

Preventing Secondary Traumatic Stress With Mindful Self-Care

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If I am not for myself, who will be for me?

If I am only for myself, what am I?

And, if not now, when?

Rabbi Hillel

In this presentation we will review how trauma therapists can be for themselves as well as for their clients

Trauma Work

" We are threatened with suffering from three directions: from our body, which is doomed to decay and dissolution ..., from the external world which may rage against us with overwhelming and merciless force of destruction, and finally from our relations with other men... This last source is perhaps more painful to us than any other. (p77)"

Freud (Civilization and its Discontents)

What is a Traumatic Event?

The DSM-5 definition of trauma requires:

Criterion A - Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic events(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic events(s) occurred to a close family member of close friend. In cases of actual or threatened death of a family member or friend, the events(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Trauma Treatment –

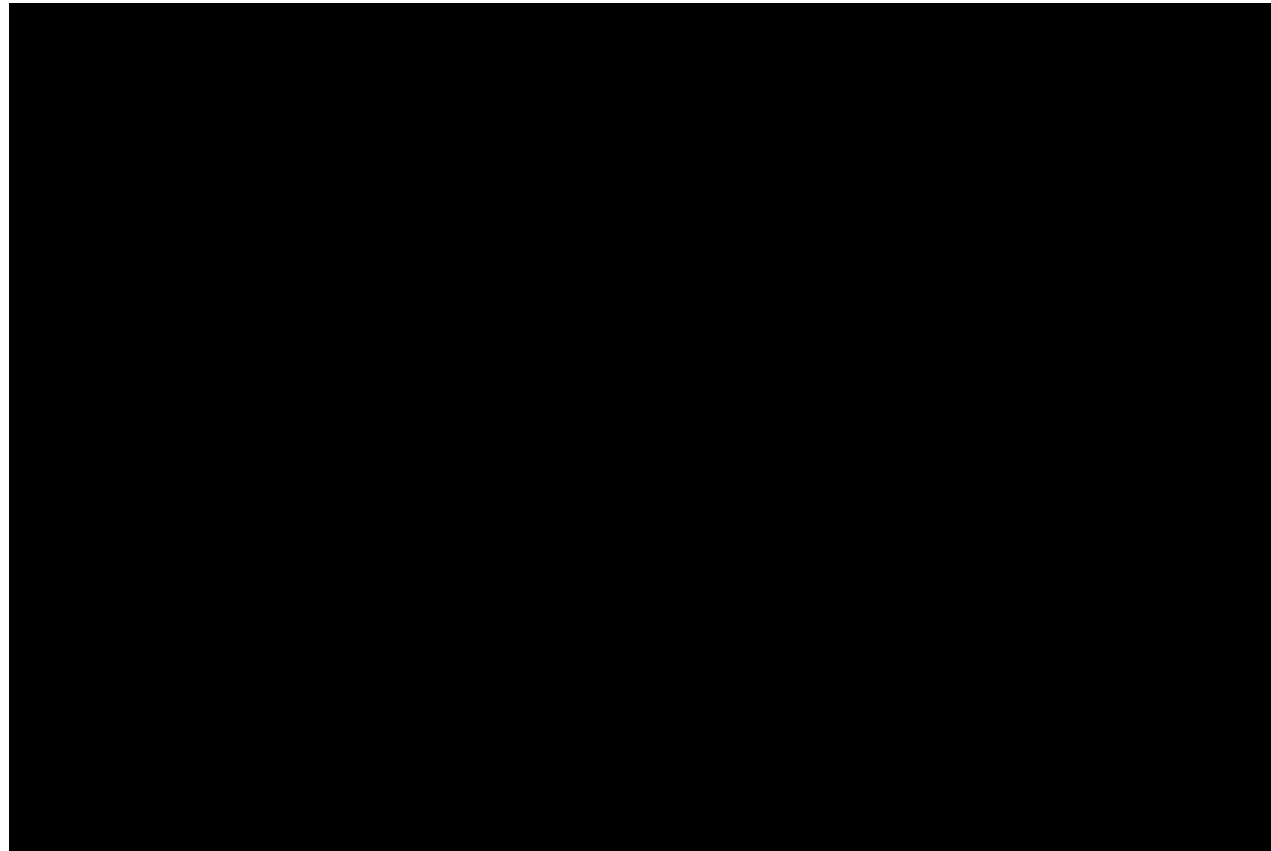
Do you or have you worked with trauma survivors? Please think about which of these apply to clients you have or are working with

- Threat of death
- Serious injury
- Threat of serious injury
- Sexual violence
- Threat of sexual violence
- Adult survivor of childhood physical abuse/neglect
- Adult survivor of sexual abuse
- Child survivor of physical abuse/neglect
- Child survivor of sexual abuse

ANYTHING TO ADD TO THIS LIST?

