Maggie Bennington-Davis MD

Trauma informed services... and you

UNDERSTANDING TRAUMA IS NOT JUST ABOUT ACQUIRING KNOWLEDGE.

IT'S ABOUT CHANGING THE WAY YOU VIEW THE WORLD.
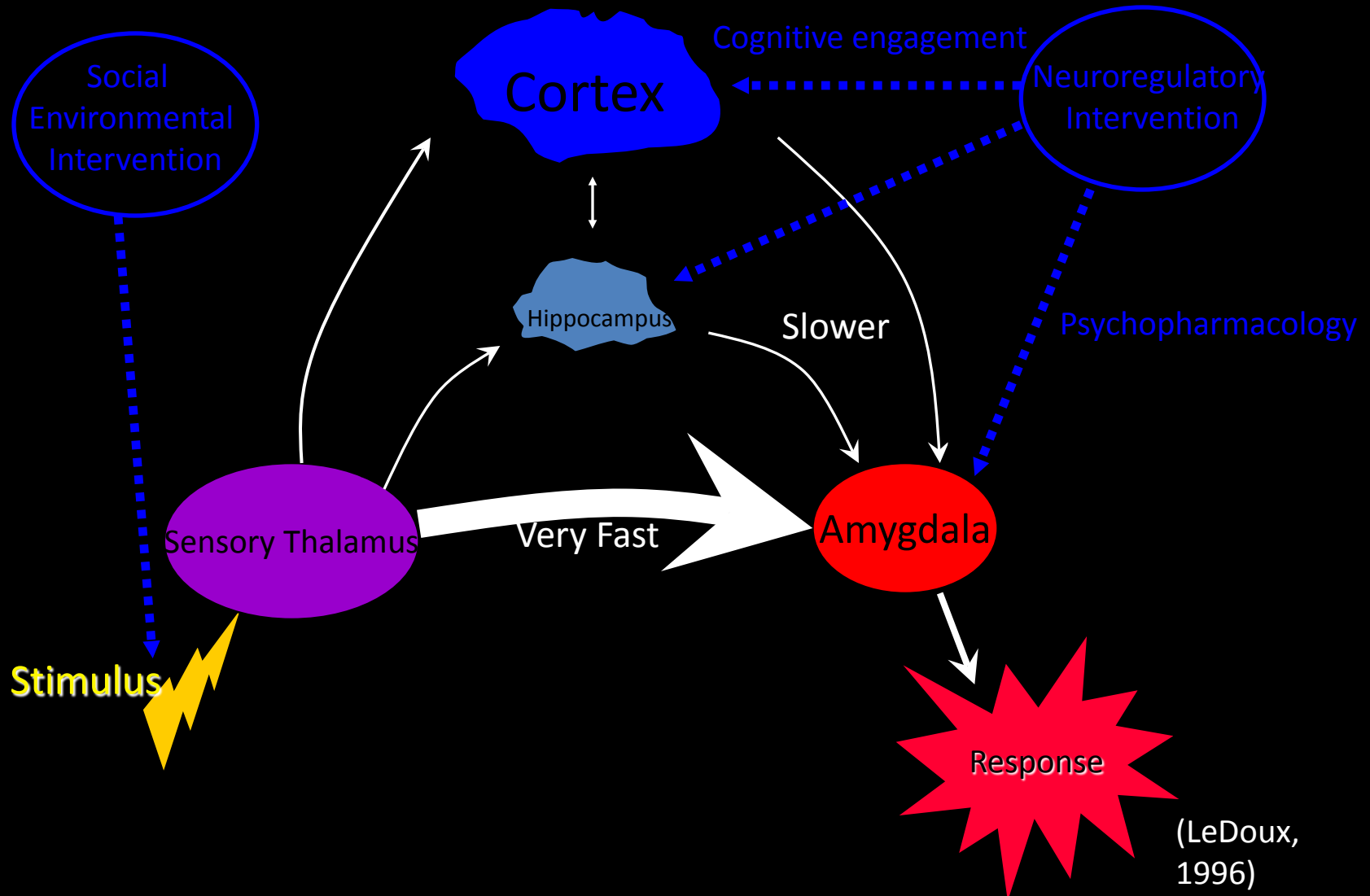
What do you see upon first glance.

Another Perspective

When you change the way you look at things… the things you look at change.

Between Stimulus and Response

(LeDoux, 1996)

First, Do No Harm

- Sometimes our systems disenfranchise the very people we hope to serve
- This is borne out in missed appts, dropped medications, therapies that don't seem to work
- When this happens, we often blame the individual
- If we change our view, everything else changes too
- Engagement in treatment increases dramatically
- Job satisfaction increases
- Health improves

A responsive environment will

- **Facilitate physiologic calm**

- **Avoid triggering the fight/flight/freeze response**

- **Encourage thinking, problem-solving, decision-making, collaboration**

WHO IS SUPPOSED TO SUPPLY THESE COMPLEX INTERVENTIONS?

Caregivers

Mental health workers

Substance abuse counselors

Welfare workers

Educators

Healthcare providers

Corrections officers, probation, parole

WHAT IS REQUIRED?

Secure, reasonably healthy adults,

With good emotional management skills,

With intellectual and emotional intelligence,

Able to actively teach and be a role model,

Are consistently empathetic and patient,

Able to endure intense emotional labor,

Are self-disciplined, self-controlled and never abuse power

TRAUMA-ORGANIZED

Expecting a protective environment and finding only more trauma.

Dr. Stephen Silver (1986) An inpatient program for post-traumatic stress disorder: Context as treatment. Trauma and Its Wake.

SANCTUARY TRAUMA

ORGANIZATIONAL TRAUMA

Suicides

Homicides

Other client or staff deaths

Lawsuits

Loss of funding

Client or staff injuries

Sexual abuse

Media attacks

Bloom and Farragher 2011

STAFF EXPOSURE

Staff exposure to ACEs and other trauma

Workplace violence

High rates of being victimized while at work or on duty.

