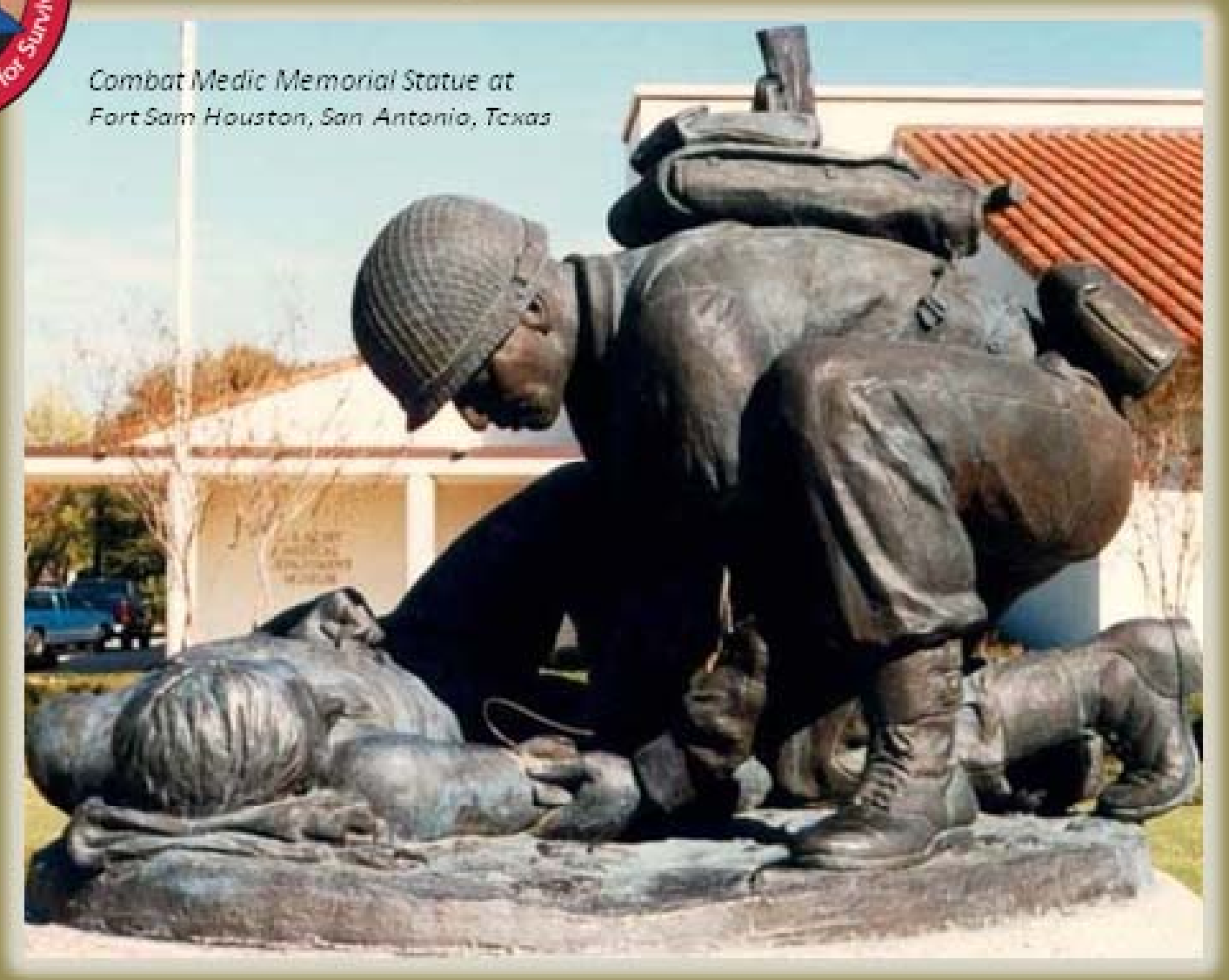
Professionals Working With The Grieving and Traumatized:



Recognizing and Caring for Your Own Secondary Trauma and Compassion Fatigue

Welcome

Jill Harrington LaMorie, MSW, LSW, ACSW
Director, Professional Education
Tragedy Assistance Program for Survivors

Learning Objectives

- Define compassion fatigue (related concepts) and assess the risk for developing compassion fatigue.
- Describe the signs and symptoms of compassion fatigue.
- Distinguish compassion fatigue from secondary trauma.
- Identify indicators and symptoms of secondary trauma.
- Discuss effective strategies for reducing compassion fatigue, treating secondary trauma and reducing stress to build resiliency.

Continuing Education Credits

- Certificates of Attendance will be provided for all who attend the entire program and complete the evaluation.
- The Association of Professional Chaplains will accept certificates of attendance for use in reporting continuing education hours.
- This program is approved by the National Association of Social Workers, provider # 886505639, for 1.0 continuing education contact hours.
- Provider approved by the California Board of Registered Nursing, provider # CEP15218, for 1.0 continuing education contact hours.
- Please check with your state licensing board for your professional discipline requirements for continuing education.

Evaluation

- ALL participants seeking either a certificate of attendance or continuing education credits MUST fill out the online evaluation within 30 days.
- You MUST provide your state and license number on your evaluation in order to receive credit.
- The evaluation form will appear instantly after today's program and can also be found on our website at www.taps.org/professionaleducation .
- Certificates of attendance will be emailed and may take up to 6 weeks.

QUESTIONS TODAY?

If you have questions during today's program please submit them through the webinar toolbar located at the bottom left of your screen. Time at the end of the program will be dedicated to questions and answers. We will make our best effort to answer as many questions as time permits.

The Tragedy Assistance Program for Survivors

(T*A*P*S)

www.taps.org

Our Mission

TAPS provides ongoing emotional help, hope, and healing to all who are grieving the death of a loved one in military service to America, regardless of relationship to the deceased, geography, or circumstance of the death. TAPS meets its mission by providing peer-based support, crisis care, casualty casework assistance, and grief and trauma resources.

Since it's inception, T★A★P★S has assisted more than 25,000 surviving family members, casualty officers and professional caregivers

FOR MORE INFORMATION or TO REFER SOMEONE YOU KNOW:

www.taps.org

or

800-959-TAPS (8277)

"There is a cost to caring. Professionals who listen to clients' stories of fear, pain and suffering may feel similar fear, pain and suffering because they care. Sometimes we feel we are losing our sense of self to the clients we serve.....Those who have enormous capacity for feeling and expressing empathy tend to be more at risk for compassion stress....The professional work centered on the relief of the emotional suffering of clients automatically includes absorbing that information that is about suffering. Often it includes absorbing that suffering as well." **~ Charles Figley, MSW, PHD (1995) from "Compassion Fatigue: coping with secondary traumatic stress in those who treat the traumatized."**

Addressing Secondary Trauma and Compassion Fatigue: Why?

Since the inception of the wars in Iraq (2001) and Afghanistan (2003) the U.S. Armed Services has incurred a tremendous increase of medical and psychosocial care for both the Service Member and their families. Contributing factors:

- The U.S. has experienced its largest burden of war wounded casualties since the Vietnam War.
- U.S. death casualties associated with the wars have reached over 5,000. The care for medical examination, remains, burial and care for surviving families has increased.
- Increased rates of Traumatic Brain Injury and Post-Traumatic Stress in returning veterans. Total psychosocial care of the whole family affected by a veteran diagnosed with TBI.
- Increased burden of care on military families dealing with multiple deployments, extended deployments, multiple relocations, family separations and implications on their own health and the family.
- Overall Suicide rates in the U.S. Armed Services are double the national average. Largest increase in suicide rates have been seen in both the Army and the Marine Corps.

