

Mental Wellness in a Profession of Chronic Loss and Trauma

A typical day for an activities director does not exist. Perhaps apt descriptions for these professionals would be whirling dervishes, as they flit from one resident to the next, anticipating and accommodating their needs. –Provider Magazine

Pennsylvania Activity Professional Association 31st Annual Conference @Kristie Knights 2018



Founder and CEO of
iRise Leadership Institute
Kristie Knights
Licensed Professional Counselor



My Martha



Just a little about me...

- Founder and CEO of iRise Leadership Institute 501 (c3) Non-Profit
- Founder of Plan To Live Inc. as a Psychotherapist in Private Practice
- C-Suite Leadership Expert
- Professional Speaker
- Amazon 'Best Seller' Author

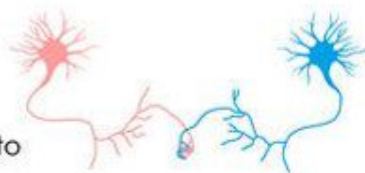
A Little Skin In the Game

- Note your own life experience that came to mind.
- Note the emotions you experienced as the story was read.
- Note the life lesson as a result of my experience.
- Note the life lesson you gained from your own life experience.

HOW STORYTELLING AFFECTS THE BRAIN

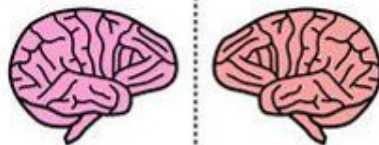
NEURAL COUPLING

A story activates parts in the brain that allows the listener to turn the story into their own ideas and experience thanks to a process called neural coupling.



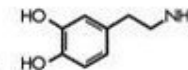
MIRRORING

Listeners will not only experience the similar brain activity to each other, but also to the speaker.



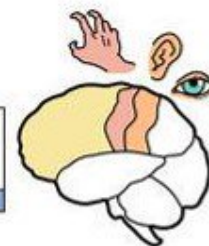
DOPAMINE

The brain releases dopamine into the system when it experiences an emotionally charged event, making it easier to remember and with greater accuracy.



CORTEX ACTIVITY

When processing facts, two areas of the brain are activated (Broca's and Wernicke's area). A well-told story can engage many additional areas, including the motor cortex, sensory cortex and frontal cortex.



Infographic highlighting the effectiveness of using 'Whiteboard Animation' for storytelling @stayingaliveuk - www.stayingaliveuk.com

As Geoff Colvin explains in his new book, *Humans Are Underrated*, we are wired for interpersonal connections and put more stock in ideas that result from personal contact than from hard data. Essentially, we internalize stories much better than we do facts.

Find The Common Thread

- Team Identity
- Motivation
- Emotional Awareness
- Communication
- Stress Tolerance
- Conflict Resolution
- Positive Mood

“From the time you get there, it’s a go,” says Ellis. “You put on your game face when you’re not feeling well. You focus on having a good day for the resident who may not be having a good day.”

Please spend the next 10 minutes journaling your own story.

Echoes Morning Carson, activities and volunteer coordinator at The Fairfax in Fort Belvoir, