

How to Manage Exposure to Trauma, Suicide, Homicide, and Drug Overdoses

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Disclaimer

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The Problem

The Problem

- We work with people who can be dangerous
 - All of them abuse drugs
 - They are all at risk of overdose
 - Most have histories of trauma
 - Many have considered suicide, and some have tried it
 - Some have histories of violence
- We are likely to experience exposure to all of these



The Problem

- We don't know how common these exposures are
- How many of you have been exposed in your work to:
 - Details of traumatic stories?
 - People who have tried to kill themselves while in your program?
 - People who have committed suicide while in your program?
 - People who have tried to kill others while in your program?
 - People who have committed homicide while in your program?
 - People who have overdosed while in your program?
 - People who have died from overdose while in your program?
 - Team members who have hurt themselves or died?

The Survey

- Conducted with NADCP permission during 2018 NADCP conference
- A convenience sample from several audiences who came to Dr. Meyer's presentations
- 16 questions pertaining to traumatic exposures
- 403 out of 500 (80%) surveys returned

**AND THE
SURVEY
SAYS...**



Primary Survey Results

- 99% (399/403) had at least one “yes” response
- 1% (3/403) had all “yes” responses
- The most common “yes” response was to the item “Hearing details of traumatic stories””: 98.5% said “yes”
 - **This is a problem!**
- 32% said that participants had killed themselves while in the program
- 7.7% said that participants had killed others while in the program
- 44% said that participants had died from overdoses
- 2.7% said that team members had killed themselves
- 80% said that team members had experienced burnout

Results of Exposure

Exposure to trauma, self-harm, suicide, violence, homicide, and drug overdoses can be traumatizing

- Primary traumatization vs. secondary traumatization
- Traumatic grief
- Brownout vs. burnout
- Turnover



What Do We Mean by “Trauma”? (i.e., primary traumatization)

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 that has lasting adverse **effects** on the individual’s functioning and mental, social, emotional, or spiritual well-being.

SAMHSA, 2014

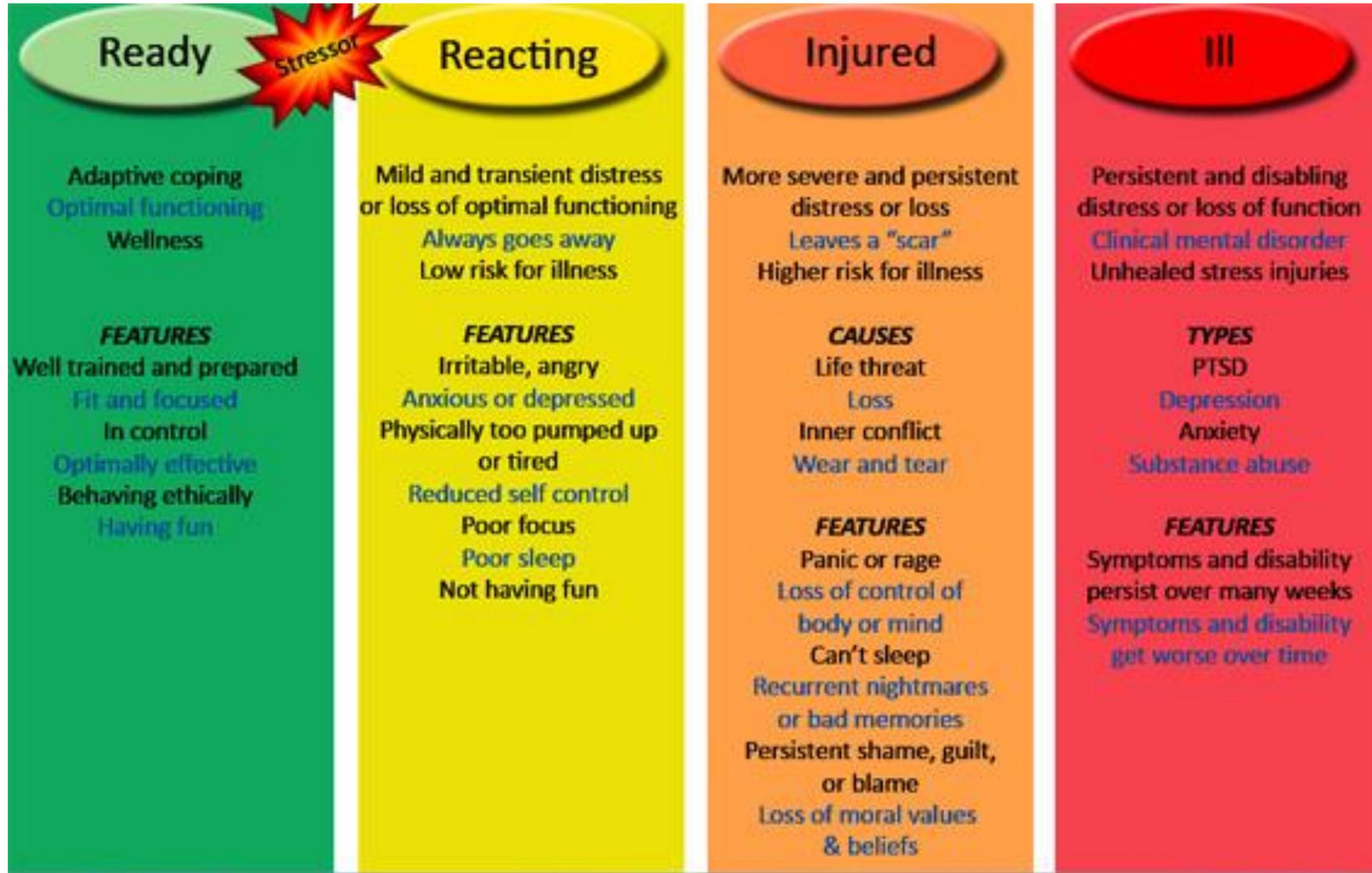
The Trauma Exposure Response

A trauma exposure response may be defined as the transformation that takes place within us as a result of exposure to the suffering of other living beings or the planet.