Addressing Secondary Trauma and Compassion Fatigue: Why?

- Slow, but steady increase in divorce rates in recent years amongst those in the American Armed Forces.
- Armed Services has witnessed a increase in Military Sexual Trauma for both women and men in the service; increase in rates of family violence; substance abuse; high rates of Post-Traumatic Stress in service members.
- Traumatic Grief in Military Children.
- Traumatic Grief and Post-Traumatic Stress in Surviving Families of those who die in military service.
- Increased economic burdens on military families in a stressed economy with high unemployment. Hardest hit are families who must care for the psychologically and medically wounded.
- Estimates are for a minimum of 300,000 psychiatric casualties from service in Iraq, to this point, with an estimated lifetime cost of treatment of $660 billion.

Addressing Secondary Trauma and Compassion Fatigue: Who?

"Those who are in the role of healer, helper or rescuer."

(Figley, 2002)

Addressing Secondary Trauma and Compassion Fatigue: Who?

- Caring for the Caregiver: Some groups at risk for secondary trauma and compassion fatigue in working with the grieving and the traumatized in the U.S. Armed Services, their families, returning veterans and surviving families include:
    - Spouse/Primary Caregiver/Children
    - Chaplains
    - Physicians and Nurses
    - Emergency Responders: Fire, Police, EMTS, Medics, Pilots.
    - All Medical and Psychological Personnel, including support staff.
    - Casualty Personnel: Notification Officers, Casualty Assistance Officers, Casualty Personnel, Mortuary and Casualty Affairs Personnel and Staff.
    - Psychosocial professionals: social workers, therapists, counselors, psychologists, psychiatrists, crisis counselors.
    - Caseworkers, family advocacy workers, family readiness groups
    - Homecare and respite care workers.
    - Military Service Members and Personnel with Traumatic Exposure
    - Military Leadership
    - Community Health, Mental Health and Non-Profit Organization Providers: Support for the Long-term care of veterans and their families.
    - Those who work in Media covering military and related military stories.
    - Advocates (Legislative, Victim, Health, Mental Health)

Expert Speaker

James S. Gordon, M.D.

Founder and Director of The Center for Mind-Body Medicine

Dean of Graduate School of Mind-Body Medicine at Saybook University

Clinical Professor in the Departments of Psychiatry and Family Medicine at Georgetown Medical School

Recent Chairman of the White House Commission on Complementary and Alternative Medicine.

Trauma and Transformation

Posttraumatic Stress Disorder, Secondary Trauma, Compassion Fatigue and the Mind-Body Approach

James S. Gordon, MD
Founder and Director
The Center for Mind-Body Medicine
www.cmbm.org

"There is nobody normal here anymore."
~Kosovar psychiatrist

Trauma

- Trauma means “injury”—
  to our mind, body, and spirit
- It may come to any or all of us

Causes of Trauma

- War
- Death or loss of a loved one
- Torture
- Natural disasters
- Child abuse
- Witness abuse
- Spousal abuse
- Rape and other violent crimes
- Health crisis—life threatening illness
- Health care itself

Trauma

I. Primary Trauma

Is caused by events that affect you directly

II. Secondary Trauma

Comes from working or living with or among those who have experienced primary trauma

Change and Trauma

- Healthy systems (beings) move toward complexity (includes differentiation and integration)
- After trauma we tend to oscillate between rigidity (withdrawal, inhibition, flashback) and chaos (agitation, disorganization)

Sigel, D. *Healing Trauma: Attachment, Mind, Body, and Brain*. NY: W.W. Norton & Col, 2003.

"Secondary Trauma" and *"Compassion Fatigue"*

Words that are often used interchangeably

Secondary Trauma

Is what is experienced when working or living with traumatized people, especially over time.

Symptoms are often similar to those of primary trauma

Compassion Fatigue

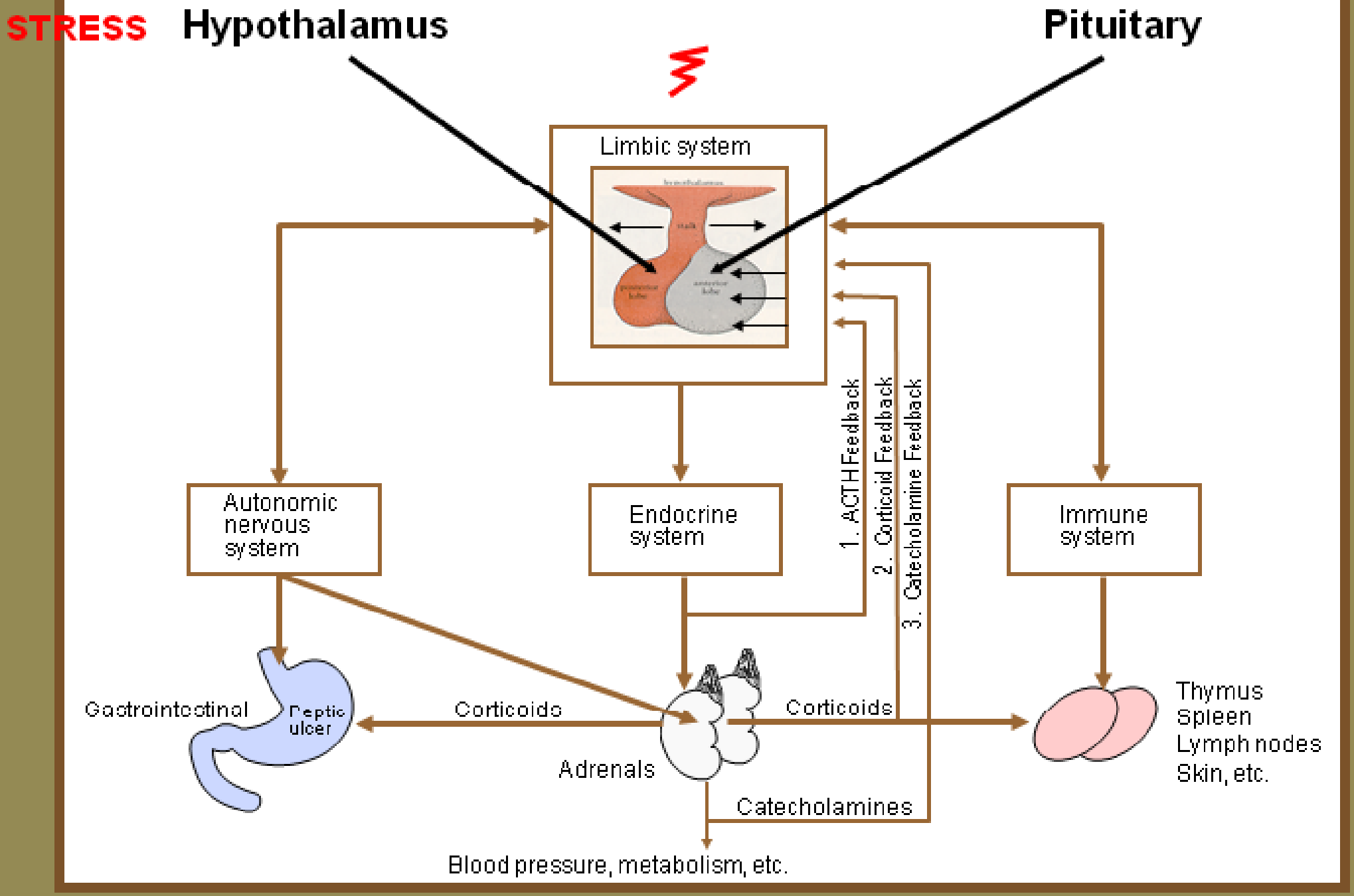
Is a subjective feeling of being unable to care as one once did, of being impatient and/or taking emotional distance and or feeling numb and isolated from those for whom one has been caring, and from others as well

Stress

"Stress is the sum of the wear and tear on the organism."

