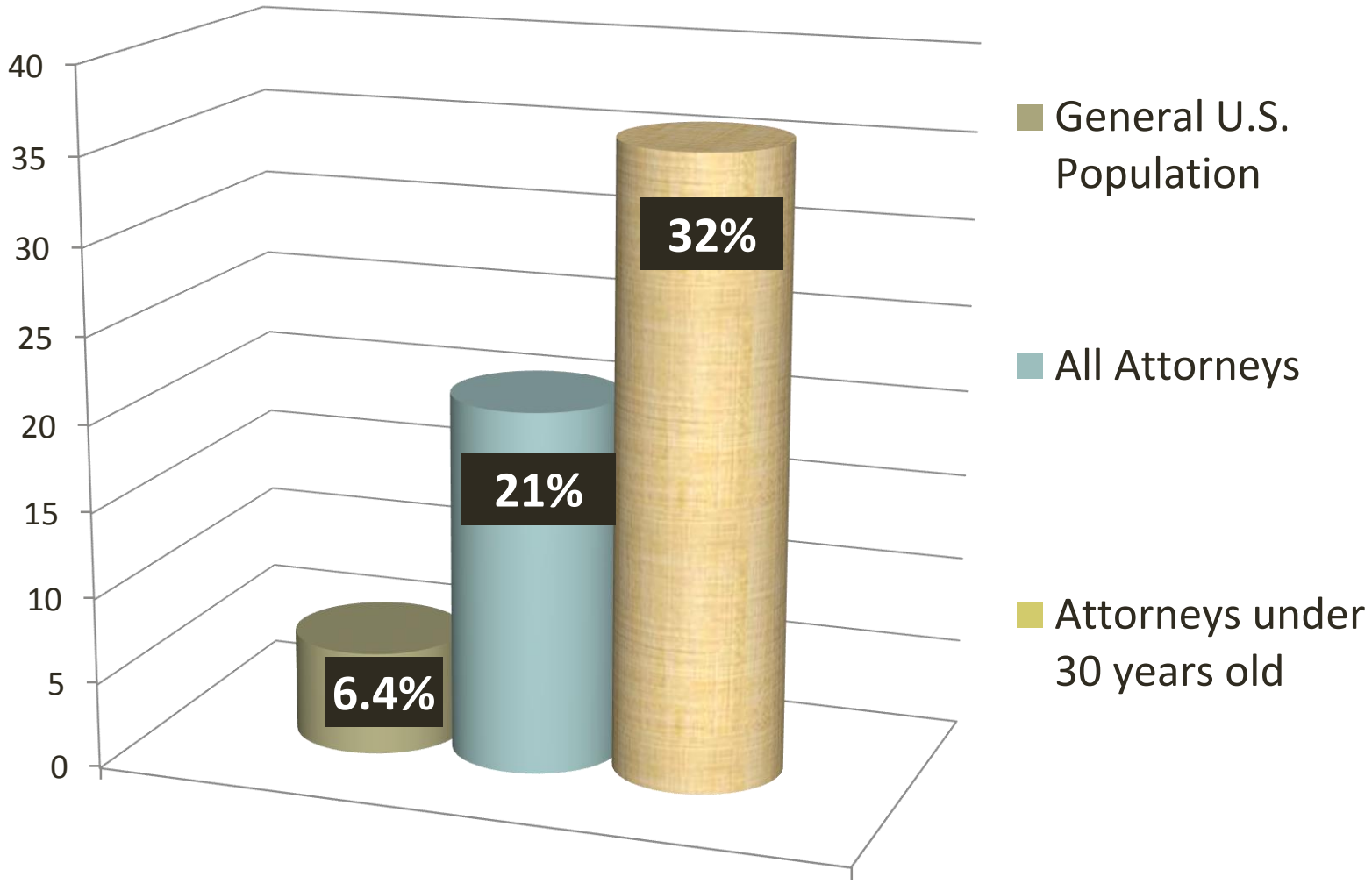
Getting Their Attention

- Audiences
  - Lawyers
    - Partners and other attorneys together or separate?
    - New Partner Orientation
    - New Attorney Orientation
  - Administrative staff
    - LAP offerings may differ
  - One office vs. multi-office
  - Timing
    - Coordination with wellness initiatives
    - Prior to summer associate programs