The Psychosocial Costs of Trauma Work

The Cost of Caring



Commonness of Secondary Traumatic Stress

Lanier, B.A. & Carney, J. S. (2019) *Professional Counselor*

- I thought about my work with clients when I didn't intend to.(85.5%)
- I felt emotionally numb.(80.5%)
- I was easily annoyed.(79.1%)
- I felt discouraged about the future.(75.5%)
- I had trouble concentrating.(75.5%)
- I had trouble sleeping.(75.0%)
- I wanted to avoid working with some clients (73.6%)
- I was less active than usual.(70.9%)
- Reminders of my work with clients upset me.(70.5%)
- My heart started pounding when I thought about my work with clients.(70.5%)
- I had little interest in being around others.(67.6%)
- It seemed as if I was reliving the trauma(s) experienced by my client(s).(60.5%)
- I expected something bad to happen.(60.0%)
- I avoided people, places, or things that reminded me of my work with clients.(57.3%)
- I noticed gaps in my memory about client sessions.(57.3%)
- I felt jumpy.(56.4%)
- I had disturbing dreams about my work with clients.(49.5%)

Compassion Fatigue

- Caused by overextending one's capacity for selflessness
- A process of change resulting from empathic engagement with trauma survivors'

Pearlman & Saakvitne (1995)

Compassion Fatigue

5=very often; 4= Often; 3=Sometimes; 2=Occasionally; 1=Seldom; 0=Rarely

COMPASSION FATIGUE – subscale from Crisis Trauma Resource Institute

- ____ 2. I feel drained and exhausted from “giving” so much.
- ____ 5. I feel down after working with those I help.
- ____ 8. Because of my work as a caregiver, I have been on edge.
- ____ 11. Because of my work as a caregiver, I am exhausted.
- ____ 14. I wonder if I make a difference through my work.
- ____ 17. I become overwhelmed when thinking about working with certain clients.
- ____ 20. I have felt trapped by my work as a caregiver.

Vicarious Traumatization

- Helper's *trauma reactions* to being exposed to another's traumatic experience
- 'Your pain in my heart'
- An accumulation of clients' traumatic material affecting the helper's perspective

Vicarious Traumatization

5=very often; 4= Often; 3=Sometimes; 2=Occasionally; 1=Seldom; 0=Rarely

VICARIOUS TRUAMA – subscale from Crisis Trauma Resource Institute

- ____ 3. I am preoccupied with the traumatized stories I have heard.
- ____ 6. I think about traumatic experiences of a person I help too much.
- ____ 9. Outside of work I avoid certain situations because they remind me of the experiences of those I work with.
- ____ 12. I have intrusive thoughts of stories I've heard from those I'm helping.
- ____ 15. I have flashbacks connected to my client.
- ____ 18. I experience troubling thoughts about events of a client when I'm not working.
- ____ 21. I have involuntarily recalled my own traumatic experience while working with a client.

Burnout

- Exhaustion
- Alienation from (work-related) activities
- Reduced performance

Burnout

5=very often; 4= Often; 3=Sometimes; 2=Occasionally; 1=Seldom; 0=Rarely

BURNOUT SCALE - subscale from Crisis Trauma Resource Institute

_____1. I am NOT happy and content with my work life.

_____4. I feel apathetic about work.

_____7. I feel trapped by my work as a caregiver.

_____10. I don't like my work anymore.

_____13. I feel overwhelmed with the amount of work I have to do.

_____16. I work too hard.

_____19. I feel I'm working more for money than for personal fulfillment.

Resources for Measuring STS (Occupational Hazards)