Laura van Dernoot Lipsky, 2010



Post-Traumatic Responses Occur on a Continuum



Other Versions of Post-Traumatic Responses

Adjustment Disorder

- With or without anxious and/or depressed mood

Acute Stress Disorder

- Looks like PTSD, but lasts less than 30 days

Other Trauma or Stressor-Related Disorder

- Used to be called sub-clinical PTSD
- Has many of the features of PTSD, but not all

Complex PTSD

- Multiple traumas experienced over time, usually starting in childhood

What Happens When You Are Exposed to Multiple Traumas?

- We all have a certain amount of resilience
- It can be increased or it can be worn down
- With too much trauma exposure, our cup fills up
- We can only handle so much



How Does Repeated Traumatic Exposure Affect Listeners?

It hurts.

It can consume their thoughts.

It creates images they can't forget.

It wears away at their resilience.

It can make them pull away from friends and family.

It can make them question their faith.

It may result in secondary traumatization.

What Is 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).

NCTSN, 2017

Secondary Traumatization is a normal response to an abnormal level of exposure to traumatic events.

Risk Factors for STS



- Personal history of trauma or something related to the case
- Overidentification with court participants
- Empathic style
- Insufficient recovery time between trauma exposures
- Reactive to children's vulnerability
- Isolation at work
- Lack of systemic resources

Professional Quality of Life

Compassion Satisfaction

Compassion Fatigue

Burnout

Secondary Trauma

Assess for STS

- Conduct periodic self-assessments
- Use evidence-based assessment instruments:
 - Professional Quality of Life Scale
 - Secondary Traumatic Stress Scale



Assess for STS

- Helpers tend to underestimate their secondary traumatic stress
- The best evaluators tend to be their spouses/partners (Jaffe et al., 2003)
 - Also close family members and close friends
 - Ask them if you've changed/if you show signs of STS

Symptoms of STS

Re-experiencing

- Intrusive images
- Nightmares
- Flashbacks
- Being triggered by reminders

Avoidance

- Trying not to talk about it
- Withdrawal and isolation
- Being late
- Missing work
- Not going out in public
- Increased alcohol and drug use

Symptoms of STS

Negative Thoughts and Moods

- Numbness
- Anxiety
- Depression
- Helplessness
- Cessation of previously enjoyed activities

Arousal

- Irritability
- Anger
- Hypervigilance
- Startle responses
- Insomnia

Other Common Symptoms of STS



- Worsening eating habits (overeating, junk food)
- Ruminative thinking
- Thoughts of retribution
- Fears for own safety and that of loved ones
- Preoccupation with work/working longer hours
- Engaging in excessive screen time (phones, tablets, computers, televisions)
- Feeling cut off from or distrustful of others

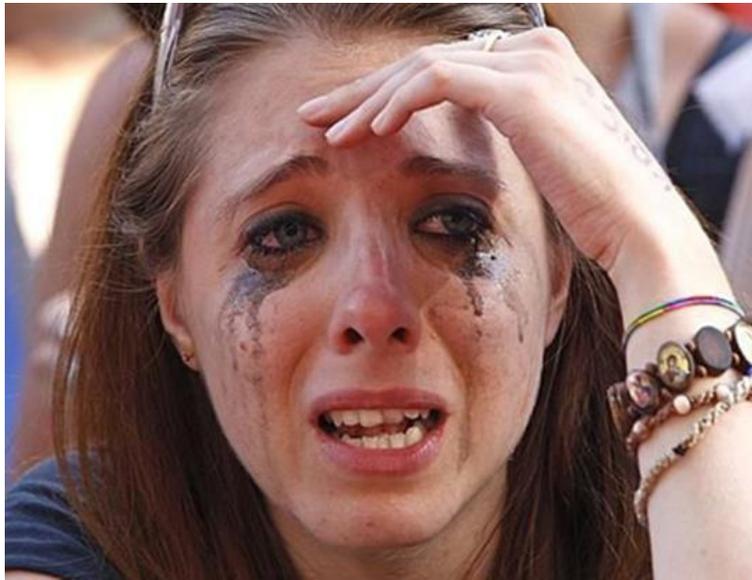
Important Note

It is not unusual to experience one or more of these symptoms from time to time. Normally, these periods do not last more than two weeks.

It's only
TEMPORARY

What Is Traumatic Grief?

- Intersection of trauma and loss
- Sudden, often violent loss of an important attachment figure
- Acute post-traumatic stress may interfere with ability to grieve
- Like Achilles and Patroclus in *The Iliad*



What Is Traumatic Grief?