AN INFORMAL SURVEY:
Out of 350 people working in social services

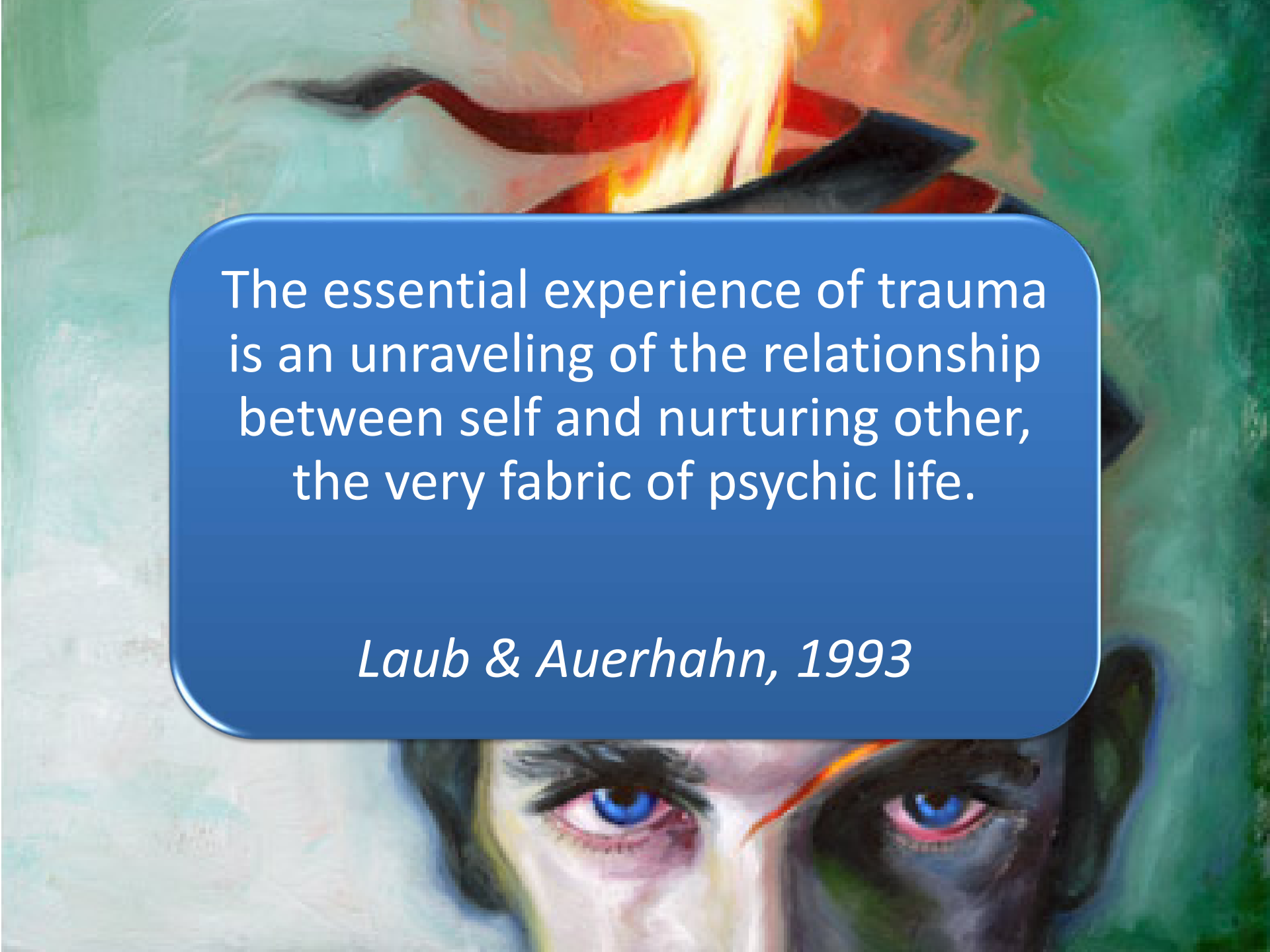|	
Psychological abuse (Parents)	37%
Physical abuse (parents)	29%
Sexually abused	25%
Emotional neglect	35%
Physical neglect	12%
Substance abuser in household	40%
Separated from one/both parents	41%
Witnessed DV	21%
Imprisoned household member	10%

A growing proportion of the U.S. workforce will have been raised in disadvantaged environments that are associated with relatively high proportions of individuals with diminished cognitive and social skills.

Knudsen, Heckman et al. (2006)