Hans Selye, MD, PhD

Caregivers and bereaved often experience it over prolonged periods. It affects all aspects of our mind and all our organ systems.


STRESS
Hypothalamus
Pituitary
Limbic system
Autonomic nervous system
Endocrine system
Immune system
1. ACTH Feedback
2. Corticoid Feedback
3. Catecholamine Feedback
Gastrointestinal
Peptic ulcer
Corticoids
Corticoids
Adrenals
Thymus
Spleen
Lymph nodes
Skin, etc.
Catecholamines
Blood pressure, metabolism, etc.

Chronic Stress Can Produce…

- Increased stress response to subsequent trauma
- Increased incidence of depression, anxiety, separation anxiety
- Increased incidence of, and vulnerability to, physical illness including: diabetes, heart disease, asthma and obesity

Post-Traumatic Stress Disorder vs. Acute Stress Disorder and Secondary Trauma

- Time Characteristics
- Acute Stress Disorder begins and ends within four weeks of trauma
- In PTSD the full symptom picture is present for at least one month
- Secondary Trauma may begin at any time in the course of caregiving

Post-Traumatic Stress Disorder

- PTSD and secondary stress reactions are a kind of fixation—the characteristics that follow describe some of their subjective and objective components. They do not adequately convey the experience.

- Re-experience of the Original Trauma
  - Intrusive recollections
  - Nightmares
  - Flashbacks
  - Intense distress at reminders of the trauma


KFOR
KFOR
KFOR

Post-Traumatic Stress Disorder

- **Persistent Increased Arousal**
  - Sleep disturbance
  - Irritability
  - Concentration impairment
  - Hypervigilance
  - Exaggerated startle response
  - Heightened physiological reactivity
    - Increased heart rate
    - Sweating

Post-Traumatic Stress Disorder

- **Avoidance Responses to Alleviate Anxiety and Emotional Numbing**
  - Avoiding trauma-related thoughts and feelings
  - Avoiding trauma-related activities and situations
  - Psychogenic amnesia
  - Diminished interest in significant activities
  - Feelings of detachment and estrangement
  - Restricted range of emotion
  - Sense of bleak future

Some Principles, Thoughts and Impressions

- PTSD and secondary stress are often a mixed picture:
  - Feeling overwhelmed, passive and angry
  - Agitation and withdrawal
  - Intrusive thoughts and inability to think
  - Fight or Flight and Freezing
- Compassion fatigue may include some of these signs and symptoms but also the subjective experience of withdrawal, impatience, and unhealthy emotional distance and numbing.

Some Principles, Thoughts and Impressions

Diagnosis is useful as a wake up call.

Don't let it be anxiety producing, intimidating or limiting.

Some Principles, Thoughts and Impressions

- Though some people, according to some studies, appear to be more susceptible to PTSD and secondary stress, it is humanly important to regard them as normal responses to utterly abnormal situations.

- Large Scale PTSD and secondary stress are becoming more and more a part of our life in the US as well as here— through the experiences of people who come here from other countries, through those who have suffered terrorism and natural disasters here, and through those who return from wars abroad and those who care for them.

- Compassion fatigue, according to some studies, affects as many as 50% of all military health personnel

Some Principles, Thoughts and Impressions

- We do not really understand the full significance and consequences of ongoing and/or overwhelming trauma in human lives—for those who experience it and those who care for them in our societies – diagnoses and epidemiological data are only a starting place.

Some Principles, Thoughts and Impressions

- We also do not comprehend the extraordinary human capacity for resilience and regeneration, the healing power of love, forgiveness and community

Trauma

- Often challenges the integrity of our body and our sense of ourselves
- Challenges our beliefs about: life, death, meaning, our sense of mastery and potency in the world
- Can challenge the very foundations upon which we build our lives
- Affects our identity and identification

Trauma Resembles Ancient Initiations

* taken from what you knew into the unfamiliar
* isolated
* period of fasting, drugs, or induced 'altered states'
* fear of possible death
* given information in stages
* sense of loss of identity-Will I ever be the same?
* period of confusion, turmoil and transition --"liminality"
* rite of passage, marks the movement from one stage or state to another

But these initiations are either freely chosen,
culturally sanctioned or both

Turner, Victor. *The Ritual Process: Structure and Anti-Structure*. Aldine de Gruyter, 1995.

Trauma may catalyze a psychological/spiritual crisis which leads to transformation.

In shattering all our beliefs and ideas, our bodily integrity, the structures which defined and anchored us, trauma can create the space for a new identity and growth to a more integrated self.

Some Lessons

Begin work with people who have primary and secondary trauma and those with compassion fatigue as soon as possible because fixed patterns are harder to transform.

Some Lessons

- **First teach the teachers**
- **Help the helpers to help themselves**
- **This directly addresses both secondary trauma and compassion fatigue, and also helps each person to help those for whom she cares.**

Our Model

Mind-Body Skills Groups

- Mind-Body Skills Groups format
  - 8-10 people
  - 10-12 sessions - 2 hours each
- Small group format - highly structured
- Integrates well with existing systems
- Mind-body approaches - experiential
  - biofeedback, meditation, guided imagery, yoga
- Educational vs. medical
- Self-expression
  - words, drawings, movement
- Group Support
- Psychological Self-care

Our Model

- Scientifically validated approach
- Practical
- Learn techniques in small groups as students, not patients (especially good for soldiers)
- A new skill taught in each group
- Safe place with organized and consistent structure based on clear ground rules
- Helps people share without forcing
- Meditative: each person becomes aware of his/her thoughts, feelings, and sensations. No analyzing, interpreting, advising, or interrupting.

Our Model

- Focuses on strengths and capacity for self-reliance rather than psychopathology
- Optimism rather than past trauma
- Builds resiliency and recovery
- Group format naturally reproduces camaraderie and creates community
- Integrates well within existing structures: clinics, hospitals, community groups, churches, veterans centers, etc.

Mind-Body Approaches

Balance the Autonomic Nervous System

- Directly address issues of hyper-arousal by promoting physiological relaxation response
- Balance of the sympathetic fight or flight with the parasympathetic relaxation response

Mind-Body Approaches

Open Up Options

- Stimulate imaginative and cognitive integration through the use of drawings, imagery—possibly promoting integration across the corpus callosum and among ANS, limbic system and both hemispheres of cortex.