- Shared symptoms of trauma and grief:
 - Intrusive thoughts and images
 - Avoidance of reminders
 - Numbness
 - Loss of trust

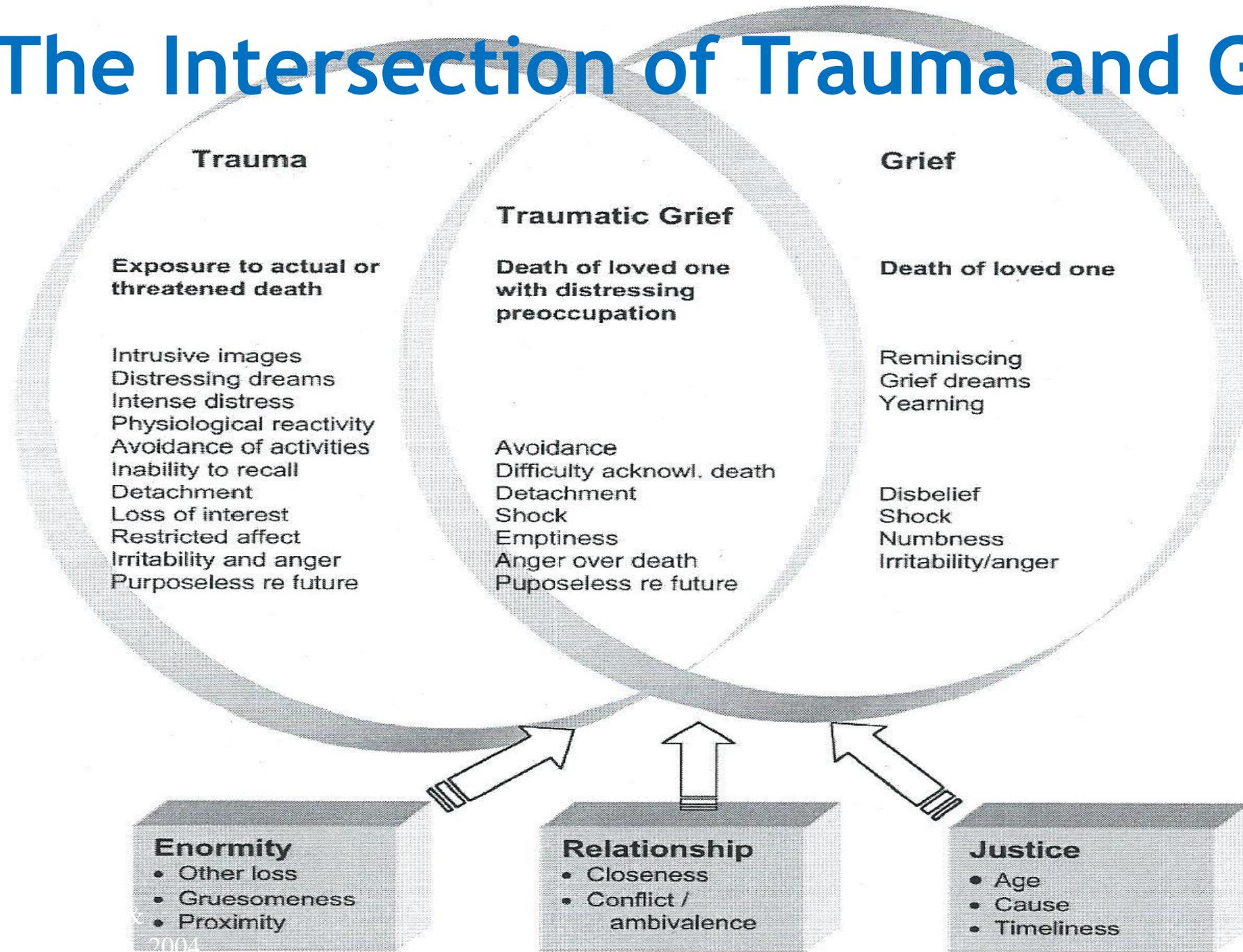
What Is Traumatic Grief?

- Factors involved in traumatic grief:
 - Suddenness
 - Violence
 - Sense of injustice
 - Loss of important attachment

Regehr & Sussman, 2004



The Intersection of Trauma and Grief



Diagnosing Traumatic Grief

Separation (3)

- Intrusive preoccupation
- Yearning
- Searching
- Extreme loneliness

At least “Sometimes” true



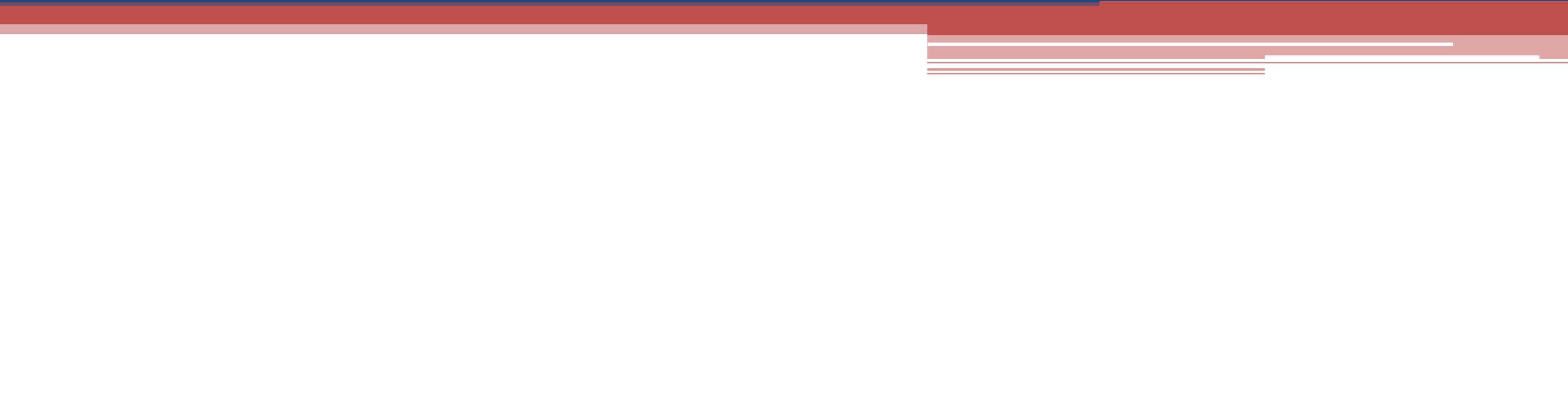
Prigerson et al, 1999

Traumatic Distress (4)