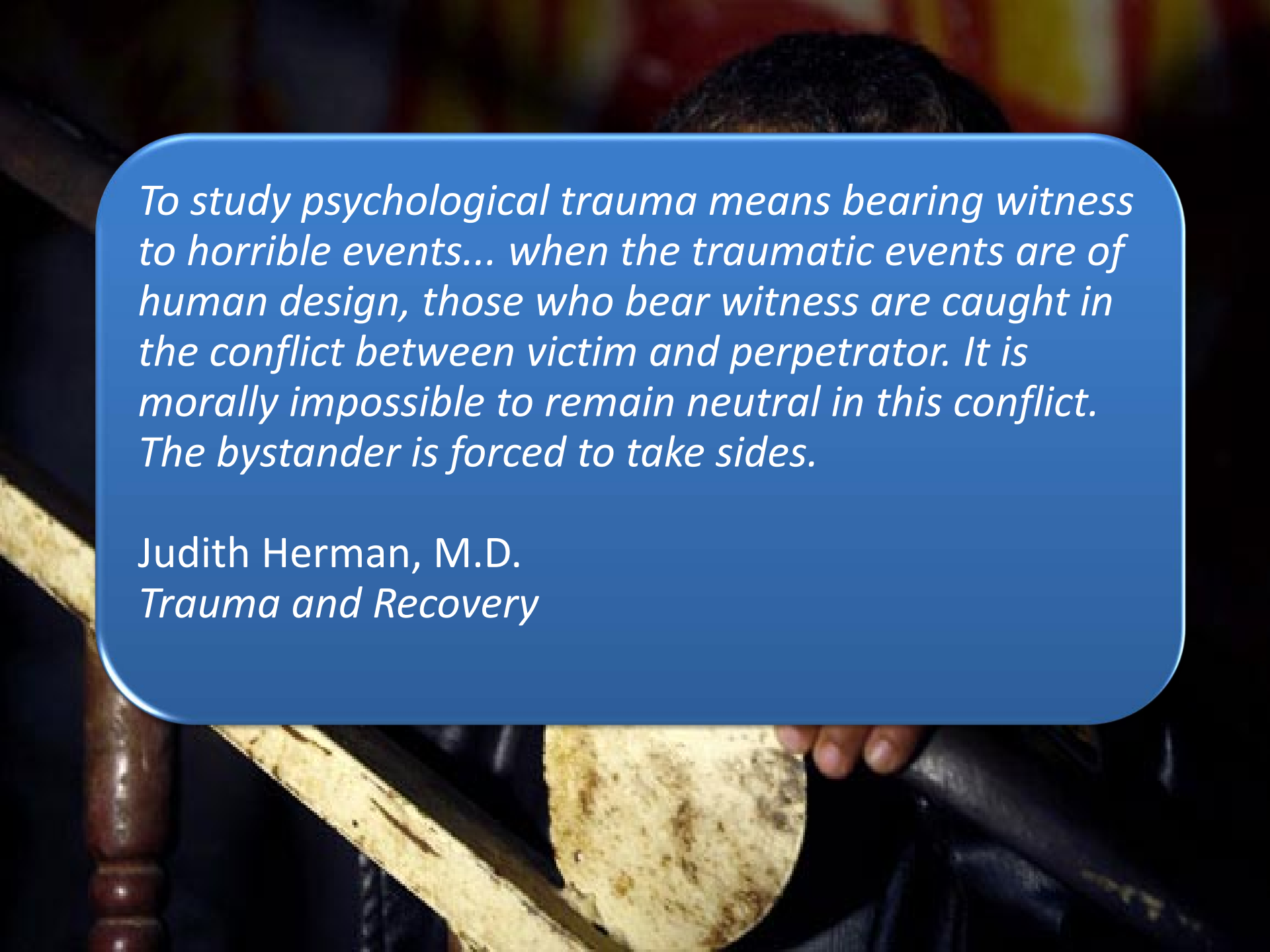*Proceedings of the National Academy of Science*

WORKFORCE CRISIS

The essential experience of trauma is an unraveling of the relationship between self and nurturing other, the very fabric of psychic life.

Laub & Auerhahn, 1993

To study psychological trauma means bearing witness to horrible events... when the traumatic events are of human design, those who bear witness are caught in the conflict between victim and perpetrator. It is morally impossible to remain neutral in this conflict. The bystander is forced to take sides.

Judith Herman, M.D.
Trauma and Recovery

VICARIOUS TRAUMATIZATION

What is it?

Who gets it?

What causes it?

What are the risks?

Do I have it?

What do I do about it?

WHAT IS IT?