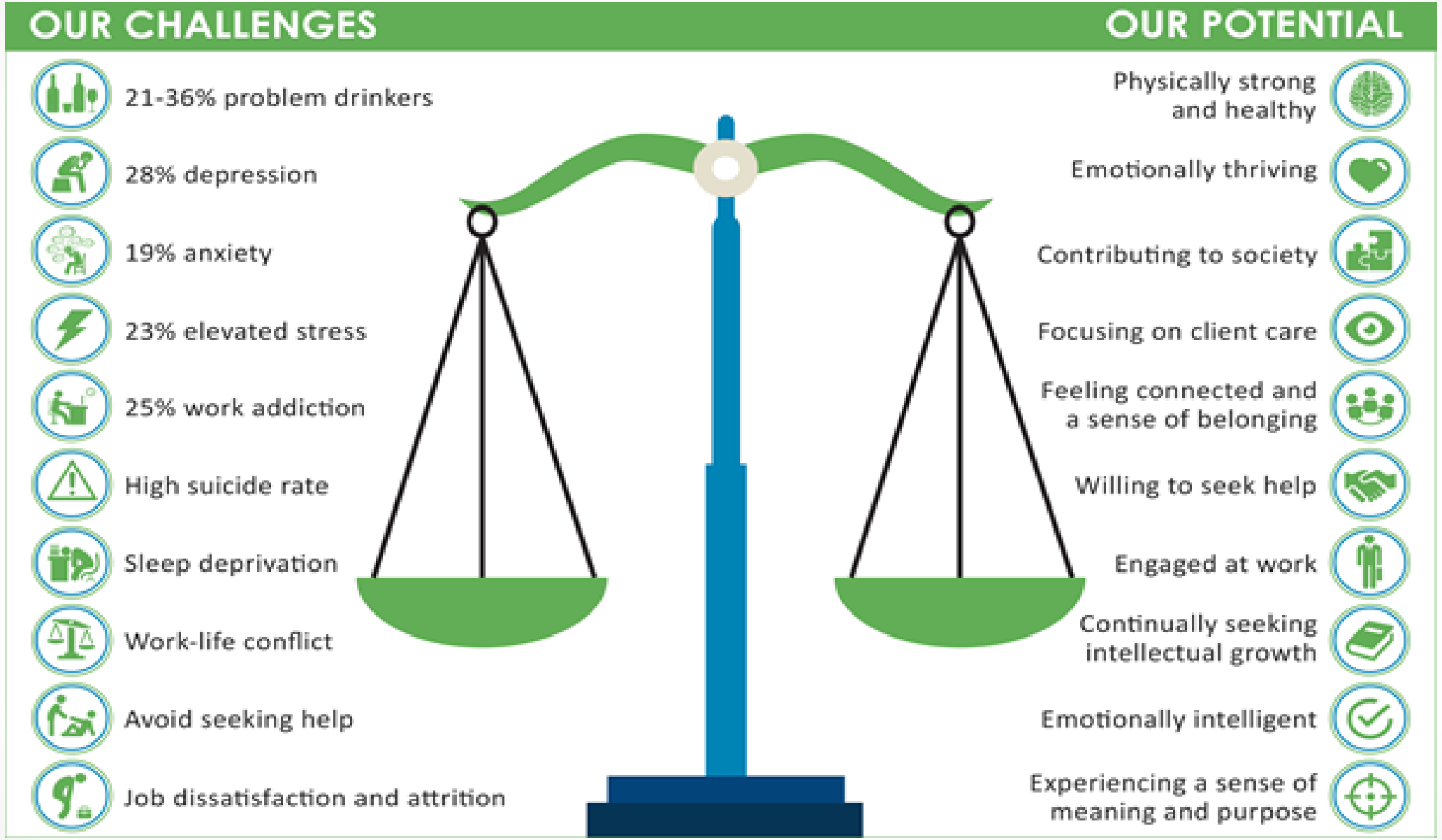
Once They're Listening

- Cannot assume any familiarity or understanding of issues
- Lay it out clearly

2016 ABA Lawyer Study



"Problematic Drinking" = hazardous, possible dependence


OUR CHALLENGES
21-36% problem drinkers
28% depression
19% anxiety
23% elevated stress
25% work addiction
High suicide rate
Sleep deprivation
Work-life conflict
Avoid seeking help
Job dissatisfaction and attrition
OUR POTENTIAL
Physically strong and healthy
Emotionally thriving
Contributing to society
Focusing on client care
Feeling connected and a sense of belonging
Willing to seek help
Engaged at work
Continually seeking intellectual growth
Emotionally intelligent
Experiencing a sense of meaning and purpose

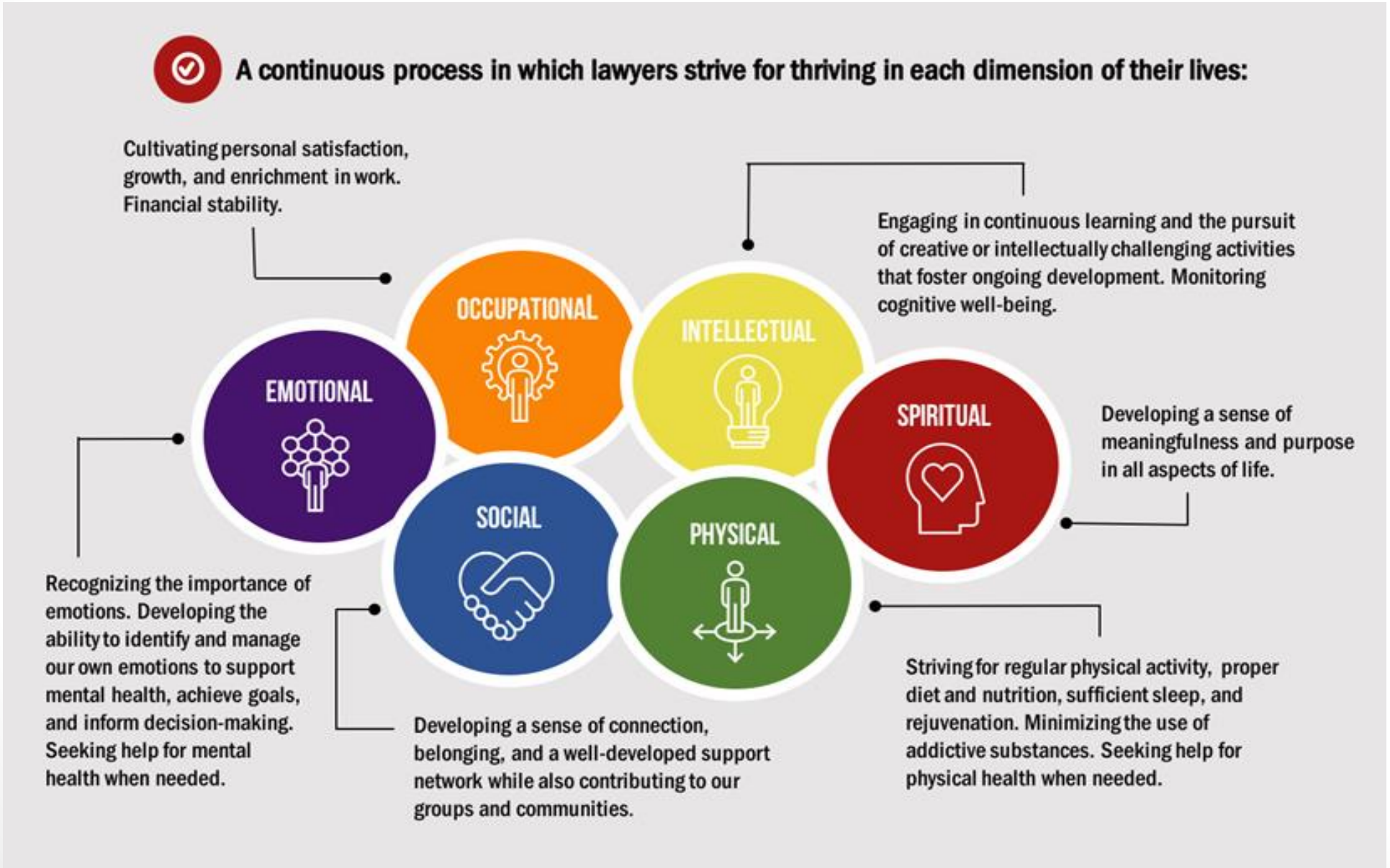
Once They're Listening

- Framing as a crisis in the profession
  - Frequently flagged
    - Study covered licensed and employed lawyers
    - Highest numbers in youngest lawyers
    - Self-medication of underlying mental health issues
- Red flags and where to for help