- Feeling unfulfilled
- Avoidance of reminders
- Sense of futility about future
- Feeling that part of self died
- Numbness
- Shattered world view
- Feeling stunned
- Disbelief
- Emptiness
- Taking on behaviors
- Bitterness

At least “Mostly” true

Skill Break: The Firehose Technique

The slide features a dark blue background with the title text in a bright green color. Below the text, there is a decorative horizontal bar consisting of a thick red line, followed by a white line, and then a series of thin, parallel red lines that create a stepped or layered effect.

- Picture your distressing image
- Pick up the firehose and point it at the image
- Pull back the trigger
- Spray
- What happens?



Preventing Traumatization: Developing Resilience



What is Resilience?

- “Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress...”
 - Ordinary not extraordinary
 - It does not mean the absence of distress or emotional symptoms
 - Not a “trait” - involves thoughts, behaviors, and actions

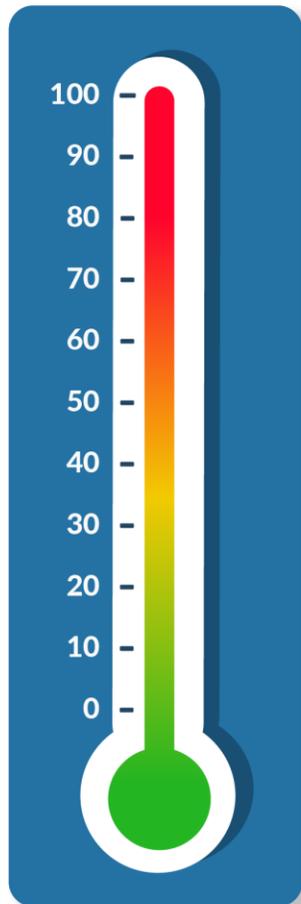


Factors Involved in Resilience

1. Supportive relationships inside and outside of one's family
2. The capacity to make realistic plans and take steps to carry them out
3. A positive view of yourself and the confidence in your strengths and abilities
4. Skills in communication and problems solving
5. The capacity to manage strong feelings and impulses (i.e., distress tolerance)
6. Engaging in self-care

...In other words, these are **all things someone can cultivate** within themselves....

Self-Assessment: Subjective Units of Distress



- 100 Highest anxiety/distress that you have ever felt.
- 90 Extremely anxious/distressed.
- 80 Very anxious/distressed; can't concentrate. Physiological signs present.
- 70 Quite anxious/distressed; interfering with functioning. Physiological signs may be present.
- 60 Moderate-to-strong anxiety or distress.
- 50 Moderate anxiety/distress; uncomfortable, but can continue to function.
- 40 Mild-to-moderate anxiety or distress. *****Intervene here**
- 30 Mild anxiety/distress; no interference with functioning.
- 20 Minimal anxiety/distress.
- 10 Alert and awake; concentrating well.
- 0 No distress; totally relaxed.

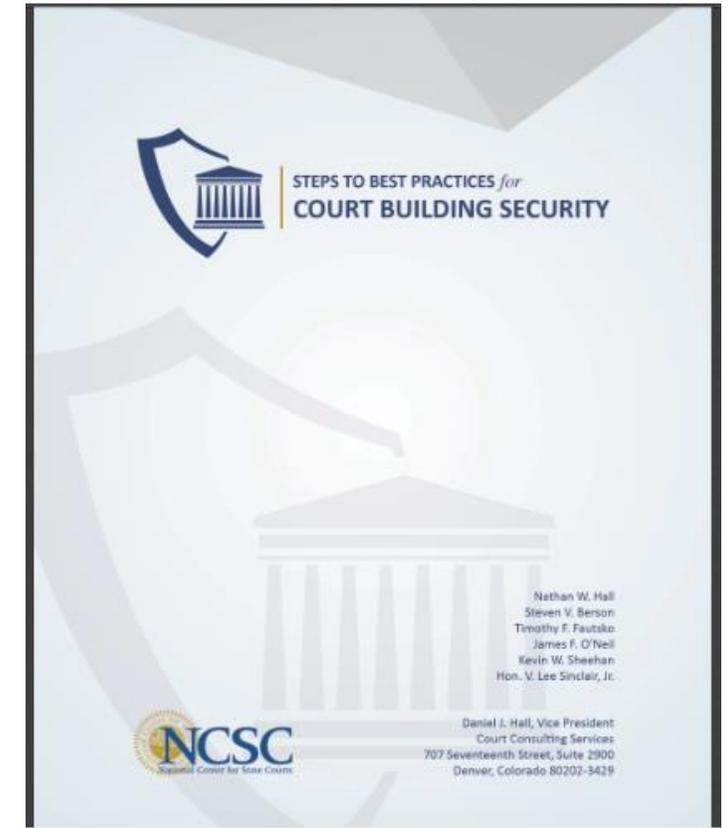
High Distress

Moderate Distress

Low Distress

Address Systemic Safety Concerns

- Trauma-related symptoms may be the result of feeling unsafe with offenders
- Address practical concerns with practical solutions wherever possible
- Review best practices for courtroom safety
 - <https://cdm16501.contentdm.oclc.org/digital/collection/facilities/id/170>
- If your court does not have an emergency management plan, create one