Vicarious trauma

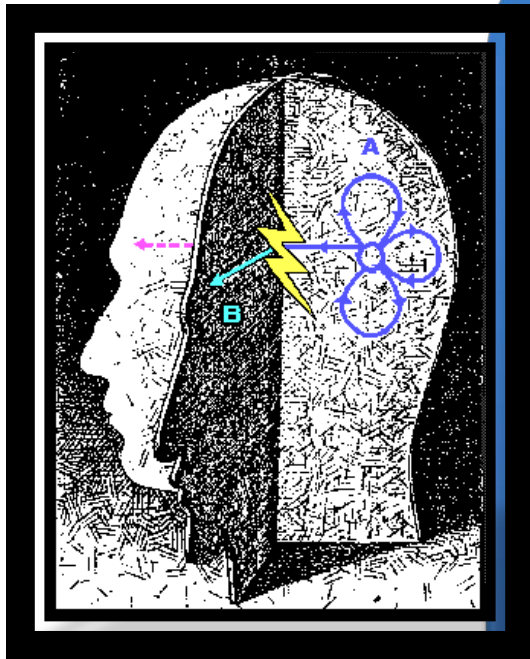Secondary traumatic stress

Compassion fatigue

Co-victimization

Traumatic countertransference

Contact victimization
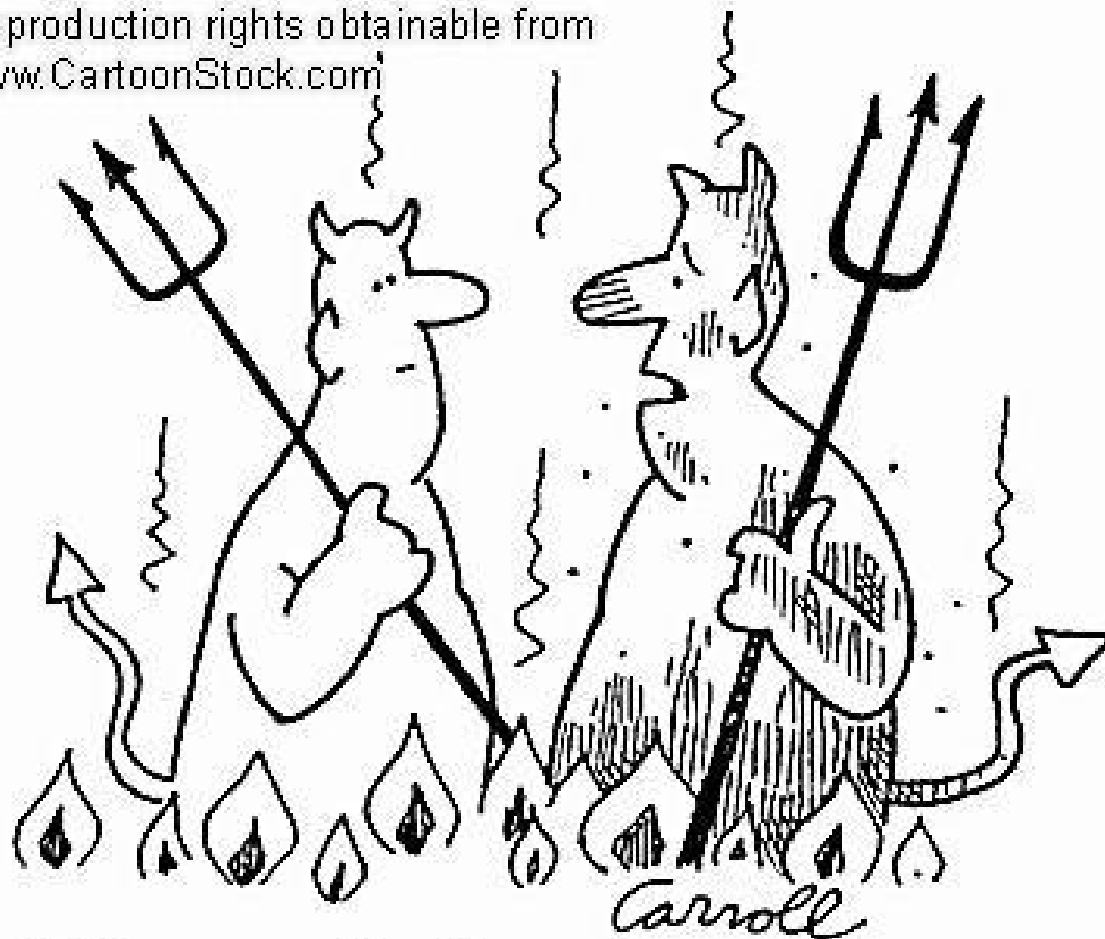
Indirect trauma

VICARIOUS TRAUMATIZATION

The cumulative transformative effect on the helper of working with survivors of traumatic life events, both positive and negative.
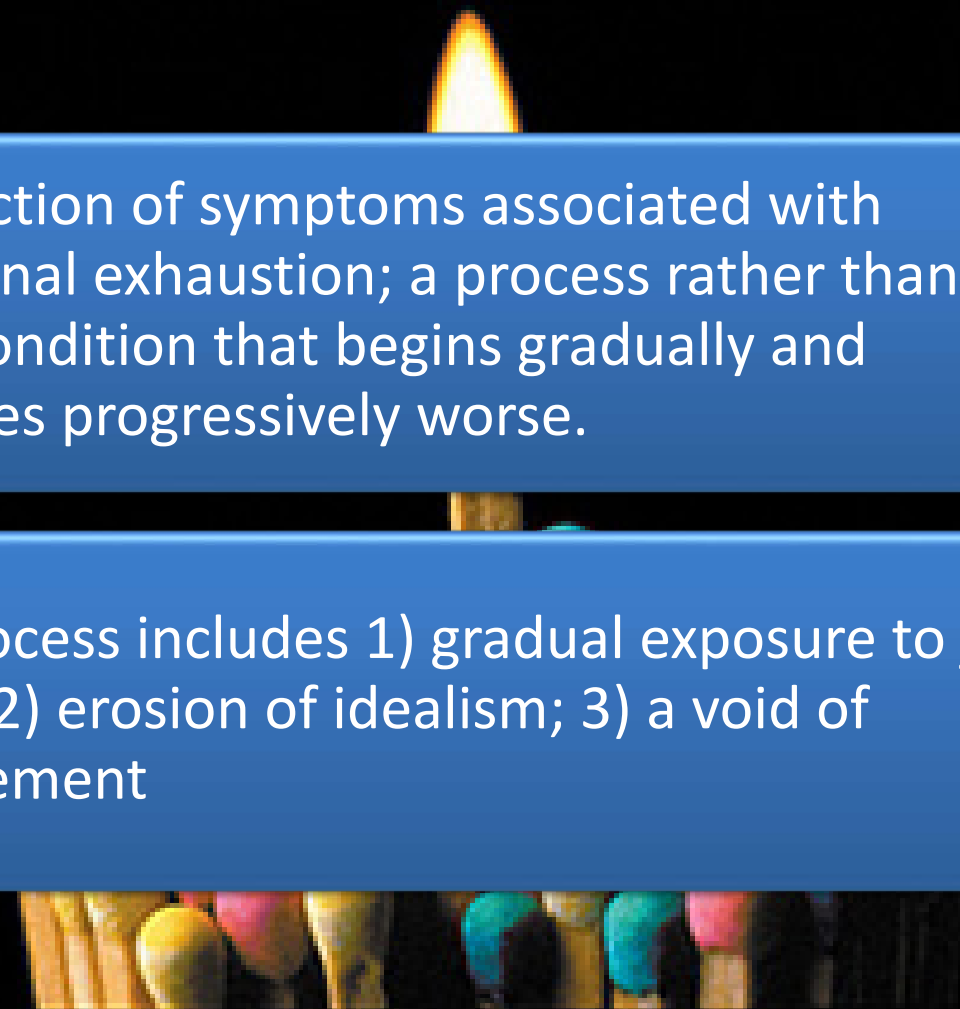
Saakvitne & Pearlman, 1996

"When you've been here as long as
I have, you'll start to burn out."

A collection of symptoms associated with emotional exhaustion; a process rather than a fixed condition that begins gradually and becomes progressively worse.

The process includes 1) gradual exposure to job strain; 2) erosion of idealism; 3) a void of achievement

BURNOUT

ATTITUDES ARE CONTAGIOUS. MINE MIGHT KILL YOU.