Once They're Listening

- Discussion of recommendations
  - Smashing stigma first and foremost
  - Recent positive developments
    - Powerful partners publicly discussing struggles
  - Make even small changes to reduce alcohol at events
    - Drink tickets at parties
    - Not sponsoring after-parties
    - Alcohol-free events (e.g., Escape the Room)
    - Offer mocktails
  - Recognize that next generation thinks differently

Once They're Listening: Define "Well-Being"



Once They're Listening

- How to keep the conversation going
  - Leaders need to prioritize these issues
  - Component of broader wellness program
    - Start a committee
    - Nutrition, exercise, mindfulness
  - Obligation of all to be aware and provide support
    - The Other 75%
  - Consistent reminders of resources
  - Promotion internally of where we see stigma being smashed

Contact Us

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Trauma Informed Care (J. Zampogna)
Resources

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TRAUMA INFORMED CARE

A Crucial Component of Effective Intervention and Treatment of Mental Health and Substance Use Disorders in Lawyers, Judges & Law Students

Jennifer C. Zampogna, M.D.
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WHAT IS TRAUMA?

"Individual trauma results 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 and spiritual well-being."

Substance Abuse and Mental Health Services Administration a.k.a SAMHSA

WHAT IS TRAUMA?

DSM-V (APA 2013) def. of trauma as it relates to PTSD:

"Exposure to actual or threatened death, serious injury or sexual violence in one or more of four ways: (a) directly experiencing the event; (b) witnessing, in person, the event occurring to others; (c) learning that such an event happened to a close family member or friend; and (d) experiencing repeated or extreme exposure to aversive details of such events, such as with first responders. Actual or threatened death must have occurred in a violent or accidental manner…"

- Narrower than what most real-world experience has born out
- Excludes natural causes; adds sexual violence and vicarious trauma
- Does not acknowledge 'little 't' trauma' or complex trauma

Trauma need not involve actual physical harm to oneself:

- An event or series of events that overpowers one's ability to cope
- Witness to trauma
- Learning about a loved one's trauma
- Repeated exposure to actual traumatic events and/or traumatized individuals (vicarious trauma)

Trauma must
be addressed and
processed emotionally,
physically,
cognitively and
spiritually to prevent
and/or treat negative
long term impact on a
survivor.

TYPES OF TRAUMA

- **VICARIOUS** Trauma aka Secondary Traumatic Stress (e.g. first responder)
- **CHILDHOOD** Trauma – Adverse Childhood Events (ACE) study
- **CULTURAL & MASS** Trauma (e.g. 9/11, war-torn countries)
- **COMMUNITY** Trauma (e.g.VA Tech and other school shootings)
- **HISTORICAL** (e.g. Holocaust, slavery, native American land)
- **INTERGENERATIONAL** trauma (e.g. epigenetics & behavioral)
- **INTERPERSONAL** Trauma (e.g. sexual assault, domestic violence)

Big “T” trauma

Marked by a significant event (e.g. accident, death of loved one)

Little “t” trauma

Living long periods of time in a stressful environment; does not have to occur in combat or as an actual physical trauma. (e.g. 25% of population are adult children of alcoholics – ACOA)

Complex trauma

Often a mix of big “T” and little ‘t” traumas and/or if additional traumatic events occur before the prior event can be processed; survivors have poorer overall outcomes

- Trauma is one of the west's most urgent public health issues and can affect all aspects of a person’s life throughout their lifetime.

- 70-85% of the population has experienced a potentially traumatic event (PTE) over their lifetime. Effect on well-being varies by individual & responses exist along a continuum.

- At least 80% of clients in MH clinics have a trauma history. *(Breslau & Kessler, 2001)*

- A history of trauma exposure, *even in the absence of a traumatic stress reaction*, independently increases the risk of SUD. *(Farley 2004)*

- 8% of trauma survivors develop PTSD.

  (Kilpatrick et al. 2013)

- People with PTSD engage SUD treatment 5x the rate of those without PTSD. *(Atkins 2014)*

- Can also lead to engagement in high-risk &/or self-injurious behaviors: disordered eating, compulsive behaviors (gambling or overworking aka ‘workaholic’)

- Up to 50% of those seeking treatment have co-morbid PTSD and SUD. *(Tull et al. 2017 & Back et al. 2009)*

TRAUMA AND SUD

What came first, the chicken or the egg?

- With PTSD, person is 2x - 4x more likely to develop a severe SUD or compulsive behavior (vs. those without PTSD) *(Kessler 1995)* - trauma as a 'gateway drug'

- Having a SUD increases your chance of sustaining trauma and developing PTSD as a result of use and behaviors.

- Why use drugs and alcohol as a trauma survivor (esp. with PTSD)?

  D&A used to 'self-regulate':

  - ✓Alleviate state of constant stress/duress, intrusive memories, anxiety
  - ✓Regain emotional control- at least temporarily but causes further emotional dysregulation over time

WHY SHOULD LAP'S BE TRAUMA-INFORMED?

Trauma can affect every area of functioning and cause significant professional impairment, in addition to physical, psychological and behavioral impacts.

- Coping mechanisms developed may be affecting current behavior, health, willingness to engage in and complete treatment.

- Attorneys and judges are at significant risk for **vicarious trauma** specific to the practice of law in addition to any other traumas they may experience.

WHY SHOULD LAP'S BE TRAUMA-INFORMED?