Mind-Body Approaches and Freezing and Avoidance

- Remedy the freeze response by using active techniques
- Offer, through meditative practice and a meditative approach, a more relaxed perspective on trauma, traumatic memories, flashbacks, dreams etc.
- Use activities that are both left and right brain and may therefore encourage reintegration of traumatic experience and the emotional reaction it produces

Mind-Body Groups and Trauma

- Provide a safe place which permits those who are avoidant because of primary or secondary trauma or compassion fatigue to come easily into contact with others

- This may evoke the "tend and befriend" response of bonding under stress, a process in which cortisol and catecholamines decrease and oxytocin and opioids increase

Mind-Body Groups and Trauma

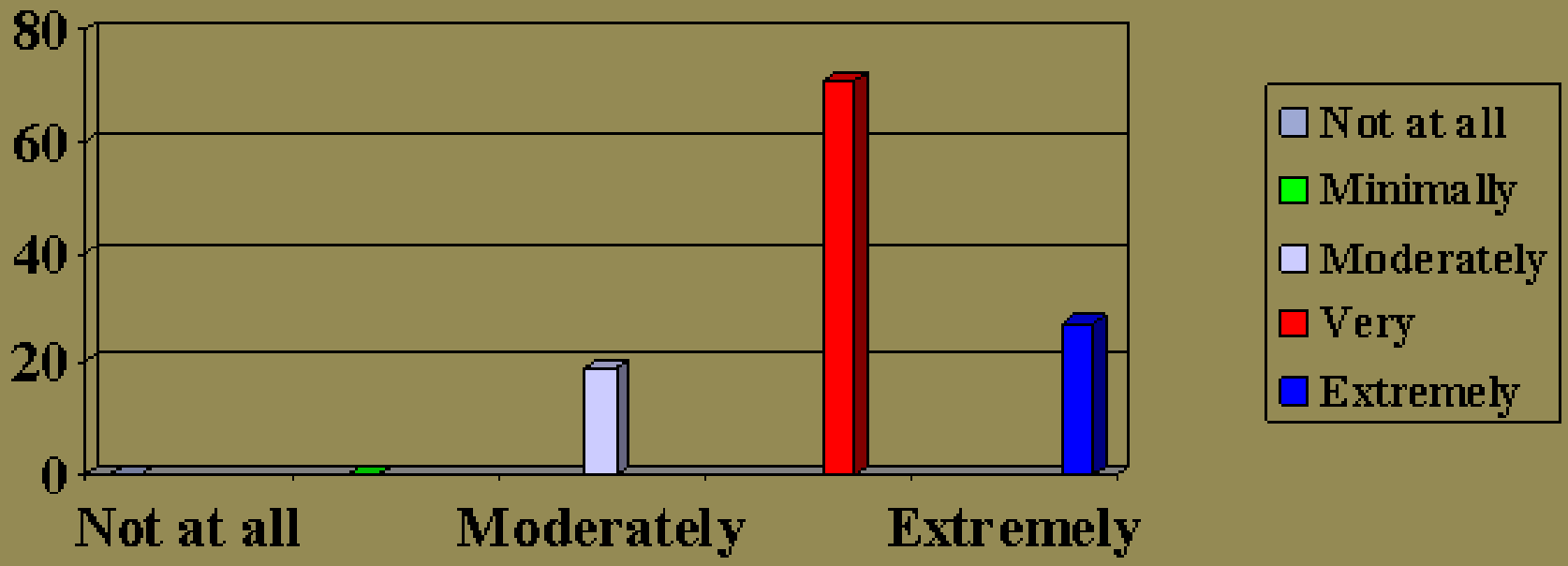
Possible Mechanisms for Efficacy

- Integrate emotional experience and verbal sharing—limbic system and cortex and left and right hemisphere
- Possibly enhance motor and sensory integration through dance, movement, yoga, drawings, genograms, etc.
- Allow people to make coherent meaning out of their experience of which the recall, recognition and reintegration of trauma are a part—by using verbal expression, drawings and genograms.

Health Professionals in Kosovo Report

Data on Training Program for 130 Kosovo Health Professionals

To what extent has this training helped you cope with stress and trauma?



Mind-Body Skills Groups may also provide an ongoing supportive community

- Observed in our trainings in Kosovo and at Georgetown Medical School, with people with chronic illness and in ongoing programs in Israel, Gaza, and New Orleans
- Diminishes isolation and stress
- Promotes transformation

Effectiveness of a Mind-Body Skills Training Program for Healthcare Professionals

Alternative Therapies, July/Aug 2005

- 451 Participants in CMBM Professional Training program
- 1 year follow up
- Significant increase in:
  - personal use of Mind-Body skills
  - number of participants using M-B skills with patients
  - life satisfaction scores

Anxiety and Stress Reduction in Medical Education

An Intervention

Medical Education 2007

- 30 Year 2 Medical students
- 10 sessions
- Data collected beginning, end, and 3 months later
- Significant decrease in anxiety and perceived stress, sustained 3 months later

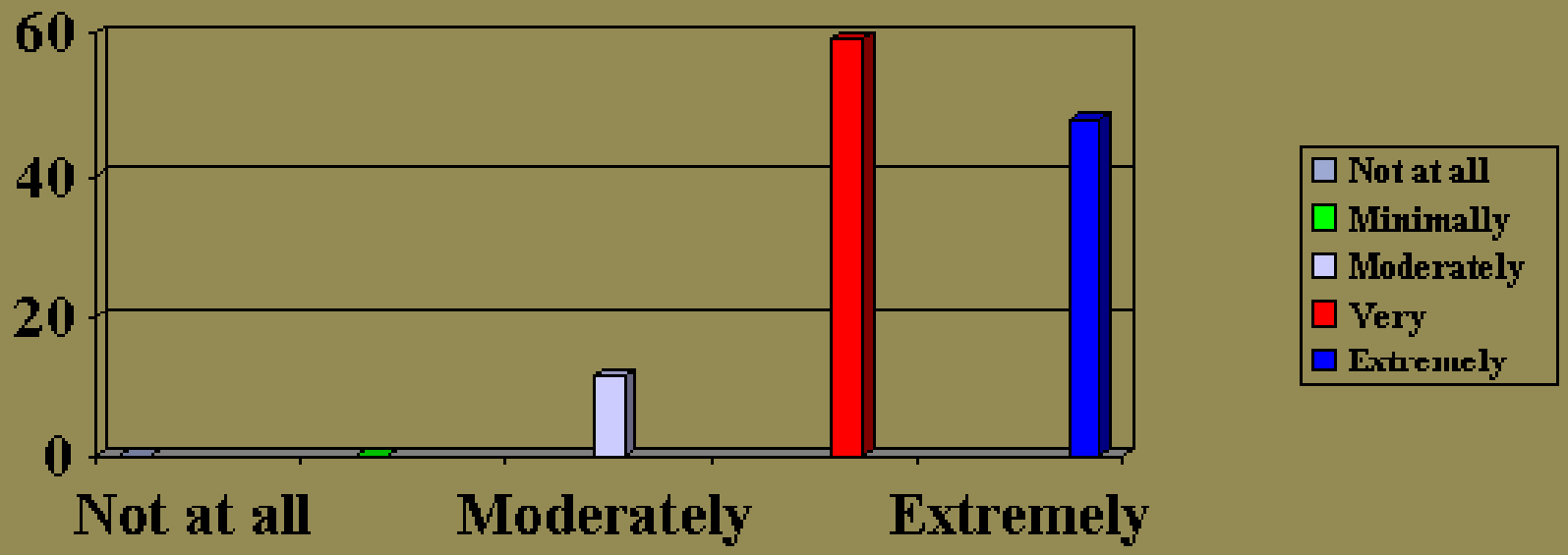
Kosovo

- Our innovative approach to working with PTSD and the ongoing stress of war began in 1998 during Serbian offensive
- Origin of our Healing the Wounds of War model
- More than 600 Kosovar health and mental health professionals, teachers and community leaders have been trained by Kosovo leadership team
- They have taught to thousands of men, women and children
- CMBM approach
  - Now integral to entire community mental health system
  - Formally recognized and integrated into a nation-wide system of health and mental health care