NEGATIVE EFFECTS OF BURNOUT
(GOLEMBIEWSKI ET AL, 1987)

Absenteeism

Job turnover

Low productivity

Overall effectiveness

Decreased job satisfaction

Reduced commitment to the job

Negative impact on home life

NEGATIVE EFFECTS OF BURNOUT
(GOLEMBIEWSKI ET AL, 1987)

heart attacks, chronic fatigue, insomnia, dizziness, nausea, allergies, breathing difficulties, skin problems, muscle aches, menstrual difficulties, swollen glands, sore throat, recurrent flu, infections, colds, headaches, digestive problems and back pain.

The Japanese even have a word, *karoshi,* for sudden death that results from overwork.

VICARIOUS TRAUMATIZATION
(SAAKVITNE & PEARLMAN, 1996)

No time, no energy

Disconnection

Social withdrawal

Sensitivity to violence

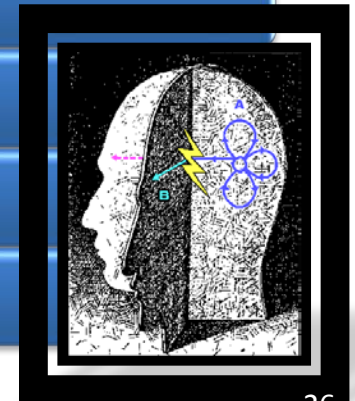Alterations in sensory experiences – symptoms of PTSD

Nightmares

Cynicism

Despair and hopelessness

Diminished self-efficacy

Changes in identity, worldview, spirituality

WHO GETS IT?

Rescue workers	Law enforcement
Trauma counselors	Homicide
Rape counselors	Child abuse workers
Domestic violence counselors	Researchers
Child protection workers	Museum workers
Pediatric intensive care	Jurors
Neonatal intensive care	Clergy
AIDS workers	Media eyewitnesses to execution

Substance use disorder and mental health counselors

Vicarious Traumatization: What Causes It?

The Emotional, Mirroring Brain

The Social Brain

The Meaning-Making Brain

The Moral Brain

Individual

VICARIOUS TRAUMATIZATION
RISK FACTORS

Past history of trauma

Overwork

Poor respect for boundaries

Too high caseload of trauma survivors

Less experience

Too much exposure

High % traumatized children, particularly sexually abused children

Too many negative clinical outcomes

Organizational

ORGANIZATIONAL RISK FACTORS FOR PROMOTING VICARIOUS TRAUMA

- Provide no respite for staff
- Unrealistically high caseloads – role overload
- Denial of severity and pervasiveness of trauma
- Failure to identify and address secondary trauma
- No opportunities for continuing education
- Insufficient vacation time
- Do not support personal therapy
- Role ambiguity
- Failure to capture success

DO I HAVE IT?

1. My job involves exposure to distressing material and experiences.

2. My job involves exposure to traumatized or distressed clients.

3. I find myself distressed by listening to my clients' stories and situations.

4. I find it difficult to deal with the content of my work.

1. **Strongly disagree**
2. **Disagree**
3. **Slightly disagree**
4. **Neither agree nor disagree**
5. **Slightly agree**
6. **Agree**
7. **Strongly agree**

5. I find myself thinking about distressing material at home.

6. Sometimes I feel helpless to assist my clients in the way I would like.

7. Sometimes I feel overwhelmed by the workload involved in my job.

8. It is hard to stay positive and optimistic given some of the things I encounter in my work.

1. Strongly disagree
2. Disagree
3. Slightly disagree
4. Neither agree nor disagree
5. Slightly agree
6. Agree
7. Strongly agree

What can we do about it?

People are capable of finding pathways to reverse the destructiveness of trauma and turn it to their advantage.

Stephen Joseph (2011). What Doesn't Kill Us: The New Psychology of Posttraumatic Growth .

COPING: TWO METHODS

APPROACH-ORIENTED COPING,

- in which people concentrate their efforts either on changing the situation or on managing their emotions

AVOIDANCE-ORIENTED COPING,

- in which people ignore the existence of the situation or their emotions.
- May be helpful in the short-term, disastrous in the long-term
- Strongly associated with PTSD

APPROACH-ORIENTED COPING

TASK-FOCUSED COPING addresses the practical problems to be solved after trauma.

EMOTION-FOCUSED COPING refers to a variety of strategies we can use to help us confront and manage our emotional distress.

TOXIC ORGANIZATIONAL CULTURE

"main sources of stress for workers are the ways in which organizations operate and the nature of the relationships that people experience within the work setting"

Bloom and Farragher, p. 70

Destroying Sanctuary, 2010

Groups Under Stress

- Communication becomes terse and fragmented

- Upset-ness and fear among leaders manifested in workforce

- Silos develop; small number of powerful people make decisions in isolation

- Change, any kind of change, seems threatening

Leaders: perplexed, overwhelmed, ineffective, authoritarian, avoidant, more punitive

Organizational Stress Accumulates

Staff: detached, passive-aggressive, helpless, overtly aggressive

Everyone suffers: demoralized, hostile, counter-aggressive

Organizations

Can be traumatized

Affected by:

-Chronic stress

-Acute stress

(AND…   Can develop

resilience)

Organizations, like individuals, are living, complex, adaptive systems and that being alive, they are vulnerable to stress, particularly chronic and repetitive stress.

Organizations, like individuals, can be traumatized and the result of traumatic experience can be as devastating for organizations as it is for individuals.