- LAP clients with unexplored/unprocessed traumatic histories (spec. if undiagnosed or untreated PTSD) are likely to:
  - ✓Avoid engagement in treatment and/or leave treatment early
  - ✓Be more 'treatment-resistant'
  - ✓Develop a SUD
  - ✓Have a higher likelihood of relapse after MH/SUD tx

- LAP clients with co-occurring SUD/PTSD:
  - ✓More severe PTSD sxs
  - ✓Greater PTSD *and* SUD relapse after tx *(McCarthy & Petrakis 2010)*

Social connection & feeling safe in the world and with other people is:

- **Essential for good mental health**
- **Necessary in order to find purpose meaning in life**

Trauma builds a wall of armor that prevents intimacy with self and others.

This leads to a host of SUD and MH problems and reduces QOL.

Behavioral symptoms, cognitive and emotional dysfunctions are manifestations of injury, rather than indicators of 'sickness' or 'evil'.

"What happened to you?" vs. "What's wrong with you?!"

PSYCHOLOGICAL EFFECTS OF TRAUMA

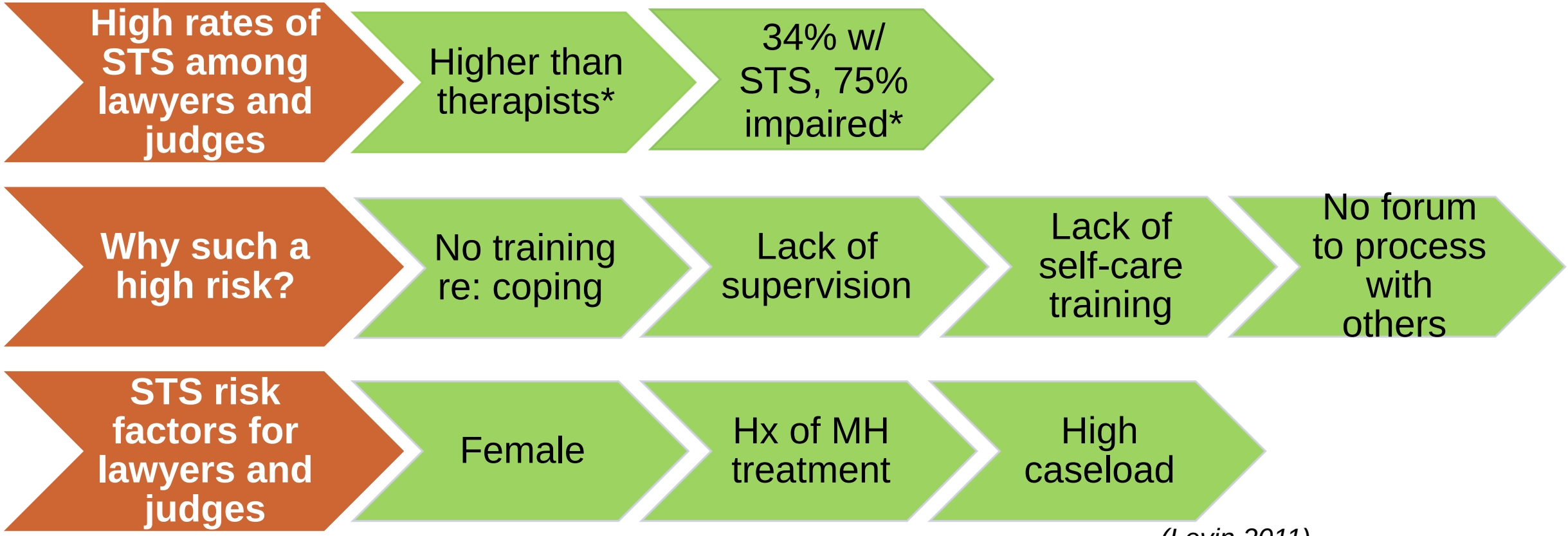
Depression	PTSD	ADHD
SUD/AUD	Conduct disorders	Anxiety
Suicidality	Eating disorders	Psychosis

(SAMHSA, Forman-Hoffman 2016)

VICARIOUS TRAUMA IN LEGAL PROFESSIONALS

- ‘Compassion Fatigue’, ‘Secondary Traumatic Stress’ (STS)
- Cumulative effect of listening to clients' stories, gruesome testimony and photos
- Harmful changes in the lawyer’s or judge’s view of him/herself, the world and others
- Like all traumatic responses, it exists on a continuum.
- Esp. in family law & criminal defense attys and judges in specialty courts and those on bench >6 yrs. *(Jaffe 2009) (Levin 2011)*

VICARIOUS TRAUMA (STS) PERSONAL AND PROFESSIONAL IMPAIRMENT



(Levin 2011)

*In one study *(Levin & Greisberg 2003)*

TRAUMA & STS IN LAWYERS & JUDGES

Avoiding certain clients

Not returning phone calls

Avoiding certain questions in interviews with clients

Tardiness/absenteeism

Decreased empathy toward clients

Easily startled or upset - feeling on edge – agitated

Hypervigilance about personal/family safety

Aggressive behavior, outbursts, rage

Numbing out (e.g. use of D&A)

Extreme physical reactions to trauma reminders

Change in view of the world and others

"World is an unsafe place"

Problems sleeping/nightmares

Intense focus or worry about safety/welfare of clients

Over-identifying with client

Stomachache, headaches, extreme fatigue

Strained interpersonal relationships

Withdrawal from social interactions &/or relationships

Compromised parenting

Irritability

Argumentative or impatient

Difficulty concentrating, focusing, remembering things

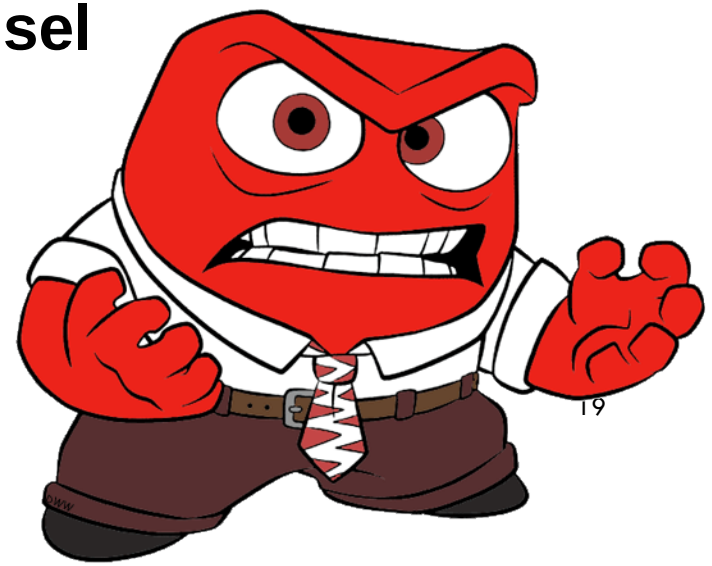
Feeling hopeless about the work

Dreading work

Having disturbing images from cases intrude into thoughts & dreams

Lawyers and judges with unprocessed trauma may transfer their own trauma reactions & symptoms onto their clients