Preventing Secondary Traumatization

1. Know the signs and symptoms of STS
2. Assess yourself annually
3. Take breaks at work
4. Ensure 6.5-7.5 hours of sleep/night
5. Eat healthy foods in healthy amounts
6. Exercise regularly

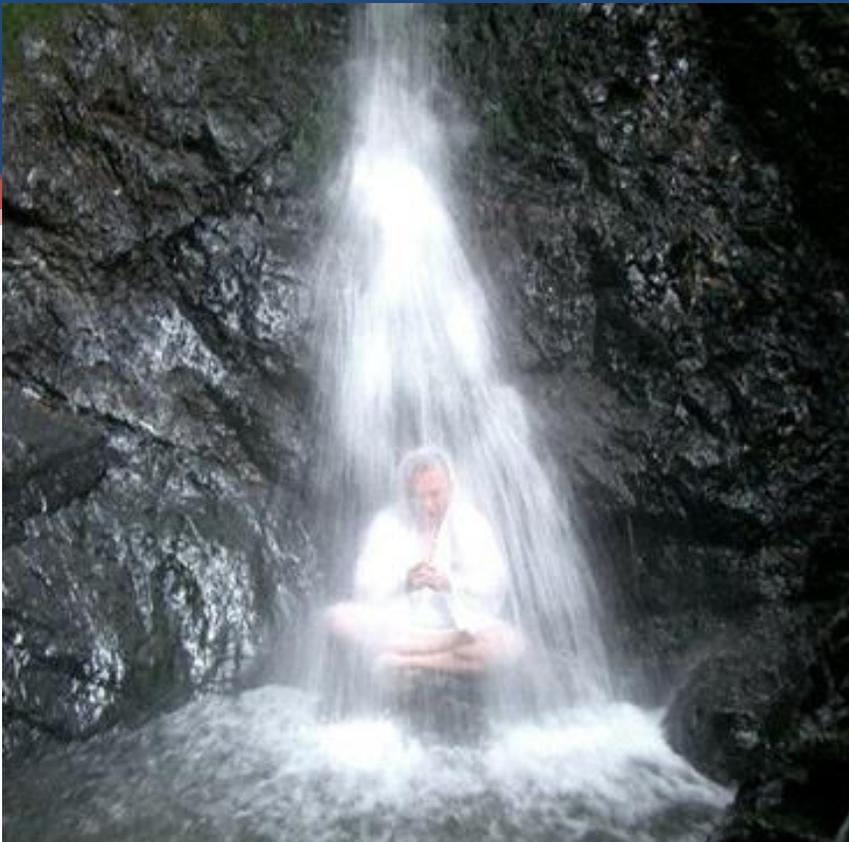




Preventing Secondary Traumatization

7. Engage in a spiritual life
8. Engage in a hobby that has nothing to do with work
9. Set boundaries between work and home
10. Schedule and accumulate pleasant activities
11. Deal with your personal history
12. Obtain regular training on trauma and its effects

Skill Break: Waterfall Meditation



or



Responding to Traumatization



Intervening When You Experience STS

1. Engage or re-engage your support network
2. Re-balance work and life
3. Reduce exposure to work-related and trauma-related books, movies, internet content, and news



Intervening When You Experience STS



4. Practice self-soothing: baths, music, massages, etc.
5. Take vacations
6. Start a journal, including what you are grateful for
7. Be creative: sing, dance, write, draw, sculpt
8. Spend time with healthy children
9. Practice self-compassion

Intervening When You Experience STS

10. Practice mindfulness meditation

11. Engage in regular yoga



Mindfulness Meditation

- Mindfulness shifts the brain into a state of calm
- Regular practice shifts the nervous system baseline



just be in the moment...

THE BENEFITS OF MINDFULNESS

Physical

 Boost energy levels

 Improves sleep

 Reduces chronic pain

 Improves heart function

 Helps with digestive problems

Mental

 Relieves stress

 Reduces anxiety

 Improves mood and happiness

 Boosts concentration and focus

 Improves self-esteem

Mental Health

Benefits of Yoga

Decreases Stress & Anxiety

Helps You Focus

Creates Mindfulness

Increases Self-Esteem

Boosts Confidence

Increases Awareness

Encourages Self Care

Improves Meditation

Increases Happiness

Promotes Well-Being



Q: How do you know when primary trauma and/or secondary traumatic stress becomes a significant problem?

A: When your symptoms become constant and/or pervasive.