- Crisis & Trauma Institute Inc

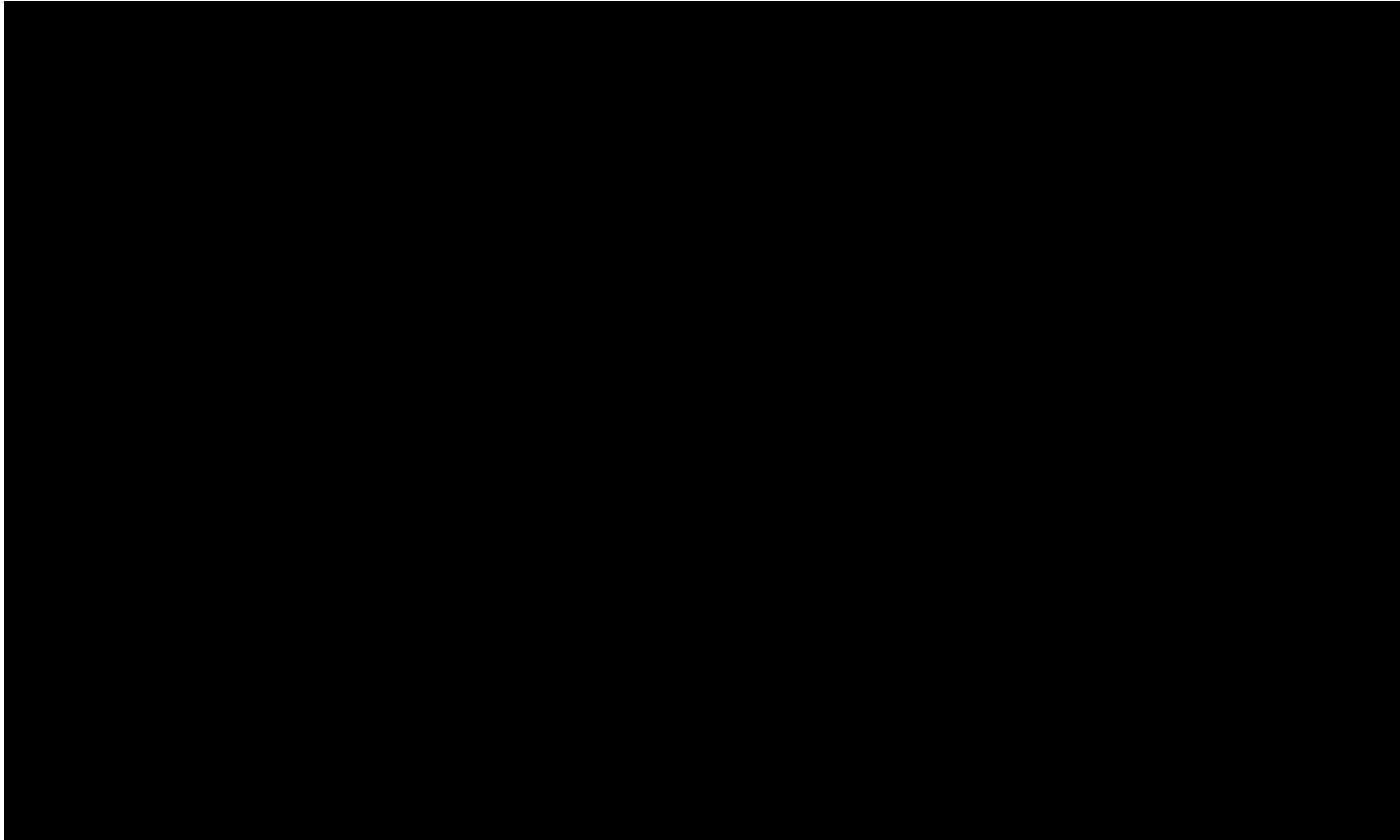
www.ctinstitute.com

- Professional Quality of Life Scale (ProQOL R-V)

<https://proqol.org/proqol-measure>

Available in 28 languages

Case Studies from Pioneers



Shown with permission from Gift from Within, an International Nonprofit Organization for Survivors of Trauma and Victimization, www.giftfromwithin.org

Physical Hazards

Physical health concerns: potential for injury or illness while deployed to disasters

- Poor air quality
- Disease exposure
- Other unrecognized hazards:
 - Cold, smoke, flood waters, downed power lines

Most Frequently Cited Stressors for Helpers in Disaster/Complex Emergencies

- Professional conflicts
- Time pressures
- Sense of enormous responsibility
- Excessive workload
- Interagency communication stress
(cited by humanitarian workers)

Kramen-Kahn, B., & Hansen, N. D. (1998). Rafting the rapids: Occupational hazards, rewards, and coping strategies of psychotherapists. *Professional Psychology: Research and Practice*, 29(2), 130–134. <https://doi.org/10.1037/0735-7028.29.2.130>

Risk Factors and Warning Signs of Potentially Harmful Stress Reactions



Stress? What stress?