- **RE-TRAUMATIZATION of client**
- **Impairment of attorney-client relationship and effectiveness of counsel**



WHAT DOES IT MEAN TO BE TRAUMA INFORMED ?

A program, organization, or system that is trauma-informed if it:

- ***Realizes*** the widespread impact of trauma and understands potential paths for recovery; understands the biological/physiological and behavioral impact trauma has on clients;
- ***Recognizes*** the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
- ***Responds*** by fully integrating knowledge about trauma into policies, procedures, and practices; and
- ***Seeks*** to actively prevent *re-traumatization* (e.g. triggering the client)

(SAMHSA 2014)

TRAUMA INFORMED APPROACH

6 KEY PRINCIPLES

1. **Safety**- physical and psychological
2. **Trustworthiness and Transparency** - with clients, staff
3. **Peer Support** - lived experience as a tool for recovery
4. **Collaboration and Mutuality**
5. **Empowerment, Voice and Choice -** shared decision making
6. **Cultural, Historical, and Gender Issues**

SAFETY

First contact experience; build trust

Est. clear employee boundaries w/ callers

Low, steady tone of voice; remain calm

De-escalate prn; “we are here to help”

Non-confrontational

Grounding exercises Seeking Safety *(Najavits 2002)*; distress tolerance

TRUSTWORTHY & TRANSPARENT

Explain confidentiality policy to clients and offer copy

ACE-informed services

Reliable follow up, referrals from staff

Offer trauma informed supports

Be clear what your role will be; establish boundaries

COLLABORATION & MUTUALITY

Having staff that are trauma, MH & SUD ‘survivors’ (lived experience)

Employee wellness and self-care

Reflective listening

Motivational Interviewing- ask permissions

(Rollnick & Miller 2012)

PEER SUPPORT	EMPOWERMENT, VOICE & CHOICE	CULTURAL, HISTORICAL & GENDER ISSUES
From staff and volunteers To support and model problem-solving and coping skills Avoid re-traumatization; train staff & volunteers Foster resilience	Educate (how trauma affects us all & the body's physiological & subconscious responses to trauma) Offer several resources / tx options (<=3)- client's choice Remind client of strengths and past successes Avoid labels/stigma-inducing language	Esp. relative to peer support & therapist choice <= 80% of women seeking treatment for substance use report lifetime histories of sexual and/or physical assault; esp. as it relates to 12-step and other recovery support groups

PHYSICAL EFFECTS OF TRAUMA*

- ✓irritable bowel syndrome (IBS), chronic constipation
- ✓high blood pressure, stroke, heart attack
- ✓fibromyalgia, chronic fatigue, chronic pain
- ✓tension headaches, migraines, back pain
- ✓panic attacks, hyperventilation, asthma
- ✓skin rashes – itching
- ✓decreased function of natural endorphins → ↓sense of well-being

Look for PTSD in these patients with somatic complaints of unknown origin.

Sxs result from a combo of physiologic stress response and subconscious expression of emotional distress.

*Only a partial list

COGNITIVE EFFECTS OF TRAUMA

- View of the world - "People cannot be trusted." "The world is a bad place."
- View of the future – Sense of dread or 'other shoe' dropping; foreshortened future
- View of self (I am incompetent, unworthy and/or bad; shameful)
- ↓ memory and attention
- Triggers - sensory reminders of traumatic events (loud noises/arguing/loud voices)
- Flashbacks
- Dissociation- helps distance the person from the experience

COGNITIVE EFFECTS OF TRAUMA

- Amnesia for parts or all of traumatic event
- Emotional dysregulation some trauma survivors have difficulty regulating emotions such as anger, anxiety, sadness, and shame—this is more so when the trauma occurred at a young age *(Van Der Kolk et al 1996)*
- Low distress tolerance These effects can limit treatment access (distrust, fear of disclosure or judgement)
- Minimization
- Avoidance

BEHAVIORAL EFFECTS OF TRAUMA

- **Re-enactment** - hypersexuality in abuse survivors; abusive relationships
- **Self–harming &/or self-destructive** behaviors substance misuse; internally directed negative emotionality
- Restlessness & irritability
- If you are stuck in a stress response, you are constantly fighting off potential attacks and enemies. No time to develop coping skills, nurture, self-care, intimacy
- Cutting/self-mutilation
- Stealing compulsively
- Lack of boundaries
- Can become a perpetrator