Parallel Process

Stressed Organizations

Participatory processes break down

Decisions become oversimplified

Create more problems than they solve

Interpersonal conflicts erupt and aren't dealt with

Ethical conflicts abound

Organizational values erode

Mission is lost

Organization steadily declines unless it is rescued
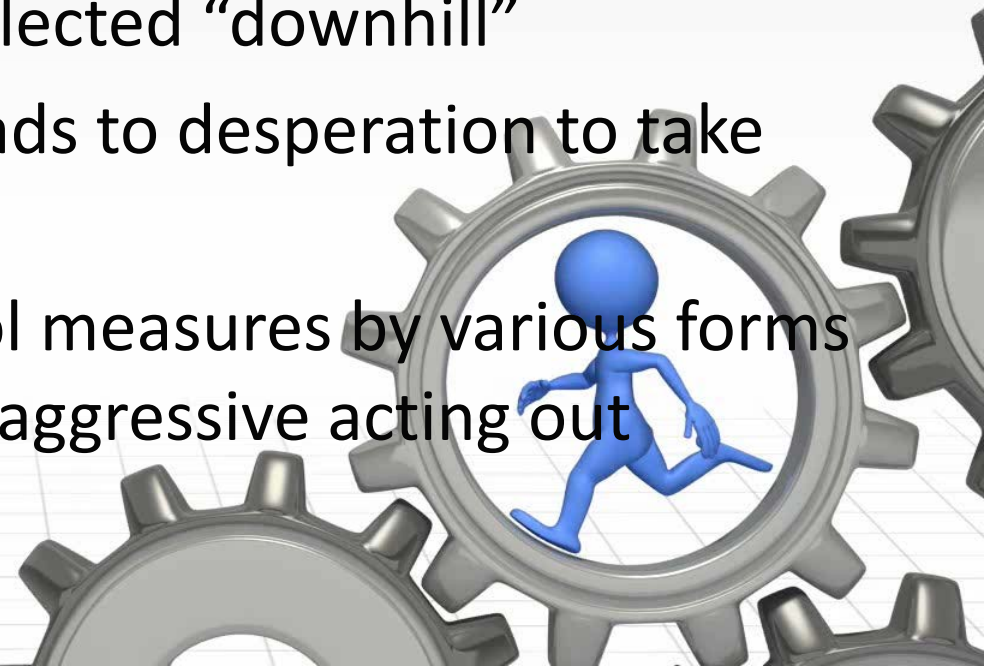
Heading Downhill

Emotional intelligence decreases

Organizational emotions are poorly managed

Methods of control become pathological

Punitive measures get reflected "downhill"

Feeling of helplessness leads to desperation to take control

Employees react to control measures by various forms of aggressive and passive-aggressive acting out

Trauma-organized Organizations

Loss of sense of future

Strategy makes way for urgency

Impulsive decision-making; reaction to perceived immediate threat

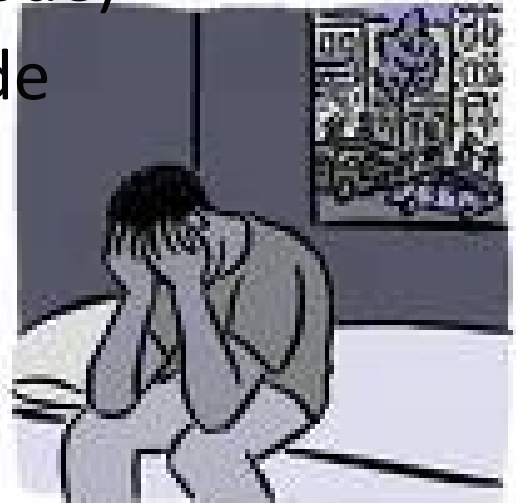Organization ceases to learn from its own behavior (loss of error correction)

Crisis mode (Most comfortable in this mode)

Patterns and actions precipitate this mode

Us/them mentality

Loss of communication

Organizational amnesia

The System Grinds On

Workers do the best they can

Frequent job changes, searching for a better place to be

Long-timers become hopeless and demoralized, and new staff and patients bear the brunt

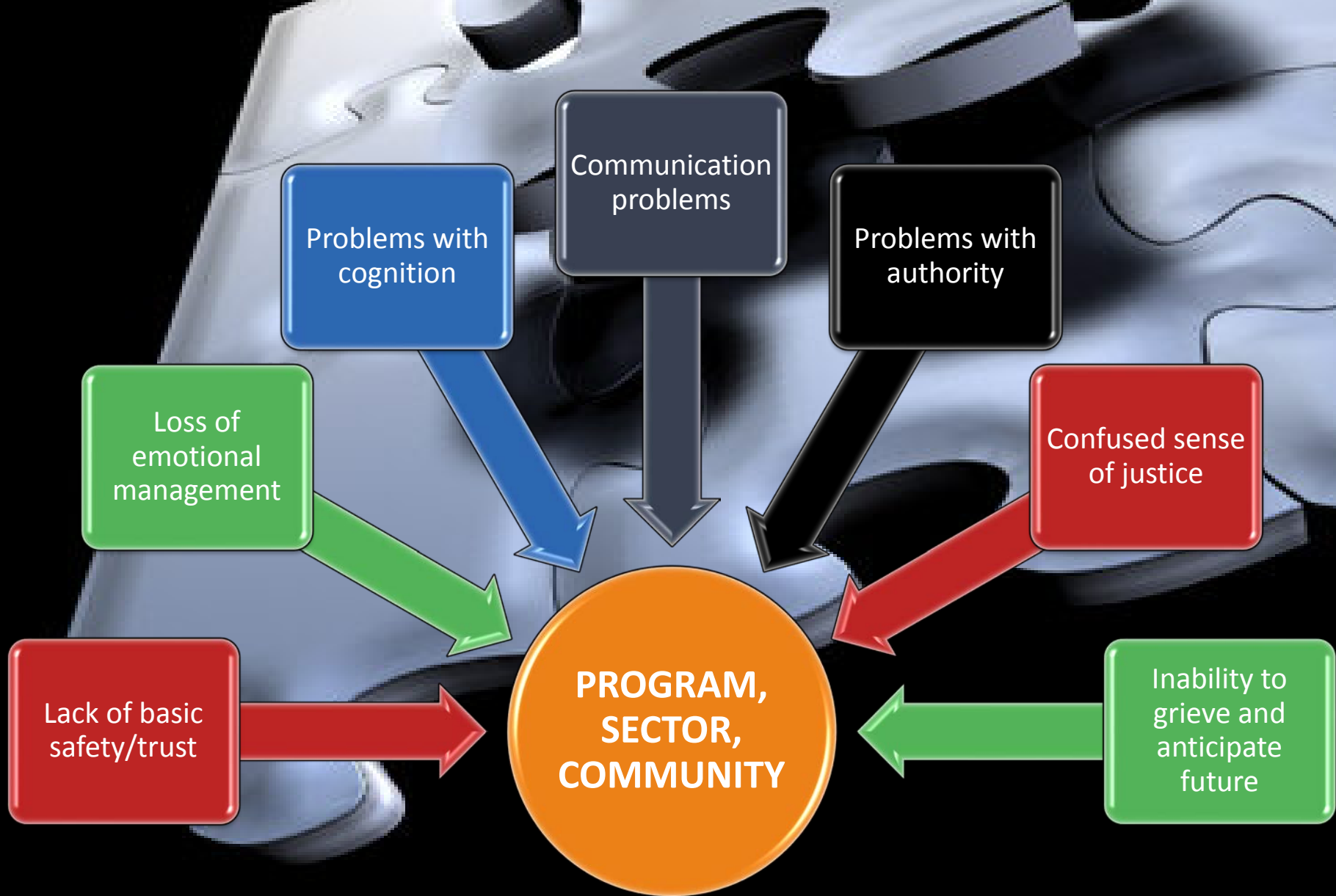Solutions to complex problems are over-simplified (measurement, EBPs are examples)

