Post-Traumatic Stress Disorder (PTSD) – Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s).
Symptoms of Secondary Traumatic Stress

Intrusive Symptoms
- Thoughts and images associated with client’s traumatic experiences
- Obsessive and compulsive desire to help certain clients
- Client/work issues encroaching upon personal time
- Inability to “let go” of work-related matters
- Perception of survivors as fragile and needing the assistance of caregiver (“savior”)
- Thoughts and feelings of inadequacy as a caregiver
- Sense of entitlement or special-ness
- Perception of the world in terms of victims and perpetrators
- Personal activities interrupted by work-related issues

Avoidance Symptoms
- Silencing Response (avoiding hearing/witnessing client’s traumatic material)
- Loss of enjoyment in activities/cessation of self care activities
- Loss of energy
- Loss of hope/sense of dread working with certain clients
- Loss of sense of competence/potency
- Isolation
- Secretive self-medication/addiction (alcohol, drugs, work, sex, food, spending, etc)
- Relational dysfunction

Arousal Symptoms
- Increased anxiety
- Impulsivity/reactivity
- Increased perception of demand/threat (in both job and environment)
- Increased frustration/anger
- Sleep disturbance
- Difficulty concentrating
- Change in weight/appetite
- Somatic symptoms
# Vicarious Traumatization Symptoms

## Physiological

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<tbody>
<tr>
<td>___ Exhaustion</td>
<td>___ Increase in Illnesses</td>
<td>___ Sleep Problems</td>
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<tr>
<td>___ Headaches</td>
<td>___ Appetite Difficulties</td>
<td>___ Shortness of Breath</td>
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<tr>
<td>___ Gastrointestinal Disturbances</td>
<td>___ Grinding Teeth</td>
<td>___ Rapid Heart Rate</td>
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<tr>
<td>___ High Blood Pressure</td>
<td>___ Exaggerated Startle Response</td>
<td>___ Aches and Pains</td>
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<tr>
<td>___ Appetite Difficulties</td>
<td>___ Increase</td>
<td>___ Uncontrollable Crying</td>
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## Cognitive

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<td>___ Depressed Mood</td>
<td>___ Inflexibility</td>
<td>___ Helplessness</td>
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<td>___ Anxiety</td>
<td>___ Diminished Concentration</td>
<td>___ Hopelessness</td>
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<td>___ Mood Instability</td>
<td>___ Numbness</td>
<td>___ Irritability/Anger</td>
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<td>___ Guilt</td>
<td>___ Poor Memory</td>
<td>___ Loss of Interest in Favorite Activities</td>
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<tr>
<td>___ Guilt</td>
<td>___ Indecisiveness</td>
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Perceptual Difficulties

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<td>___ Paranoia</td>
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<td>___ Disorientation</td>
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<td>___ Depersonalization</td>
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<td>___ Derealization</td>
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## Imagery

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<tr>
<td>___ Intrusive Thoughts</td>
<td>___ Nightmares / Flashbacks</td>
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## Behavioral Changes

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<tr>
<td>___ Avoidance</td>
<td>___ Accident prone</td>
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<td>___ Self-deprecation</td>
<td>___ Overprotection</td>
<td>Compulsive</td>
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<td>___ Poor Motivation</td>
<td>___ Alienation</td>
<td>___ Substance Abuse</td>
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<td>___ Hypervigilance</td>
<td>___ Clingy</td>
<td>___ Perfectionism</td>
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<tr>
<td>___ Defensiveness</td>
<td>___ Suspiciousness</td>
<td>___ Binge Eating</td>
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<tr>
<td>___ Withdrawn</td>
<td>___ Aggression</td>
<td>___ Gambling</td>
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<tr>
<td>___ Alienation</td>
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**Physiology**

Pain is the conductivity of electrical energy along the neural pathways of the human body from peripheral to central. Suffering is the meaning that we make of that signal when we perceive that pain signal as a threat.