Risk Factors for Occupational Hazards

Trauma-specific:

- Nature of trauma or the size of the disaster (intensity, scope, duration) – sexual assault survivors/domestic violence
- Caseload
- A personal and direct connection to the traumatic event
- Human caused vs natural caused trauma
- Grotesque sights and sounds
- Children as clients

Risk Factors for Occupational Hazards

General:

- Training/career history & status – novice therapists at greater risk
- Personal history
- Defensive coping style rather than problem solving
- Current life circumstances
- Lack of resources or social support (e.g., supervision)
- Nature of clients served

Gaboury, D., Kimber, M. (2023).

Dewar, M., Paradis, A., & Brillon, P. (2023).

Kazlauskas, E., Jovarauskaite, L., & Gelezelyte, O. (2023).

Warning Signs for Occupational Hazards

Emotional

- Anxiety
- Powerlessness
- Anger
- Sadness
- Helplessness
- Depression

Health

- Headaches
- GI Distress
- Fatigue or
Exhaustion
- Decreased
immunity

Behaviors

- Sleep changes
- Irritability
- Mood Swings
- Hypervigilance
- Appetite
changes

Workplace

- Avoidance
- Tardiness
- Absenteeism
- Lack of
Motivation or
Initiative

Relationships

- Withdrawal
- Isolation
- Decreased intimacy
- Mistrust
- Misplaced anger
- Over-protective

Thoughts

- Disorientation
- Perfectionism
- Problems
concentrating
- Thoughts of harm
- Rigidity

Spirituality

- Loss of purpose
- Anger at God
- Loss of faith
- Questioning
meaning of life and
beliefs

The Rewards of Trauma Work: Compassion Satisfaction

Compassion Satisfaction

- The rewards and enjoyment we get from helping others
- The sense of pleasure and fulfillment that healthcare providers derive from their work.
- Feelings include fulfillment, reward, achievement, happiness, enrichment, inspiration, energy, gratitude and hope.
- A protective mechanism that serves to sustain wellness

(Figley, 2002)

Commonly Cited Rewards

- Personal satisfaction and enjoyment of work
- Sense of competency, or even mastery, in overcoming unique challenges of work
- Increased self-knowledge and self-awareness
- Personal growth
- Relief from routine work; variety in work
- Emotional bonding and intimacy with survivors and colleagues
- Sense of privilege and honor to provide services and promote healing in unique and moving circumstances
- Being part of a meaningful effort larger than oneself
- Feelings of empowerment during times of crisis and chaos

Vicarious Posttraumatic Growth

“the potential benefits of working with trauma survivors may be significantly more powerful and far-reaching than the existing literature’s scant focus on positive sequelae would indicate.”

Tedeschi & Blevins (2017)

Components of Vicarious Posttraumatic Growth

- Relating to Others
- New Possibilities
- Personal Strength
- Spiritual Change
- Appreciation of Life

Vicarious Trauma AND Vicarious Posttraumatic Growth - A review of 20 published studies:

- Trauma work often increases short and long-term levels of distress
- Negative impact can be managed through personal and organizational coping strategies
- Distress does not preclude growth
- Changes in schemas (thinking) can be both positive and negative
- The best predictor of VPTG is exposure to the client's growth

Cohen, K, & Collens, P. (November 2013), *Psychological Trauma*

Self-Care: Preventing STS/Fatigue/Cultivating Satisfaction

“Only the wounded physician heals... and then only to the extent he has healed himself.”

