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

Brian L. Meyer, Ph.D., LCP
PTSD-Substance Abuse Specialist
Central Virginia VA Health Care System
Richmond, VA

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Disclaimer

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The author has no conflicts of interest to disclose.
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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
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
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

**Ready**
- Adaptive coping
- Optimal functioning
- Wellness

**Features**
- Well trained and prepared
- Fit and focused
- In control
- Optimally effective
- Behaving ethically
- Having fun

**Reacting**
- Mild and transient distress
- or loss of optimal functioning
- Always goes away
- Low risk for illness

**Features**
- Irritable, angry
- Anxious or depressed
- Physically too pumped up or tired
- Reduced self control
- Poor focus
- Poor sleep
- Not having fun

**Injured**
- More severe and persistent distress or loss
- Leaves a "scar"
- Higher risk for illness

**Features**
- Life threat
- Loss
- Inner conflict
- Wear and tear

**Types**
- PTSD
- Depression
- Anxiety
- Substance abuse

**Features**
- Symptoms and disability persist over many weeks
- Symptoms and disability get worse over time

**Ill**
- Persistent and disabling distress or loss of function
- Clinical mental disorder
- Unhealed stress injuries

**Features**
- Loss of control of body or mind
- Can’t sleep
- Recurrent nightmares or bad memories
- Persistent shame, guilt, or blame
- Loss of moral values & beliefs
Post-Traumatic Stress Disorder in DSM 5

PTSD is characterized by:

- Exposure to a severe life-threatening event
- Repetitive re-experiencing of the event
- Avoidance of stimuli associated with trauma
- Negative moods and cognitions
- Increased arousal
Other Versions of Post-Traumatic Responses

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adjustment Disorder</td>
<td>• With or without anxious and/or depressed mood</td>
</tr>
<tr>
<td>Acute Stress Disorder</td>
<td>• Looks like PTSD, but lasts less than 30 days</td>
</tr>
<tr>
<td>Other Trauma or Stressor-Related Disorder</td>
<td>• Used to be called sub-clinical PTSD&lt;br&gt;• Has many of the features of PTSD, but not all</td>
</tr>
<tr>
<td>Complex PTSD</td>
<td>• Multiple traumas experienced over time, usually starting in childhood</td>
</tr>
</tbody>
</table>
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.
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).
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
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

<table>
<thead>
<tr>
<th>Re-experiencing</th>
<th>Avoidance</th>
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</thead>
<tbody>
<tr>
<td>Intrusive images</td>
<td>Trying not to talk about it</td>
</tr>
<tr>
<td>Nightmares</td>
<td>Withdrawal and isolation</td>
</tr>
<tr>
<td>Flashbacks</td>
<td>Being late</td>
</tr>
<tr>
<td>Being triggered by reminders</td>
<td>Missing work</td>
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<tr>
<td></td>
<td>Not going out in public</td>
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<tr>
<td></td>
<td>Increased alcohol and drug use</td>
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</table>
# Symptoms of STS

<table>
<thead>
<tr>
<th>Negative Thoughts and Moods</th>
<th>Arousal</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Numbness</td>
<td>• Irritability</td>
</tr>
<tr>
<td>• Anxiety</td>
<td>• Anger</td>
</tr>
<tr>
<td>• Depression</td>
<td>• Hypervigilance</td>
</tr>
<tr>
<td>• Helplessness</td>
<td>• Startle responses</td>
</tr>
<tr>
<td>• Cessation of previously enjoyed activities</td>
<td>• Insomnia</td>
</tr>
</tbody>
</table>

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.
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

Trauma
- Exposure to actual or threatened death
- Intrusive images
- Distressing dreams
- Intense distress
- Physiological reactivity
- Avoidance of activities
- Inability to recall
- Detachment
- Loss of interest
- Restricted affect
- Irritability and anger
- Purposeless re future

Traumatic Grief
- Death of loved one with distressing preoccupation
- Avoidance
- Difficulty acknowledging death
- Detachment
- Shock
- Emptiness
- Anger over death
- Purposeless re future

Grief
- Death of loved one
- Reminiscing
- Grief dreams
- Yearning
- Disbelief
- Shock
- Numbness
- Irritability/anger

Enormity
- Other loss
- Gruesomeness
- Proximity

Relationship
- Closeness
- Conflict / ambivalence

Justice
- Age
- Cause
- Timeliness
Diagnosing Traumatic Grief

**Separation (3)**
- Intrusive preoccupation
- Yearning
- Searching
- Extreme loneliness

At least “Sometimes” true

**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

Prigerson et al, 1999
Skill Break: The Firehose Technique
• 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

**High 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.

**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
- 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
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
## The Benefits of Mindfulness

<table>
<thead>
<tr>
<th>Physical</th>
<th>Mental</th>
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<tbody>
<tr>
<td>- Boost energy levels</td>
<td>- Relieves stress</td>
</tr>
<tr>
<td>- Improves sleep</td>
<td>- Reduces anxiety</td>
</tr>
<tr>
<td>- Reduces chronic pain</td>
<td>- Improves mood and happiness</td>
</tr>
<tr>
<td>- Improves heart function</td>
<td>- Boosts concentration and focus</td>
</tr>
<tr>
<td>- Helps with digestive problems</td>
<td>- Improves self-esteem</td>
</tr>
</tbody>
</table>
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

(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?

Start a plan within the next week
Skill Break: Mindfulness of the Breath
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

Rigby, 2015
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.

Rigby, 2015
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

Linehan, 1993
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

• When Compassion Hurts: https://www.beststart.org/resources/howto/pdf/Compassion_14MY01_Final.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.fammed.wisc.edu/mindfulness-meditation-podcast-series/
- 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
Contact:

Brian L. Meyer, Ph.D.
brianlmeyerphd@gmail.com