Anterior Cingulate – structure used to perceive our environment, more specifically threat assessment through the use or sensory information, which is a vital component of emotional regulation. When examined by MRI, people suffering from anxiety issues show that this area is atrophied and has decreased electrical activity. Catecholamines (adrenaline, norepinephrine) and cortisol are released under stress and negatively affect this structure. When the ability to adequately use sensory information breaks down we then fall back on past experiences to interpret our surroundings.

Fight or Flight (Sympathetic Nervous System Activation) causes sweating, racing heart, dilation of pupils, diversion of blood to essential organs and muscle tension. Neuronal activity is primarily seen in the brain stem, basal ganglia and thalamus so frontal and temporal lobe functions are significantly diminished.

Frontal lobe – decision making, judgment, impulse control, problem solving, fidelity to time, intentionality in our behavior, skill set, empathy, compassion and fine motor movement

Temporal lobe – expressive and receptive language

Diaphragmatic Breathing – shallow, quick breathing from the chest can result in the fight or flight response due to the brain’s interpretation of physical symptoms as an indication that the body is in danger. Hyperventilation, even to a mild degree, can result in neurological deficits because of the change in the body’s chemical systems that result in the constriction of blood vessels, which decrease the amount of oxygen getting to the brain. Breathing from the abdomen utilizes the muscle separating your lungs from you abdominal cavity and slows down breathing to an appropriate level to avoid hyperventilation.

Pelvic floor – relaxing tension in these muscles switches from sympathetic to parasympathetic dominance by relieving pressure on the Vagus nerve.
NEEDS

1. Safety – Need to feel that self and others are safe from harm
2. Trust – Need to trust in the judgments and/or views of self and others
3. Esteem – Need to believe in the value of self and others
4. Intimacy – Need to feel comfortable w/ self and a connection with others
5. Control – Need to effectively manage thoughts, feelings and actions

CAUSES OF DISRUPTION

- Aggression
- Violence
- Death
- Domestic or Child Abuse
- Sexual Abuse
- Self-sabotage
- Poor judgment leading to traumatic event

POSSIBLE REACTIONS

- Getting security system
- Taking a self-defense class
- Compulsive checking of locks
- Minimize time away from family
- Minimizing number of activities occurring in public
- Over-involvement in family’s lives
- Difficulties initiating new relationships
- Questioning loyalty of those close to you
- Inability to function without the assistance of others
- Reluctance to go the extra mile for someone
- Low frustration tolerance/Lashing out at others
- Decrease in contact with social circle
- Micromanaging at home and/or at work
- Difficulties dealing with “grey” areas
- Avoiding challenges and new experiences
Perception

1. IDENTITY – Different roles that you play in your life (Employee, parent, spouse, friend)

Questions:
- Am I good at what I do?
- If I can’t succeed at work, how can I succeed as a parent/spouse/friend?
- Am I a good person?

Reactions
- Ambivalence
- Identity crisis
- Lowered self-esteem
- Self-doubt

2. WORLD VIEW – How you see your environment

Questions:
- Do people behave according to a set of moral values?
- Is there justice in the world?
- Do we have a say in the way our life unfolds?

Reactions
- Vulnerability
- Belief that humans are selfish or evil
- Excessive and debilitating worry
- Avoidance of others

3. SPIRITUALITY - How you define the meaning of life

Question:
- How can there be a “higher power” when such horrific events occur?

Reactions
- Loss of faith
- Loss of purpose
- Hopelessness
- Apathy
Connection/Support Network

The importance of working within a community and being able to utilize our community for our own support has been discussed several times throughout this program. We simply cannot do good care giving work isolated. We need to intentionally utilize a care network made up of individuals we trust and respect. We need to turn to these individuals on a regular basis (weekly, bi-weekly, or monthly depending upon the intensity of our care giving work) to receive support and to dilute the effects of our work.