— Carl Jung

“The care that counselors provide others will be only as good as the care they provide themselves”

-ACA Taskforce for Counselor Wellness

General Predictors of Career Satisfaction

- Work Setting
- Control
- Negative client behavior
- Work-life balance
- Time with family
- Vary work activities
- Hobbies
- Think of clients as interesting
- Regular vacations
- Cultivate sense of control over work
- Reflect on satisfying work experiences
- Professional identity
- Professional development
- Physical activities
- Balance of personal and professional

Rupert, Miller, Hartman, Bryant (2012). *Professional Psychology*

Preparing Mentally for Trauma Work – Stress Inoculation

- Identify potential stressors – what do you expect to find most troubling?
- Appraise those stressors – how likely is each one, and do you perceive it as a threat or a challenge?
- Identify potential coping strategies – what specific actions can you take to handle each stressor?

Self-Care Strategies - Preparedness

- Increase preparedness through training
- Complete a thorough assessment of your wellness in all areas of your life (wellness dimensions)
- Examine your coping mechanisms and styles
- Develop a comprehensive self-care plan
- Discuss with colleagues – e.g. mutual supervision group
 - Will you have support?
- Logistical planning for trauma work/disaster deployment
 - What will you bring to the office or disaster to lower stress?

Evidence-Based Self-Care Strategies

- Get enough sleep
- Take breaks
- Exercise
- Eat a balanced diet
- Connect with others
- Use spiritual resources
- Limit TV exposure
- Balance work, play, rest
- Allow yourself to receive support as well as give support
- Use your personalized self-care plan
- Pay attention to early warning signs of distress and increase self-care accordingly
- Utilize a self-care 'buddy system'

KNOW WHAT WORKS FOR YOU AND REMIND YOURSELF REPEATEDLY
TO DO IT

Mindful Self-Care

See - <https://www.surveygizmo.com/s3/5556058/mscs>

1. Mindful Relaxation (6 items)
 2. Physical Care (8 items)
 3. Self-Compassion and Purpose (6 items)
 4. Supportive Relationships (5 items)
 5. Supportive Structure (4 items)
 6. Mindful Awareness (4 items)
- General (3 items – not to be averaged)

How many days a week do you engage in the following activities – Never (0 days)
Rarely (1 day) Sometimes (2 to 3 days) Often (4 to 5 days) Regularly (6 to 7 days)

Catherine Cook-Cottone (2018)

Mindful Self-Care - Relaxation

1. I did something intellectual (using my mind) to help me relax (e.g., read a book, wrote)
2. I did something interpersonal to relax (e.g., connected with friends)
3. I did something creative to relax (e.g., drew, played instrument, wrote creatively, sang)
4. I listened to relax (e.g., to music, a podcast, radio show, rainforest sounds)
5. I sought out images to relax (e.g., art, film, window shopping, nature)
6. I sought out smells to relax (lotions, nature, candles/incense, smells of baking)

Mindful Self-Care –Physical Care

1. I drank at least 6 cups of water
2. I ate a variety of nutritious foods (e.g., vegetables, protein, fruits, and grains)
3. I planned my meals and snacks
4. I exercised at least 30 minutes
4. I took part in sports, dance or other scheduled physical activities
5. I did sedentary activities instead of exercising *reverse scored*
6. I planned/scheduled my exercise for the day
7. I practiced yoga or another mind/body practice (e.g., Tae Kwon Do, Tai Chi)

Mindful Self-Care – Self Compassion and Purpose

1. I kindly acknowledged my own challenges and difficulties
2. I engaged in supportive and comforting self-talk (e.g., “My effort is valuable and meaningful”)
3. I reminded myself that failure and challenge are part of the human experience
4. I gave myself permission to feel my feelings (e.g., allowed myself to cry)
5. I experienced meaning and/or a larger purpose in my work (e.g., for a cause)
6. I experienced meaning and/or a larger purpose in my private/personal life (e.g., for a cause)

Mindful Self-Care - Supportive Relationships

1. I spent time with people who are good to me (e.g., support, encourage, and believe in me)
2. I scheduled/planned time to be with people who are special to me
3. I felt supported by people in my life
4. I felt confident that people in my life would respect my choice if I said “no”
5. I felt that I had someone who would listen to me if I became upset (e.g., friend, counselor, group)

Mindful Self-Care – Supportive Structure

1. I maintained a manageable schedule
2. I kept my work area organized to support my work
3. I maintained balance between the demands of others and what is important to me
4. I maintained a comforting and pleasing living environment