THE ACE STUDY

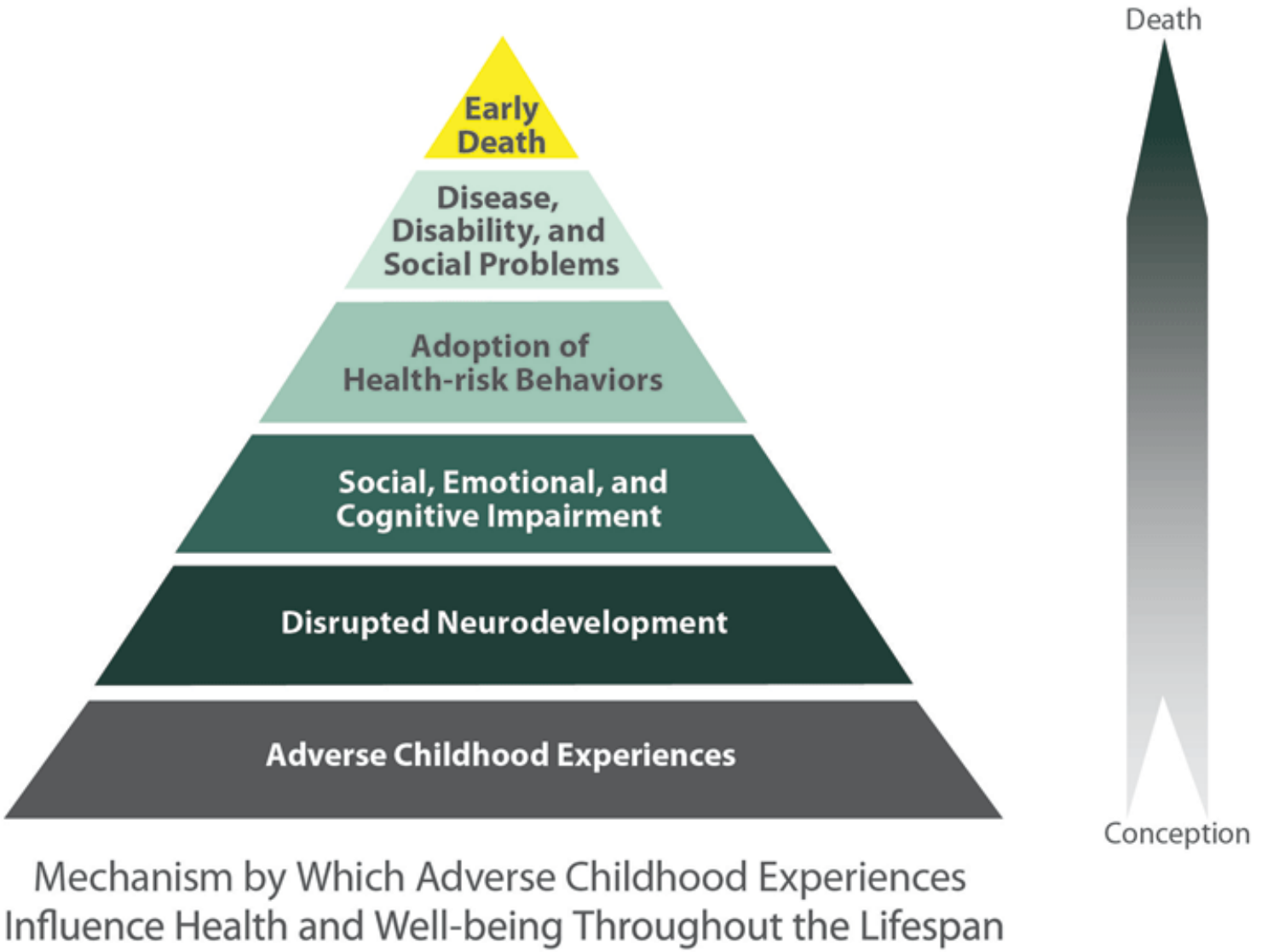
Adverse childhood experiences disrupt neurodevelopment:

- Emotional abuse
- Physical abuse
- Sexual abuse
- Mother treated violently
- Household substance abuse
- Household mental illness
- Incarcerated household member
- Parental separation/divorce
- Emotional neglect*
- Physical neglect

SEQUELAE OF HIGH ACE SCORES

- Disability
- Unintended pregnancies & fetal death
- Obesity
- STD's & multiple sexual partners
- Early initiation of smoking and sexual activity
- Intimate partner violence
- Illicit drug use & SUD
- Unemployment
- Lower income
- Lower education/academic achievement
- Lower QOL
- Suicide attempts
- Poor work performance
- Heavy drinking, AUD, & marrying a person who is alcohol dependent (2-4x greater) *(Dube 2002)*
- Litany of physical health problems

All of these outcomes represent ACE risks for the next generation; TIC can help break the cycle.



Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

(Felitti et al. 1998)

Effect of accumulated childhood stress persists over a lifetime.

Childhood trauma also appears to be more likely to result in PTSD than trauma experienced in adulthood. *(Wrenn 2011)*

Multiple traumas have a cumulative effect.

Adverse Childhood Experience (ACE) Questionnaire Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household often … Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt? Yes No If yes enter 1 _____

2. Did a parent or other adult in the household often … Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured? Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you ever… Touch or fondle you or have you touch their body in a sexual way? or Try to or actually have oral, anal, or vaginal sex with you? Yes No If yes enter 1 _____

4. Did you often feel that … No one in your family loved you or thought you were important or special? or Your family didn't look out for each other, feel close to each other, or support each other? Yes No If yes enter 1 _____

5. Did you often feel that … You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? or Your parents were too drunk or high to take care of you or take you to the doctor if you needed it? Yes No If yes enter 1_____

6. Were your parents ever separated or divorced? Yes No If yes enter 1 _____

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her? or Sometimes or often kicked, bitten, hit with a fist, or hit with something hard? or Ever repeatedly hit over at least a few minutes or threatened with a gun or knife? Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide? Yes No If yes enter 1 _____

10. Did a household member go to prison? Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

BIOLOGY OF TRAUMA-HOW IT IMPRINTS ON OUR MINDS AND BODIES

Sympathetic nervous system (SNS) overdrive (activating)

- Fight or flight 'arousal' system of the brain/body turned on too easily or not turn off when it is supposed to
- Increases heart rate, blood pressure, breathing rate and blood sugar
- Stimulates muscles
- Hypervigilance

Parasympathetic system (PNS)