How useful will this training be

for helping others

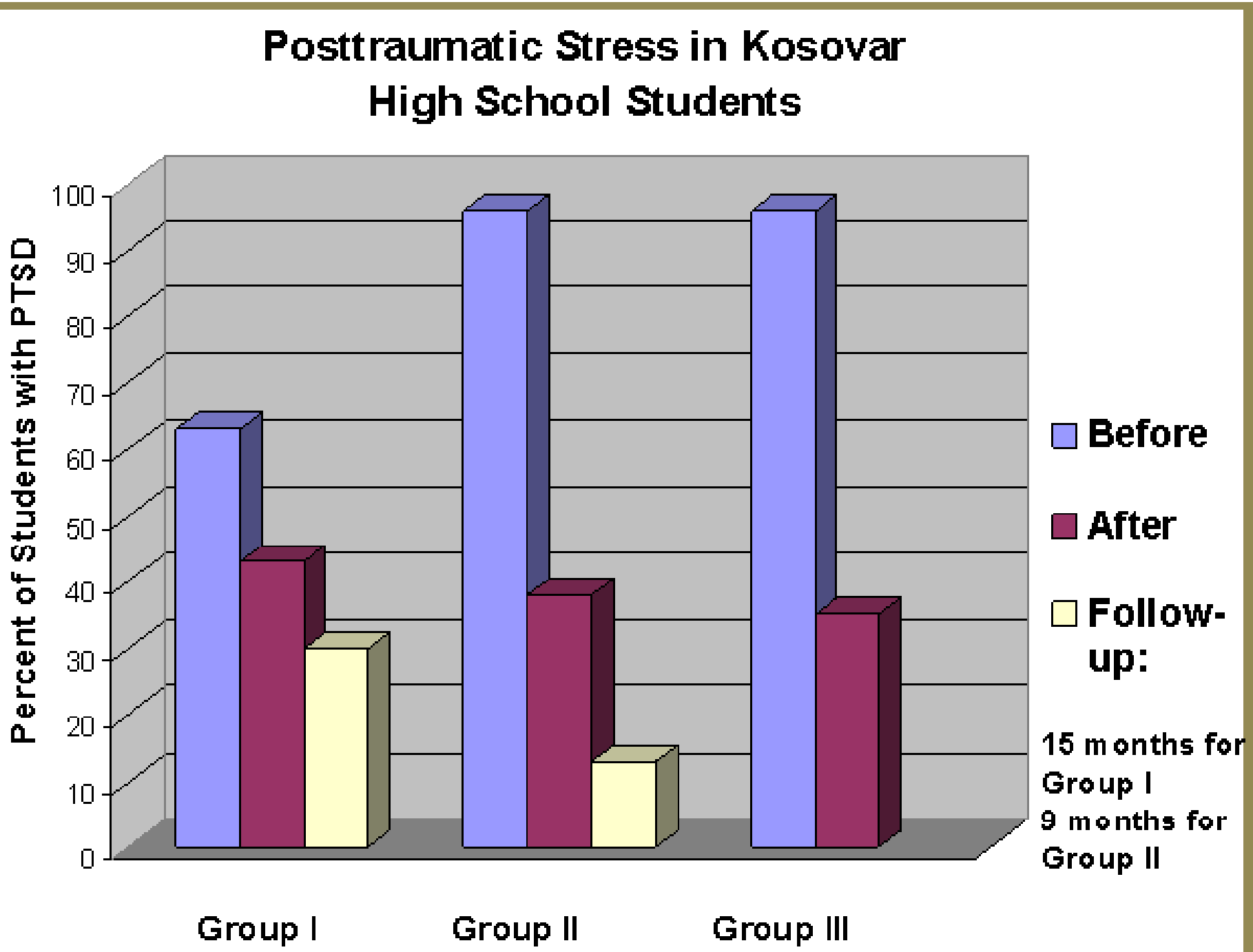
with stress and trauma?



Kosovo

PTSD in Adolescents

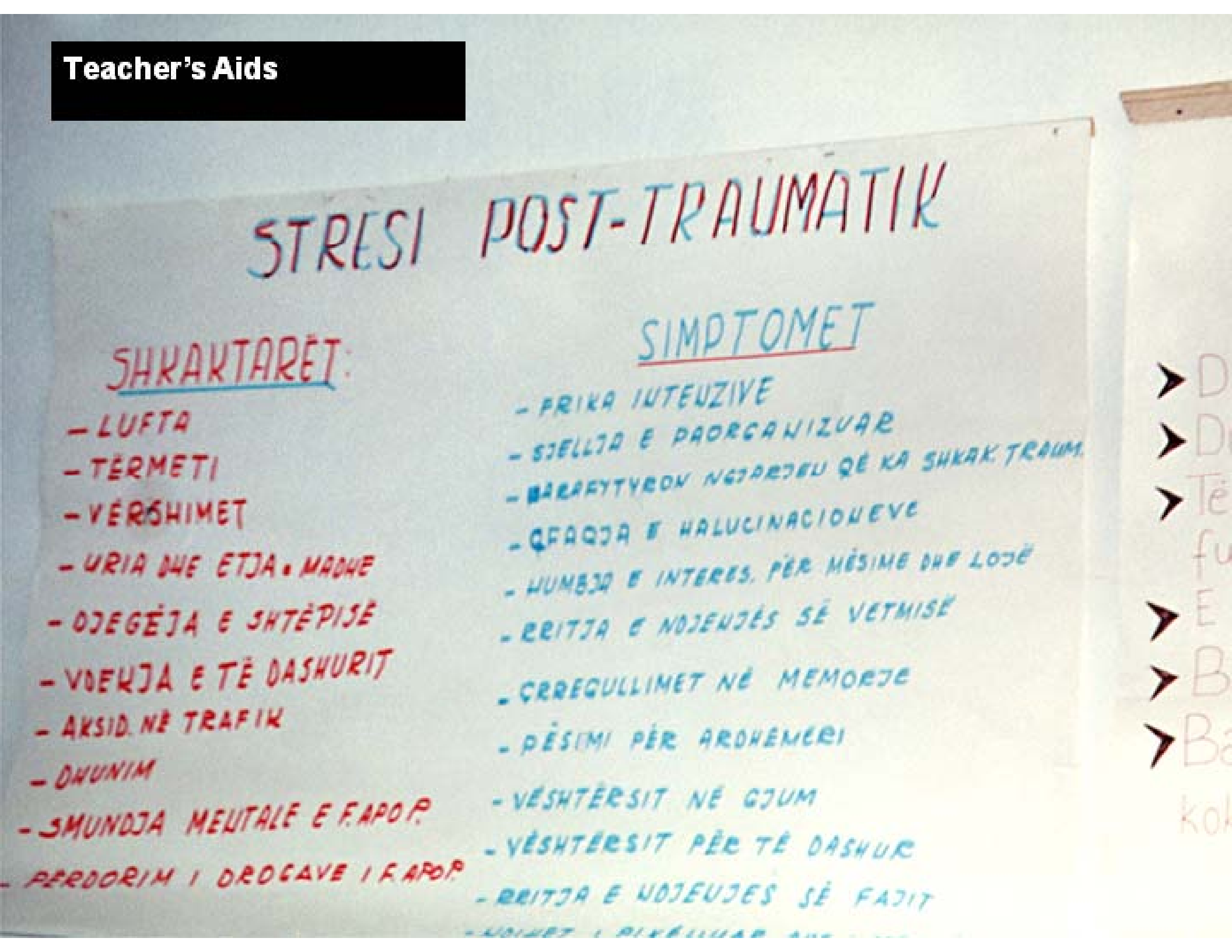
- Pilot study published in *Journal of Traumatic Stress* 2004
- 139 High School students, 6 week program, 3 hour sessions, 1999-2000.
- Mind-Body Skills Groups with Suhareka students led by their high school teachers
- 3 separate programs, 2 months apart
- Posttraumatic stress scores significantly decreased (PTSD reaction index) after the program