Mindful Self-Care – Mindful Awareness

1. I had a calm awareness of my thoughts
2. I had a calm awareness of my feelings
3. I had a calm awareness of my body
4. I carefully selected which of my thoughts and feelings I use to guide my actions

Mindful Self-Care - General

1. I engaged in a variety of self-care activities
2. I planned my self-care
3. I explored new ways to bring self-care into my life

Tools for Self-Care:

<https://proqol.org/self-care-tools-1>

- Handouts in Many languages covers key information on:
 - Better sleep
 - Boundaries
 - Breathing
 - Intentional Avoidance and Focus
 - Grounding techniques
 - Intrusive thoughts and flashbacks
 - Mindfulness
 - Nightmares
 - Progressive relaxation
 - Stretching
 - Visualization

Self-Care by Expressing Gratitude

- Health Benefits
- Mental, Psychological, and Spiritual Health Benefits
- Social Benefits
- Professional Benefits
- Proven practices and exercises to improve your sense of gratitude:

Emmons, R. A., & Crumpler, C. A. (2000).

Oppland, M. (2020).

Dimensions of Wellness

https://www.medicinenet.com/what_is_health_and_wellness/article.htm

Physical:

Satisfying physical strength, flexibility, and endurance; healthy diet, sufficient sleep, and appropriate use of medical care

Emotional:

Secure sense of self, ability to express and manage feelings, optimism, coherence, ability to cope with stress

Intellectual:

Energized by stimulating activity (e.g. pursuing personal interests)

Occupational:

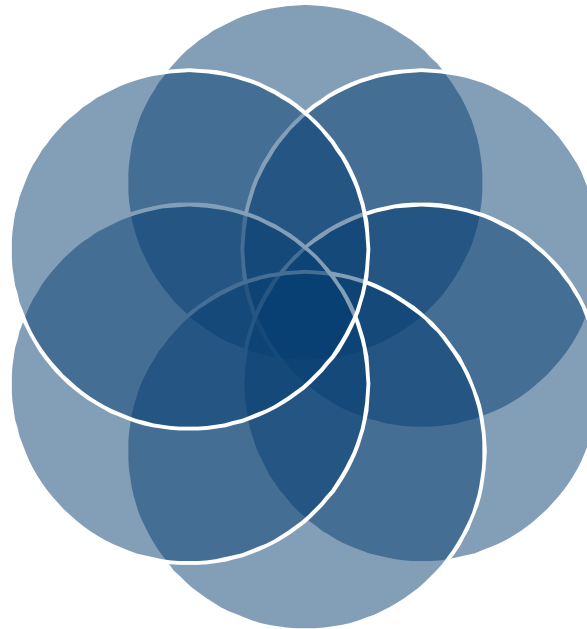
Personal satisfaction and enrichment through work; Career aligned with skills, talents, values

Social/Relational:

Contributing to and living in harmony with one's environment and community. Having supportive, positive relationships

Spiritual:

Sense of meaning and purpose in life, and appreciation for the depth and expanse of life



Barriers to Self-Care

Barriers to Self-Care

Situational Barriers:

- Workload
- Work setting
- Lack of time
- Lack of support, encouragement– family, colleagues, supervision, etc.
- Limited resources
- Financial constraints
- Challenging logistical arrangements (e.g. babysitter, scheduling, etc.)
- Physical limitations
- Overcommitted/overextended
- Quality of and accessibility to supervision

Barriers to Self-Care

Personal and Belief-based Barriers

- Lack of knowledge (e.g. risks and need for self-care)
- Lack of self-knowledge (e.g. needs and limits)
- Not accepting and working within limits
 - ✓ On continuum, with extreme being hero complex
- Resistance to making changes
- Low self-esteem
- Lacking sense of worthiness for care
 - ✓ General self-worth; or privilege guilt (e.g. others' suffering so much worse)

Barriers to Self-Care

Personal and Belief-based Barriers

- Caregiver-identify – others before self
 - ✓ Beliefs and aversion to being “selfish”
- Difficulty accepting care from others
 - ✓ E.g. Don’ t want to be “needy”
- Self-advocacy difficulty; e.g. voicing, reaching out
- All-or-none thinking (e.g. weekly massages, daily gym or nothing)

Take care of yourself –

*You never know when the world will
need you.*

Rabbi Hillel

Questions?



Thank you!

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