**Know when your
cup is running over.**

Self-Soothing

Self-Soothing

(Comforting yourself through
your five senses)

1. Something to touch
(ex: stuffed animal, stress ball)
2. Something to hear
(ex: music, meditation guides)
3. Something to see
(ex: snowglobe, happy pictures)
4. Something to taste
(ex: mints, tea, sour candy)
5. Something to smell
(ex: lotion, candles, perfume)



Everyone Needs One Person in Whom to Confide



- Trauma dissipates in waves
- Each of us needs one person to talk with:
 - A partner or spouse
 - A close friend
 - A family member
 - A minister/pastor/priest/rabbi
 - A therapist

Develop a Self-Care Action Plan

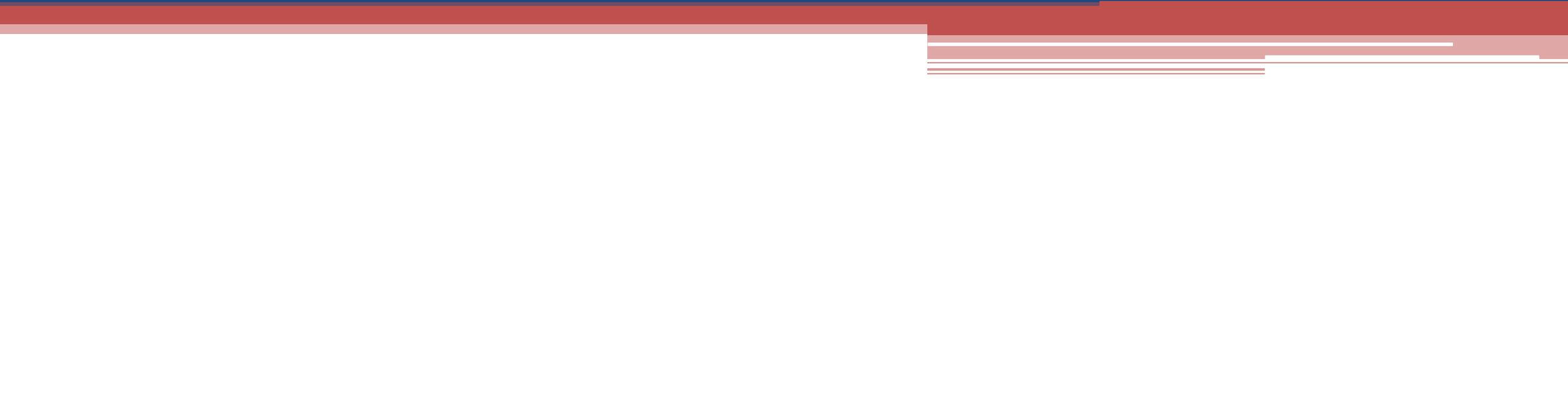
- Use the ideas above, and add your own
- Make a plan how you will leave work at work
- Identify your triggers and how you will handle them
- Set aside at least one hour daily for self-care
- What gives you joy?
- What gives you meaning?

_____ 's Self Care Plan

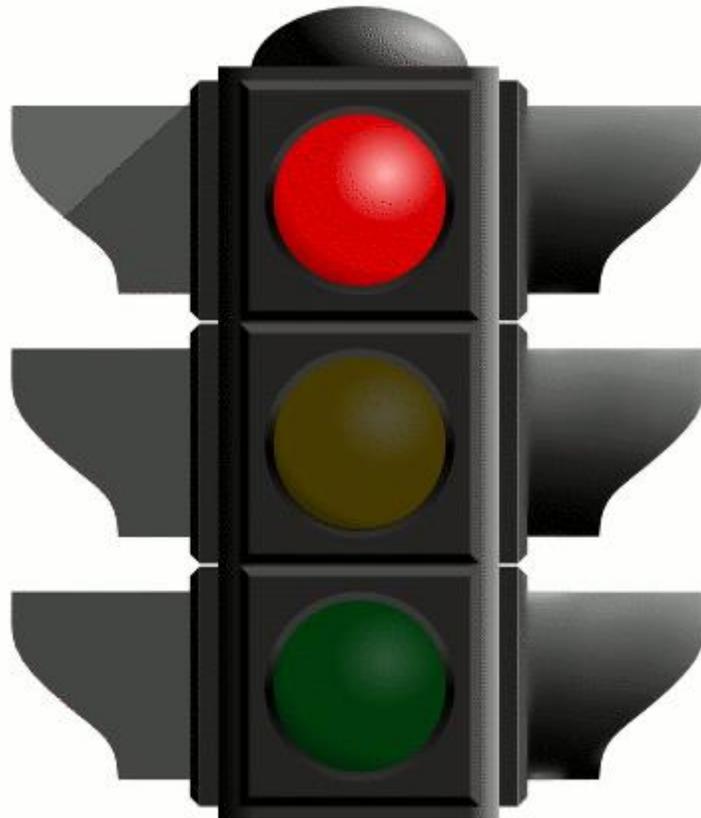
 Mental	 Physical
 Emotional	 Spiritual

***Start a plan
within the next week***

Skill Break: Mindfulness of the Breath

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Recognizing When You Need Outside Help



Signs of Deepening Problems

- Drinking more than two standard drinks/day
- Misusing prescription medication
- Using illicit drugs



Signs of Deepening Problems



- Becoming a couch potato
- Insomnia lasting more than two weeks
- Panic attacks
- Isolation from family and friends
- Despair about the world
- Loss of faith
- Thoughts of suicide

When STS Becomes a Serious Problem

- Seek consultation from a peer
- Use state assistance programs for attorneys or clinicians
- Use the employee assistance program
- Engage in psychotherapy



Brownout

- Brownout precedes burnout
- It occurs when someone disengages, becomes discontent and lethargic, and loses interest in work
- It may result in sick leave and/or vacation in an attempt to recharge
- A survey of 1,000 executives by Corporate Business Concepts found:
 - Brownout is more prevalent than burnout
 - 40% of the population experiences brownout
 - 5% of the population experience burnout