As a result, our systems frequently recapitulate the very experiences that have proven to be so toxic for the people we are supposed to help.
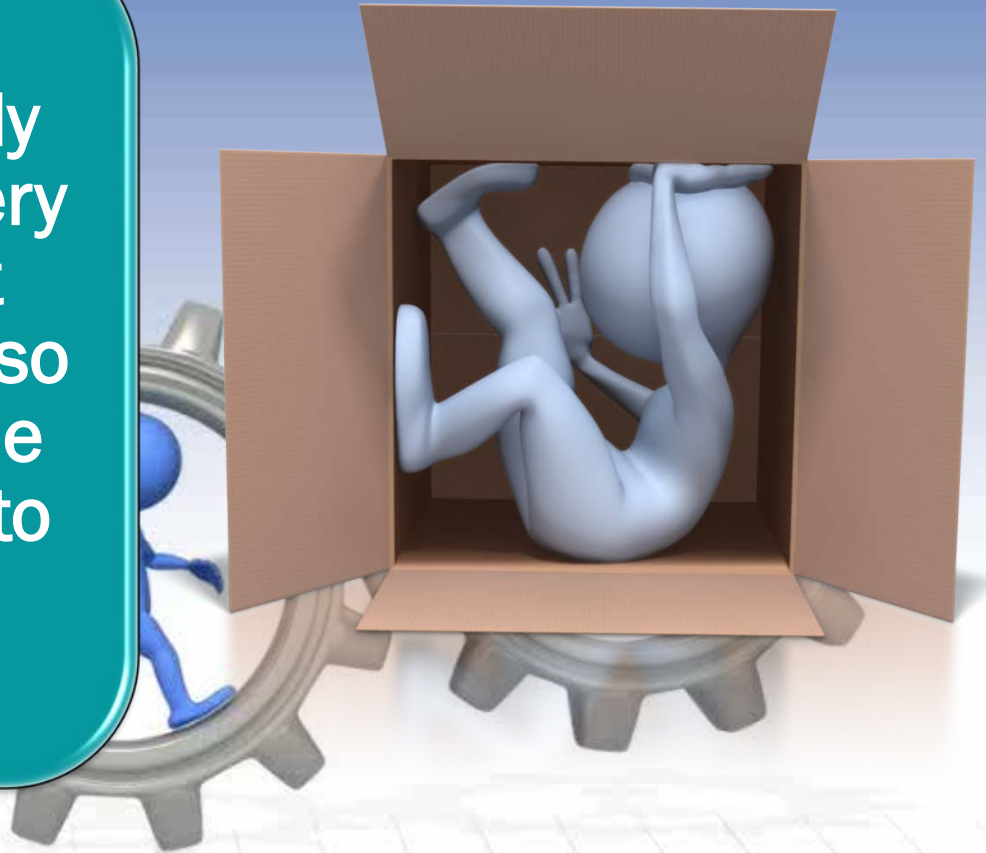
DEMORALIZATION

SYSTEM COLLAPSE

TRAUMA-ORGANIZED SYSTEM

Dire Straits

- **The very things that help us are those most affected by this chronic stress**
  - **Relationships**
  - **Hope**
  - **Therapeutic healing rituals**
  - **Humor**

What can we do about it?

People are capable of finding pathways to reverse the destructiveness of trauma and turn it to their advantage.

Stephen Joseph (2011). What Doesn't Kill Us: The New Psychology of Posttraumatic Growth .