Gordon, JS, Staples, J, Blyta, A & Bytyqi, M. (2004) Treatment of Posttraumatic Stress Disorder in Postwar Kosovo High School Students Using Mind-Body Skills Groups: a Pilot Study. *Journal of Traumatic Stress*,17;143-147.


Students in Suhareka

Teacher's Aids



Posttraumatic Stress in Kosovar High School Students

- First ever randomized controlled trial published on any intervention with children with post-war PTSD
- 82 Adolescents meeting PTSD criteria using the Harvard Trauma Questionnaire
- 25% of Kosovar Albanians 15 years or older reported PTSD symptoms
- 12 session mind-body group
- Significant decrease in PTSD symptom scores
- Maintained at 3 month follow up
- Paper accepted for publication in *Journal of Clinical Psychiatry*, Fall 2008

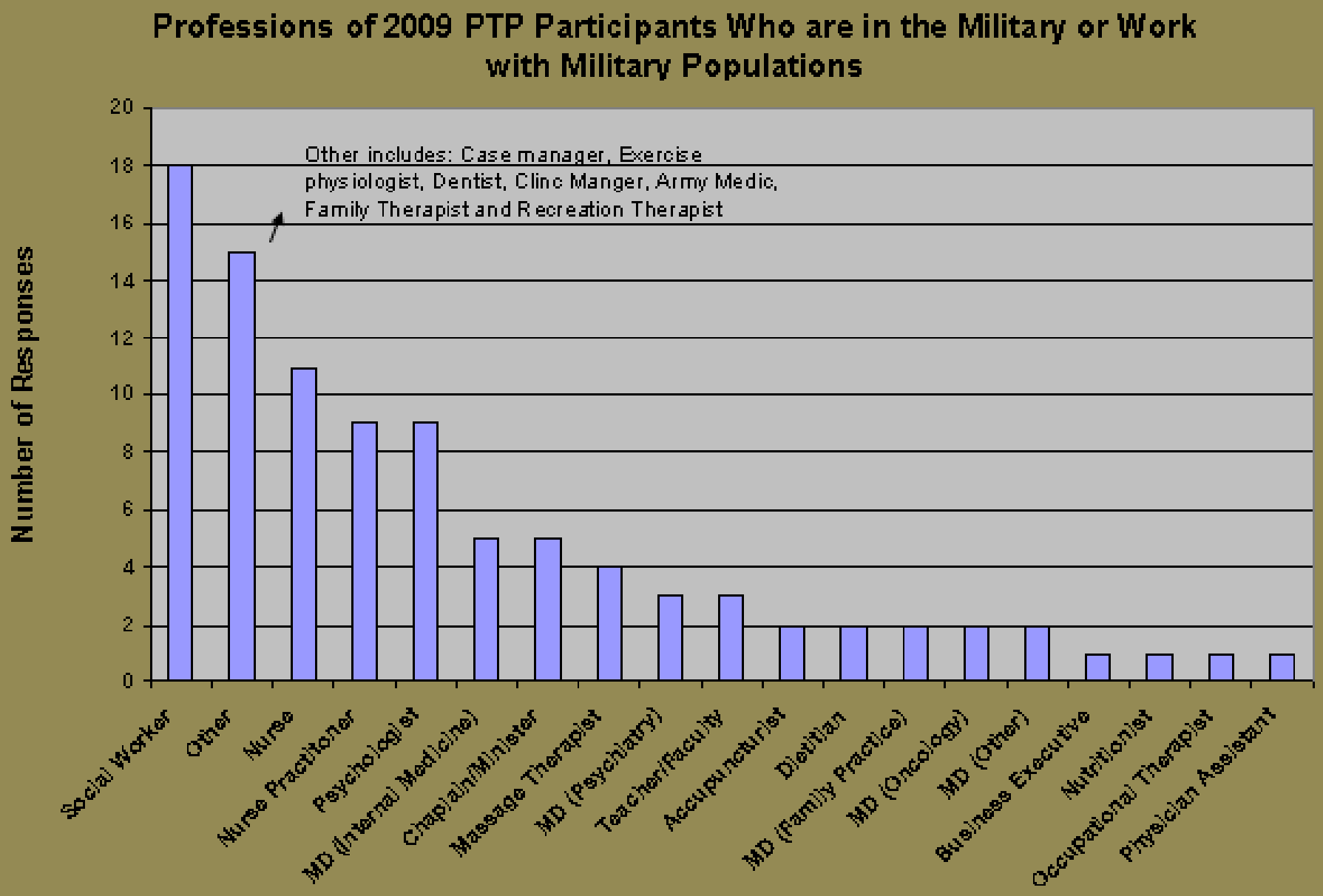
Military Data

Participant Demographics/Breakdown, 2009 Professional Training Program, San Diego:

- Eighty-eight of the participants at the 2009 training program reported working with military populations.
- There were 60 women and 26 men (2 did not report gender).
- The breakdown of professions, military status, and populations they serve are shown in the graph . . .