Top 10 Signs of Brownout



1. You work **long hours**, but without any real interest in your job. The work itself is a dull slog and lacks intellectual challenge or stimulation.
2. You feel as if you **never really finish tasks**. There's always more to do.
3. You no longer know where your career is going and **don't make important decisions**.
4. You **contribute the minimum** in meetings and have little interest in new suggestions. You're the person who pours cold water on other people's ideas.
5. You'll **use any excuse not to show up**. A headache becomes a migraine and a cold is always flu.
6. You check emails when you get up in the morning and in bed before you to sleep. You are **glued to your smartphone** on holidays, on weekends and even during social occasions.
7. **Physically you've started to suffer**. You're out of shape, you eat junk food, you don't get enough sleep and you've given up exercising.
8. You've **lost your sense of humor** and tend towards passive aggressiveness and surliness. If anyone (in work or outside) asks you how things are going, you tend to snap or answer in monosyllables.
9. Family **life is no longer what it once was**. You come home late to watch TV and show little interest in your spouse and children. Friendships have withered on the vine and outside interests have been forgotten.
10. You don't **hate your boss**, but they're moody and unpredictable. You never know whether they'll like or hate a given piece of work.

THE EXHAUSTION CYCLE



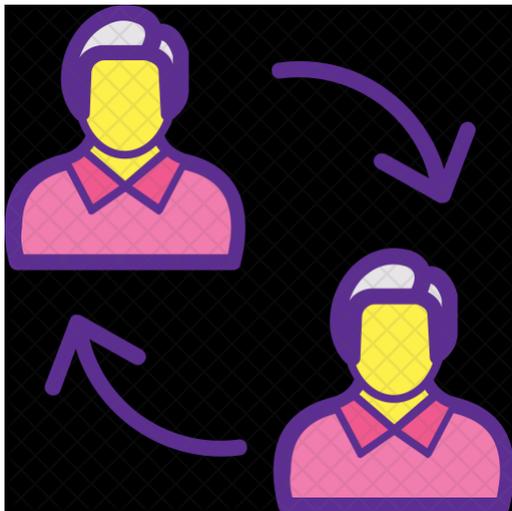
Signs of Burnout

- Chronic exhaustion
- Problems with attention and focus
- Headaches, stomach aches, chest tightening, dizziness, etc.
- Increased illness
- Loss of appetite or heavy overeating
- Cynicism and detachment
- Feeling ineffective

Turnover



Turnover



- Turnover can result from primary traumatization, secondary traumatization, brownout warnings, and/or burnout
- It disrupts team dynamics
- It takes time for the new person/people to develop the knowledge of both drug courts in general and your court in particular

A Mourning Ritual

- Create a time and space for grief
- Collect a one-hour candle and any reminders you may have (pictures, music, etc.)
- Find a quiet place
- Spend one hour thinking of the person you have lost, using the candle as a timer
- You may want to write about them or to them; burn it at the end
- When the candle goes out, mourning time is over



This can be done individually or as a group

Group Acknowledgement

- Avoiding the fact of the death will make it more painful
- Therefore, the team must engage in some discussion about the loss and how it is affecting them
- Each person is given an opportunity to say something
- This is not group therapy
- Rather, it is group mourning, like we do at a person's home when someone dies
- Food is helpful
- It is time-limited