We have identified four important functions of a support network and they are as follows:

1. **Sharing Trauma Narratives (Primary and Secondary).** You have learned the value of narratives in helping heal the effects of traumatic stress. By sharing narratives we are able to relegate traumatic experiences to the past so that they stop intruding into the present and impeding our intention. We need to regularly share with our support group the parts of our personal or professional experience that are intruding into our thoughts and dreams. These may be personal traumas from our own past or present or they may be the experiences that we have witnessed either through our work on a trauma site or through the narratives of the people we help. Anything that is still causing us discomfort is appropriate for this exercise.

2. **Empower to Confront.** It is nearly impossible to see the ways in which we are becoming affected by the secondary traumatic stress and perceived threat associated with our work. Add to this the fact that most of us have learned to deny our symptoms until they begin to produce crisis and you have a fertile breeding ground for compassion fatigue. That is why it is important to pick two or three folks from our support network and empower them to confront us when they (a) see us becoming symptomatic and/or (b) habitually breaching our integrity. You will want to empower them to “push” through your defenses and remind you of your covenant, asking them to “get in your face” even if you get irritated with them.

3. **Telling on Ourselves.** Hopefully, through this program we have begun to see the futility of avoidance, denial, suppression, and procrastination as stress-management strategies. It does not taking looking too deeply to see that these strategies actually increase our levels of perceived threat and lower our resiliency—not to mention derailing our intentionality and covenant. Secrecy is a potent virus that causes spiritual sickness. We want to be free of these ills and for that reason we see the value in externalizing and sharing with our trusted network the places that we are engaging in habitual breaches of our integrity. As we begin to engage in this proactive self-care it gives us a good, clean feeling that we are maturing as we turn away from our old ineffective coping towards our own integrity.

4. **Accountability.** After we “tell on ourselves,” our support network can become a source of accountability as they witness our commitment we make with ourselves to bring our behavior into alignment with our code-of-honor. They can gently remind us by periodically asking us how we are doing in this particular area. We are much more likely to follow through on commitments that have been witnessed by others.
Building Your Network

Identify five (5) people who you would like to include as part of your support network:

☐ Name: _________________________________ Phone #: ______________________
☐ Name: _________________________________ Phone #: ______________________
☐ Name: _________________________________ Phone #: ______________________
☐ Name: _________________________________ Phone #: ______________________
☐ Name: _________________________________ Phone #: ______________________

Training Your Network

It is your responsibility to train your support network to be maximally supportive. If you have been careful in your selection of the above five names, then you will have selected people who sincerely want to help. When you meet/speak with them they may or may not “guess” how to be helpful to you. Chances are they are perceiving threat wondering if they are really being helpful for you. You can help them to relax and be certain that you are getting the maximum from your meeting time if you will take a little time on the front end and let them know what you are doing and how they can be most helpful. An offer to do the same for them usually converts even the most stalwart care givers.

The following script has been offered as a suggestion for developing your support network:

Hey, I just learned that I might be high-risk for compassion fatigue. And that preventing compassion fatigue requires that I regularly share my narratives with another person. I'd like for you to be that person. If you are willing, I'd like to show you this thing I learned about how to keep your body relaxed while you are listening to me so that you don’t get sick with my stories [teach pelvic floor relaxation]. I promise you I will always ask permission from you and allow you time to prepare yourself before I start talking with you about these issues—I won’t hijack you. I would ask that you make yourself available sometime within 24 hours, either in person or by telephone. When we meet, I will have everything I need to share organized into a 20 minute narrative. I ask that you just listen and do not interrupt. If you have insights, comments, or suggestions I would love to hear them—after I have completed my narrative. If you are willing to do this for me then I will reciprocate. I will offer the same thing—I only ask that you ask me first and I will make myself available to you within 24 hours.