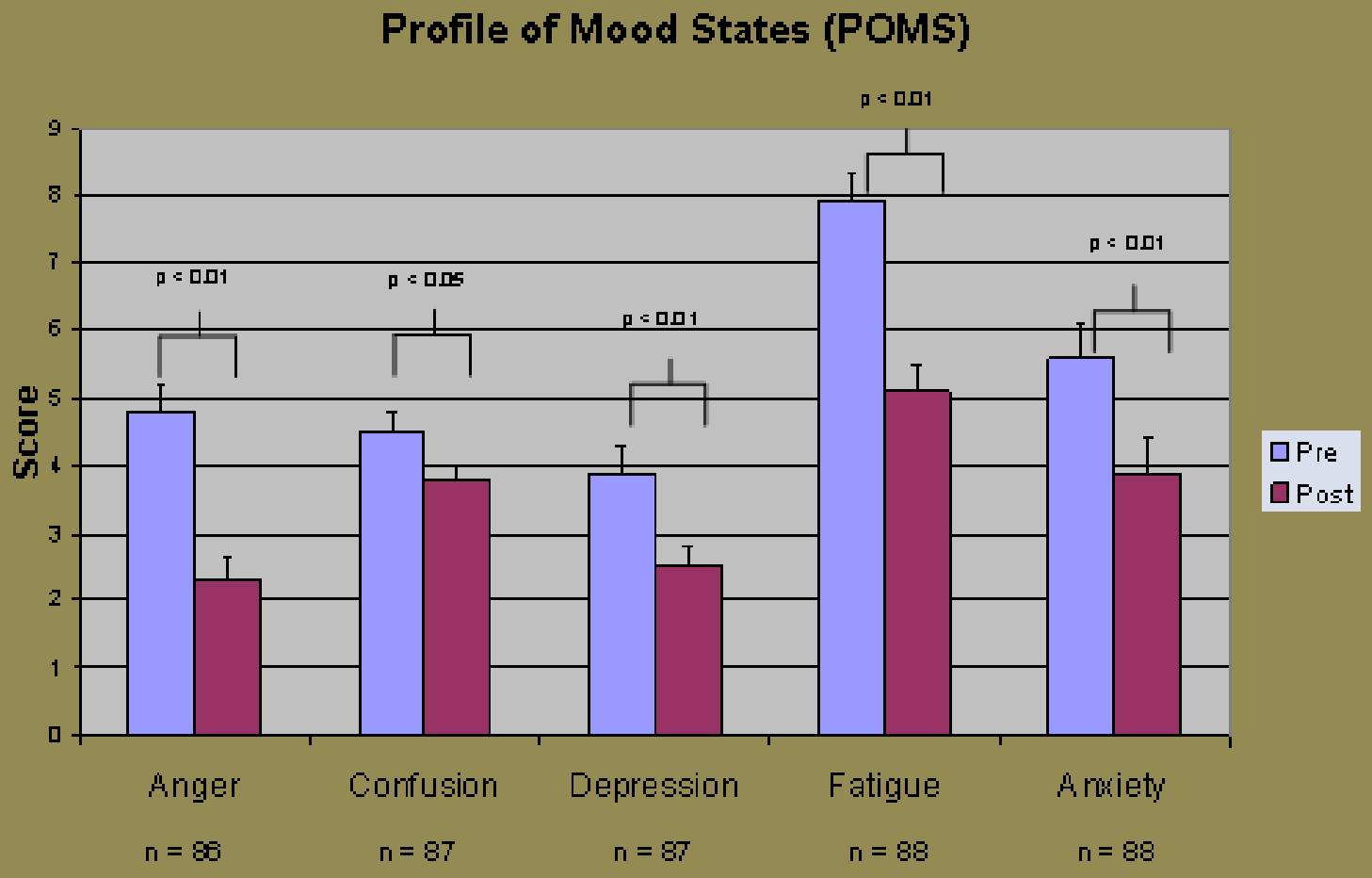
(next page)

Military data (cont'd)



Military data (cont'd)

- **Mood States:** There were statistically significant improvements in the mood states of anger, depression, anxiety, fatigue and vigor after the training. The greatest changes were measured in the Anger-Hostility (52% decrease), Depression-Dejection (36% decrease), Fatigue (35% decrease) subscales. There was also a significant increase (14%) in Vigor (not shown on graph).



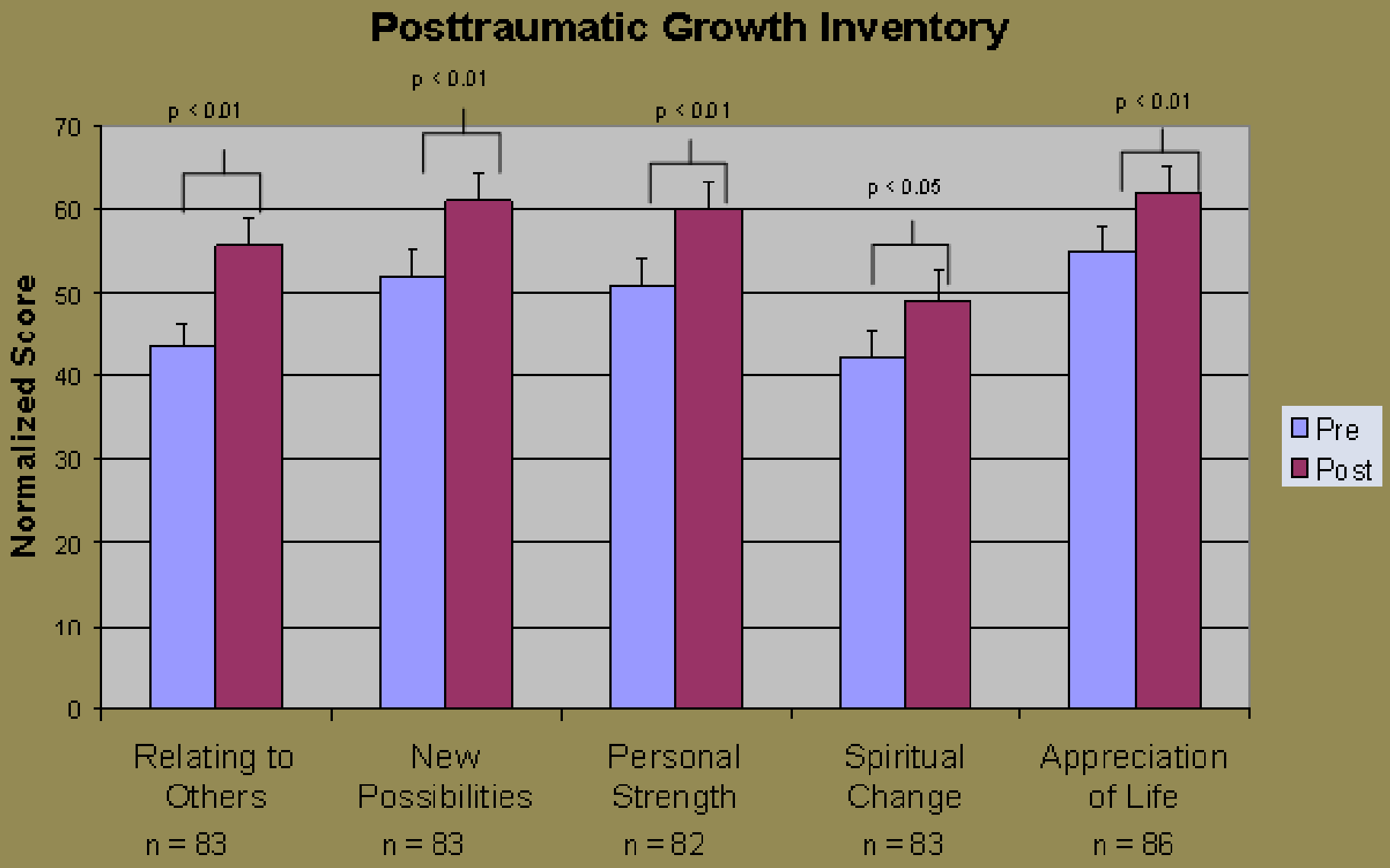
Military data (cont'd)

<u>Posttraumatic Growth Inventory</u>:

- This is a measure of positive psychological changes that can result from traumatic experiences or stressful life events.
- Before and after the training participants were asked "the degree to which this change occurred in your life as a result of your experiences in the military, or working with veterans or people in the military".
- The graph shows the changes in attitudes on posttraumatic growth before and after the training program. This reflects how participants viewed the impact of their experiences in the military or working with the military.