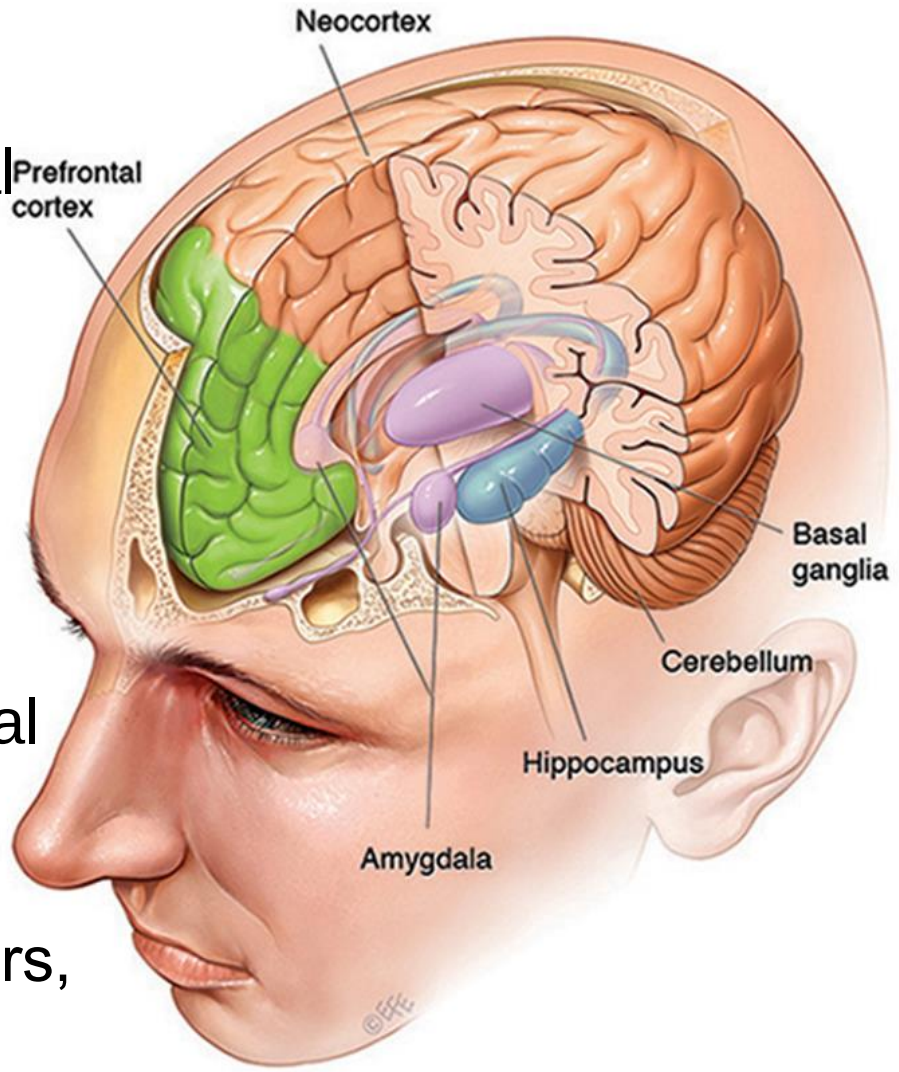
- Decrease HR, BP, breathing rate (i.e. calming)
- Mindfulness, meditation, breathing exercises, yoga, etc. activate PNS

↓Pre-frontal cortex activity

- Most evolved part of brain
- Rational, logical thought
- Objective observer; problem solving; emotional regulation
- Contemplating consequences and risk assessment

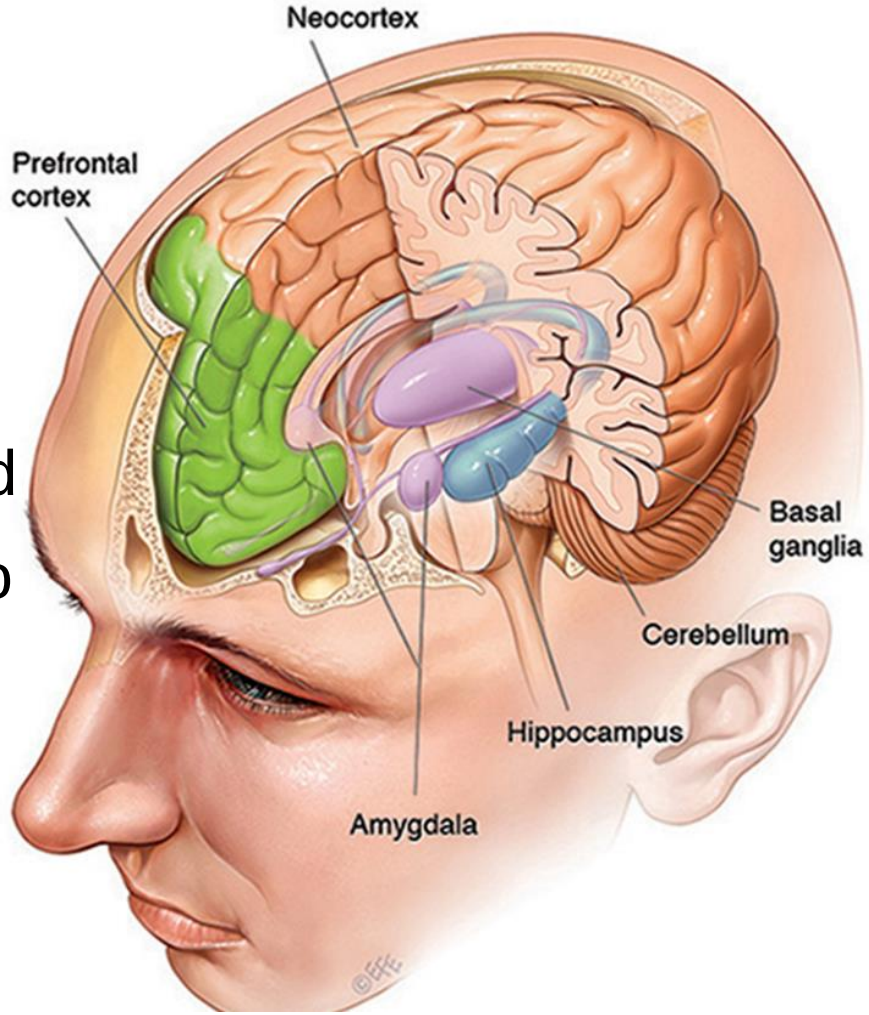
↑Amygdala activity

- More primitive
- Fear center- coordinates physical and emotional response to real or perceived threats
- Interpretation of external and internal stimuli
- Site of ‘emotional memory’ (e.g. Sensory triggers, seeing site of the trauma or something that reminds you of it)
- Fear-based emotions dominate as amygdala becomes primary processing center