Now, the only thing left is to schedule your first meeting…

Taken from Compassion Fatigue: Prevention & Resiliency presented on May 3, 2012 by J. Eric Gentry, Ph.D., LMHC
Activities that Benefited Therapists and Trauma Workers

- Discussed cases with colleagues / Emotional support from colleagues
- Took vacation
- Attended workshops and conferences
- Time with family and friends
- Limit and/or diversify case loads
- **EXERCISE**
  - Community involvement / Volunteer work
  - Spending time with children
  - Develop spiritual life
  - Received supervision
  - Taking breaks during work day
  - Spending time in nature
  - Pleasure reading
  - Watching a movie
  - Writing / Journaling
  - Meditation / Yoga / Massage
  - Relaxation techniques
  - Listening to music
  - Gardening
  - Artistic expression

Resources

Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder in Those That Treat the Traumatized  edited by Charles Figley

Dr. Eric Gentry’s Accelerated Recovery Program – www.compassionunlimited.com

Secondary Trauma Resource by Dr. David Conrad - www.secondarytrauma.org

Traumatology Institute – www.psychink.com

The Compassion Fatigue Workbook by Françoise Mathieu

Transforming the Pain: A Workbook on Vicarious Traumatization by Karen Saakvitne and Laurie Ann Pearlman

Full Catastrophe Living: Using the Wisdom of Your Body and Mind to Face, Pain, Stress and Illness by Jon Kabat-Zinn

Wherever You Go There You Are: Mindfulness Based Meditation for Everyday Life by Jon Kabat-Zinn

Oxford Mindfulness Center YouTube Page www.youtube.com/user/OxfordMindfulness

Meditation: An In-Depth Guide by Ian Gawler and Paul Bedson

Progressive Muscle Relaxation for Annapolis Valley Mental Health - http://youtu.be/6__Wvl46Coo

Burnout: The Cost of Caring by Christina Maslach

Burnout: How Organizations Cause Personal Stress and What to Do About It by Christina Maslach and Michael Leiter
The Kentucky Employee Assistance Program (KEAP) is dedicated to helping employees find solutions to the personal problems that may hinder their effectiveness at work.

Problems concerning marital, family, or emotional distress, alcoholism and drug abuse, financial or even medical issues can seriously diminish an individual's job performance. As a progressive employer the Commonwealth of Kentucky recognizes that there are positive, workable solutions to many of these problems that trouble employees.

State employees and their dependents are eligible for KEAP services. There is no cost for its information or referral services. All of your contact with KEAP is confidential as required by state and federal law. Employee involvement with KEAP is permitted on state time with the supervisor's prior approval. Supervisors may refer employees to KEAP when job performance deteriorates, however participation is voluntary.

KEAP Services

- **Assessment**: Each person seeking assistance will receive a confidential assessment with a trained EAP professional. The purpose of the assessment is to clearly identify the problem. The assessment may be conducted face-to-face or by telephone.
- **Referral**: Once a thorough assessment is conducted the EAP professional may make a referral to the most appropriate professional or resource and provide assistance in making contact with those resources.
- **Follow-up**: After making the referral, the EAP professional maintains intermittent contact with the employee to ensure that the process has gone smoothly and the needed services are being provided.
- **Crisis Intervention**: When critical incidents or workplace trauma occur, the EAP can provide crisis response. Crisis debriefings provide individuals with information about possible reactions that may follow a critical incident. A structured environment allows individuals to discuss their thoughts and reactions to the incident.
- **Grief Response**: When death affects a workgroup, KEAP is available to provide grief response groups.
- **Management Consultation**: Supervisors may consult with EAP professionals for guidance regarding employees and difficult workplace situations.
- **Education**: KEAP staff members are available for staff development training opportunities.

If you or your dependents could benefit from this assessment and referral service, call the KEAP office for more information. In Frankfort call 502-564-5788, or use the toll-free **1-800-445-KEAP** number from anywhere in the state. Kentucky State Police also have an Employee Assistance Program. They can be reached at 502-573-1719.

https://personnel.ky.gov/Pages/KEAP.aspx