PROTECTIVE FACTORS

Social support

Social support

Social support

Social support

Social support

Social support

Social support

Social support

Social support

INDIVIDUAL PROTECTIVE FACTORS

Social support

Supervision and consultation

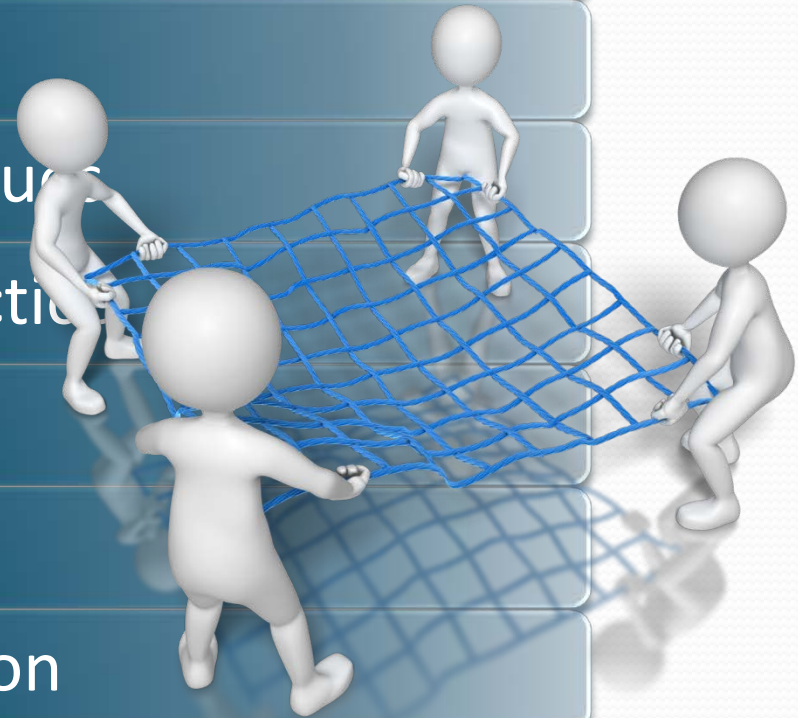Resolution of one's personal issues

Strong ethical principles of practice

Knowledge of theory

On-going training

Emotional intelligence/regulation

Awareness of the potential and impact of VT

PROTECTIVE ORGANIZATIONAL FACTORS

Stressors are accepted as real and legitimate – stressful situations are routinely debriefed

Problem is viewed as a problem for the entire group and not limited to the individual

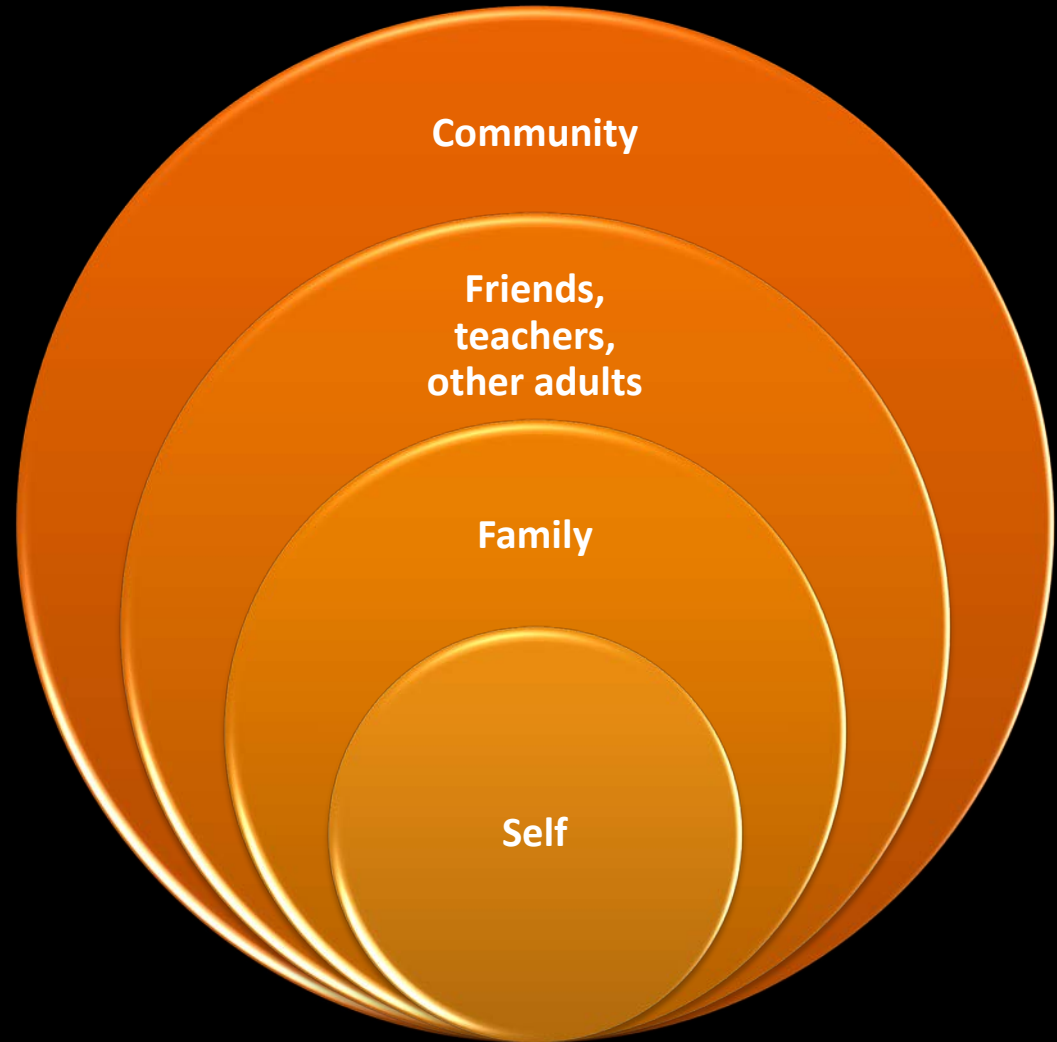The group intentionally seeks emotional regulation

Leaders model and practice mindful decision making

General approach to the problem is to seek solutions, not affix blame

Support is expressed clearly and abundantly in the form of praise, commitment and affection

ADAPTIVE COPING

COMMUNITY

A community is a group of people sharing a common interest and set of values. The members of a community often view the world through a distinct perspective that dictates how members of the community deal with the objects in their world.

Five Squirrels

- Donald Geisler 2005. "Meaning from Media: the Power of Organizational Culture". <u>Organization Development Journal</u> 23 (1): 81-83.

Specifically… healthy organizations:

- Share values and goals
- Meet, communicate, and act like a team
- Have intentional ways of "being" with one another
- Include everyone's voice, respectfully
- Have emotional intelligence, and take care of the group (team primacy)
- Use intentional ways of resolving conflict
- Have rituals and traditions that reinforce "teamness"
- Don't "just happen"

MAKE SURE YOU…

Feed each other

Rest

Learn from each other

Exercise kindness and respect

And have a lot of laughs along the way

Celebrations

Milestones

Victories

Our stories

"Be kind, for everyone you meet is fighting a great battle"

--Aristotle

Thanks for your attention!