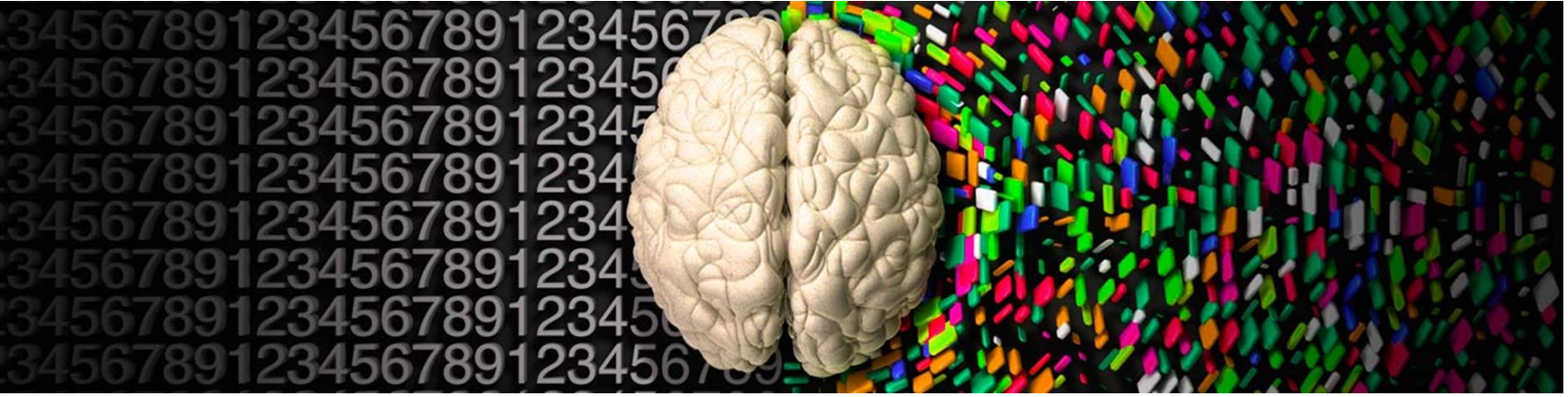
Amygdala

- Signals body to produce and release more stress hormones- cortisol and adrenaline stimulate sympathetic nervous system
- Constant fight or flight mode (hypervigilance = misconception of threat)
- With repeated flashbacks or triggers, stress hormones stay high & the trauma becomes more deeply entrenched
- Broca's area function - in left frontal lobe that allows us to use words to express our emotions- can have a difficult time explaining/detailing the trauma's effects even years later- trauma effectively cuts us off from speech;



Hippocampus

- ↓ activity and size over time → diminished memory and attention; amnesia or suppression of event; fragmented memory



Increased right brain function (emotional/visual) lights up w flashbacks (left brain function decreases-responsible for rationality/logic/analytics) e.g. You ‘know’ (left brain) you are not currently experiencing trauma but the feeling that you are overwhelms the knowing b/c of the right brain dominance.

“The distance from the head to the heart is the longest 12 inches!”

RESILIENCE

The ability to thrive despite negative life experiences and heal from traumatic events is related to the internal strengths and environmental supports of an individual; it is also influenced by situational and contextual factors.

- Predictive factors variable and many:
  - Genetics
  - Sense of safety
  - Hormone levels
  - Internal locus of control; sense of self-efficacy
  - Strong role models
  - Coping skill learned in the past
  - Social and family support
  - Trusting relationships and secure attachments

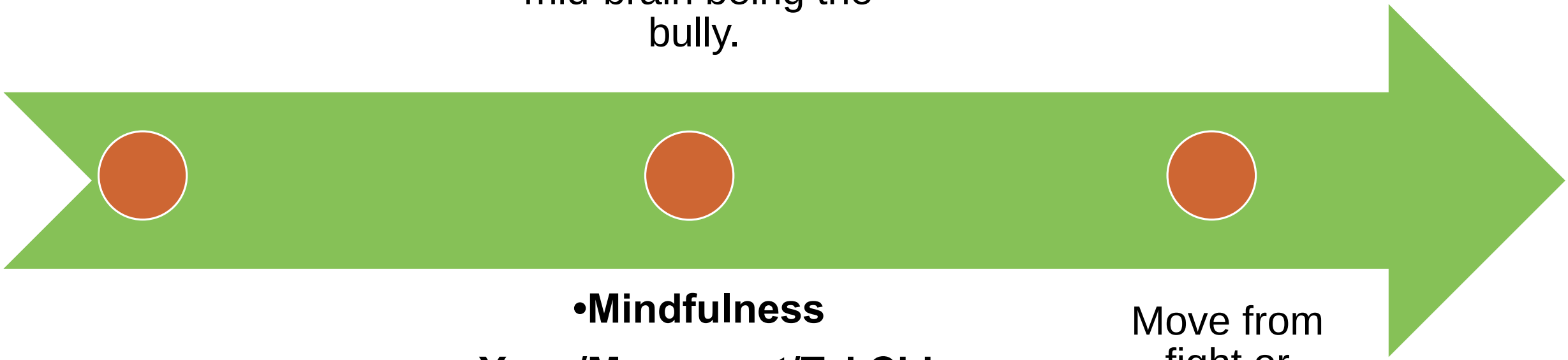
Resilient Responses to Trauma:

- Community/peer service
- New or bolstered sense of purpose
- Enhanced relationship with self, family and others

TRAUMA

Tx enhances ability of ‘thinking’ brain to regulate the ‘reactive/emotional’ mid-brain, instead of the mid-brain being the bully.

HEALING



- **Mindfulness**
- **Yoga/Movement/Tai Chi**
- **Breathing Exercises**
- **Therapeutic touch**

CBT, EMDR, Psychotherapy, etc.

Move from fight or flight mode to rational relaxed mode.

THE ROLE OF HOPE

Hope is the #1 predictor of treatment outcome.

(Bennett 2017)

Placebo effect

- Illustrates that hope changes biology and perceptions
- Expectation of success/accomplishment
- Self-fulfilling prophecies
- Increases endorphin release, serotonin and dopamine and oxytocin (the ‘connection’ hormone); increases immune function, relaxes muscles

THANK YOU!

QUESTIONS?

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