(graph next page)

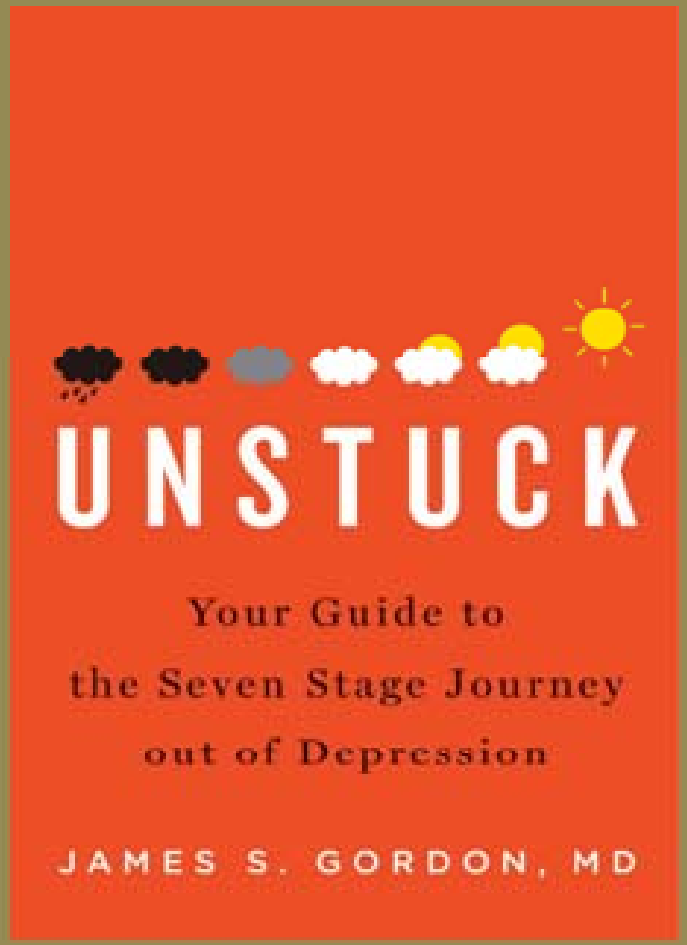
Military data (cont'd)



Unstuck: Your Guide to the Seven-Stage Journey Out of Depression

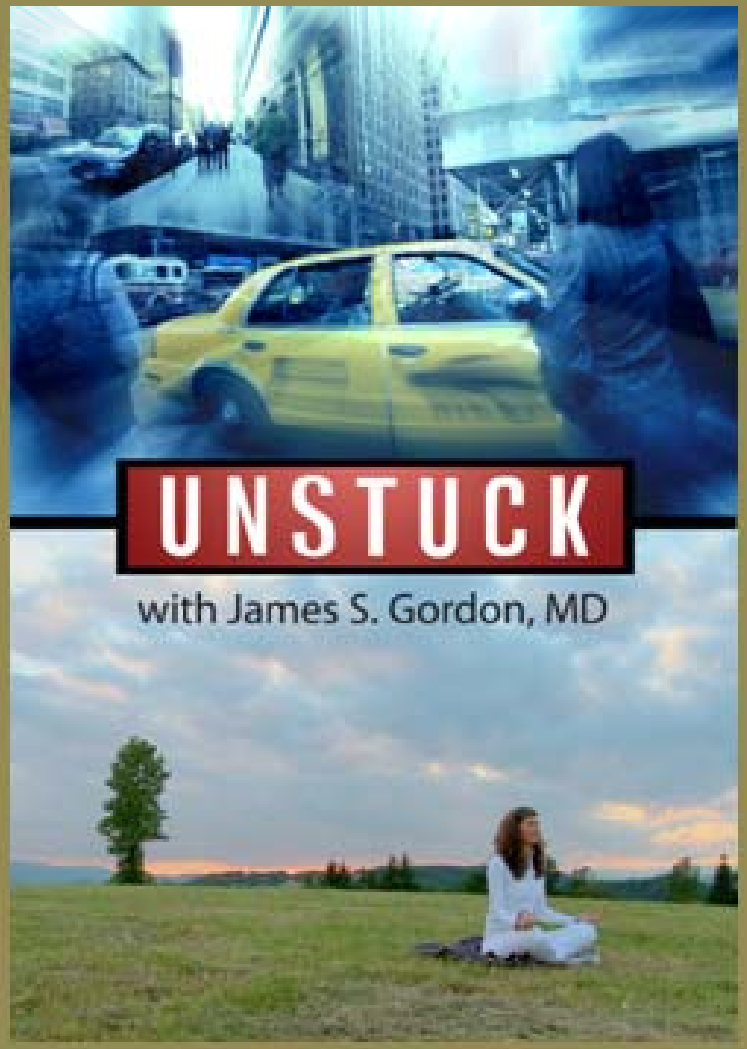
- "A world expert offers a practical, proven guide to finding hope and happiness in the ashes of depression. *Unstuck* is superb.

-*Dr. Mehmet Oz, author of YOU: The Owner's Manuals*



Unstuck with Dr. James S. Gordon

PBS Special, Nov. 28 – Dec. 11 2009



- Check your local listings at http://www.pbs.org/stationfinder/index.html

References and Resources

Articles:

"How Compassion Fatigue Can Overwhelm Charity Workers and What to Do About It" http://www.philanthropy.com/jobs/2002/03/21/20020321-974239.htm

"Secondary trauma of compassion fatigue in caretaker and helping professions" http://www.ace-network.com/cfspotlight.htm

"Compassion Fatigue" http://home.earthlink.net/~hopefull/TC_compassion_fatigue.htm

Organizations/Websites:

International Society for Traumatic Stress Studies, links to Trauma Organizations: http://www.istss.org/resources/other_orgs.cfm

The Fried Social Worker: www.friedsocialworker.com

References:

Figley, C.R. (Ed.) (1995). *Compassion Fatigue: coping with secondary stress disorder in those who treat the traumatized*. London: Brunner-Routledge.

Figley, C.R. (Ed.) (2002). *Treating Compassion Fatigue*. New York: Brunner-Routledge.

Gordon, J.S. (2008). *Unstuck: Your Guide to the Seven-Stage Journey Out of Depression*. New York: Penguin Group.

For more information and resources for support, please contact TAPS at 1-800-959-8277 or www.taps.org

Thank You for Joining Us

www.taps.org/professionaleducation

- To receive credit or certificate of attendance, fill out an evaluation of today's program. **This evaluation must be completed within 30 days.**
- Please join us for our next webinar on January 21, 2010, 12PM-1PM EST featuring: *David Rudd, PhD, ABPP, University of Utah, Dean, College of Social & Behavioral Science. "Suicide: Subintentional Suicide, High-Risk and Indirect Life-Threatening Behaviors"*