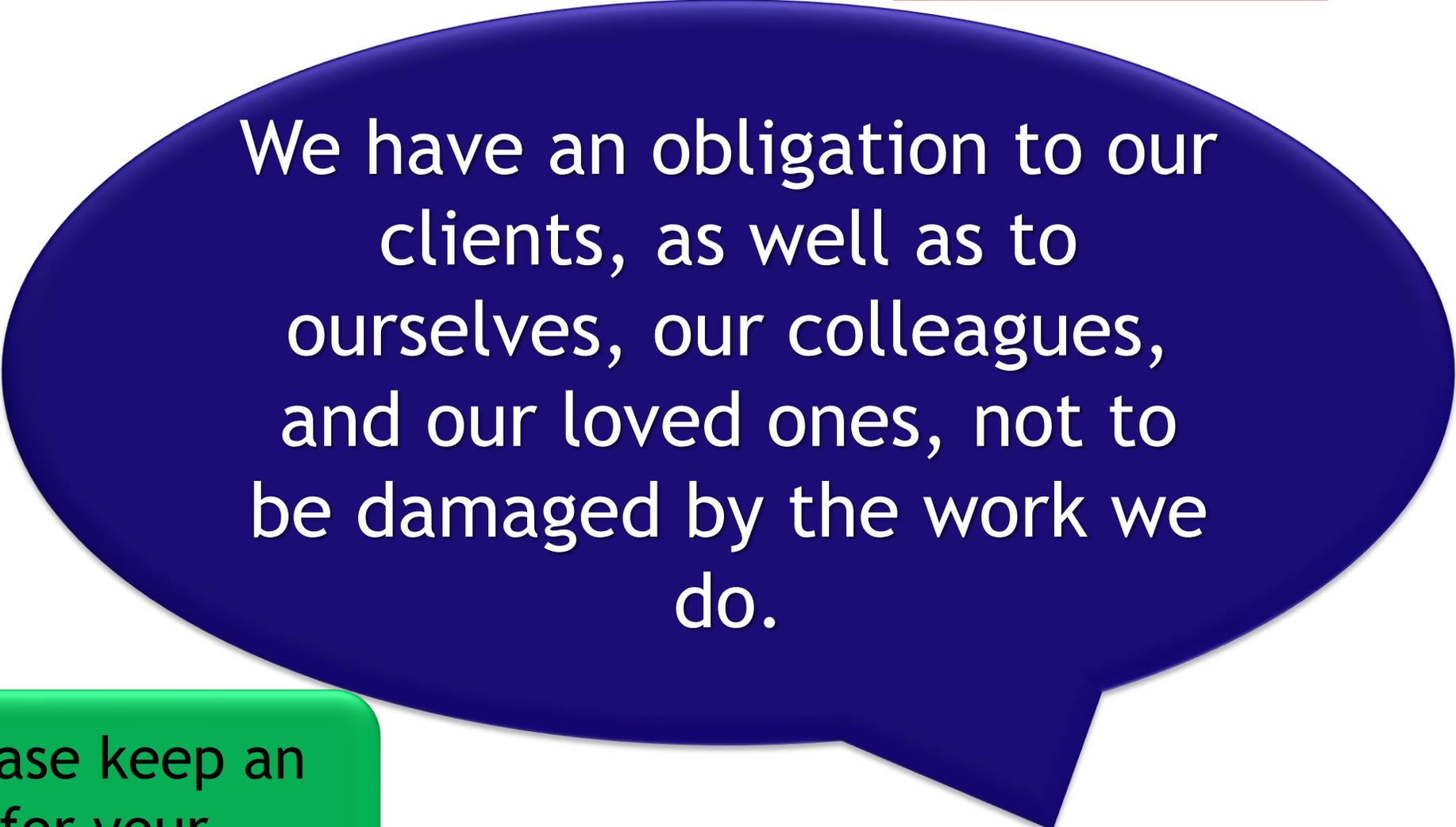
Radical Acceptance

Radical Acceptance is the willingness to experience ourselves and our life as it is. A moment of Radical Acceptance is a moment of genuine freedom.

- Tara Brach, from *Radical Acceptance*

- The refusal to accept emotional pain is the basis of suffering
- Accepting reality as it is, not as we want it to be
- Neither fighting reality nor avoiding it
- Letting go of the desire to have things as we want them to be transforms suffering into ordinary pain, which is part of life
- Radical acceptance is an active choice that requires an inner commitment

A Final Thought



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



P.S. Please keep an eye out for your colleagues, too.

Karen Saakvitne and Laurie Pearlman, 1996

Resources

Self-Screening Tools

- Secondary Traumatic Stress Scale:

https://www.naadac.org/assets/2416/sharon_foley_ac15_militarycultureho2.pdf

- Professional Quality of Life Scale

http://proqol.org/uploads/ProQOL_5_English_Self-Score_7_2011.pdf

Dealing with Trauma Exposure

- *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* by Laura van Dernoot Lipsky
- *Transforming the Pain: A Workbook on Vicarious Traumatization* by Karen Saakvitne and Laurie Pearlman
- *The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-Care Strategies for the Helping Professions, 3rd Edition* by Thomas Skovholt and Michelle Trotter-Mathison

Dealing with Trauma Exposure

- Self-Care Workbook:

http://www.figleyinstitute.com/documents/Workbook_AMEDD_SanAntonio_2012July20_RevAugust2013.pdf

- When Compassion Hurts:

https://www.beststart.org/resources/howto/pdf/Compassion_14MY01_Final.pdf

- Secondary Traumatic Stress in child-serving systems:

http://www.nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf

Mindfulness Books

- *Mindfulness for Beginners: Reclaiming the Present Moment - and Your Life* (2011), Jon Kabat-Zinn
- *Radical Acceptance* (2012), Tara Brach
- *The Miracle of Mindfulness* (1999), Thich Nhat Hanh
- *Meditation for Beginners* (2008), Jack Kornfield
- *How to Meditate* (2013), Pema Chodron

Mindfulness Meditation CDs

- *Guided Mindfulness Meditation Series 1, 2 & 3*, Jon Kabat-Zinn
- *Mindfulness Meditation*, Tara Brach
- *Natural Awareness*, Pema Chodron
- *Guided Meditation*, Jack Kornfield
- *Plum Village Meditations*, Thich Nhat Hanh

Online MBSR Courses

- Free online MBSR course:
<http://palousemindfulness.com/selfguidedMBSR.html>
- Online video course:
<http://www.soundstrue.com/store/the-mbsr-online-course-3226.html>

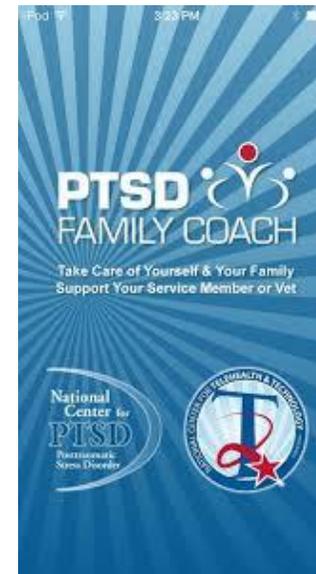
Guided Mindfulness Meditations

- <http://www.va.gov/PATIENTCENTEREDCARE/resources/multimedia/index.asp>
- <http://www.fammed.wisc.edu/mindfulness-meditation-podcast-series/>
- <http://health.ucsd.edu/specialties/mindfulness/programs/mbsr/Pages/audio.aspx>
- <http://marc.ucla.edu/body.cfm?id=22>

Self-Help Mobile Applications

<http://www.t2health.org/mobile-apps>

- Breathe 2 Relax
- PTSD Family Coach
- Stop, Breathe, and Think
- Mindfulness Coach



Self-Help Mobile Applications

<http://www.militarymentalhealth.org/articles/media>

- Positive Activity Jackpot
- Virtual Hope Box
- Provider Resilience



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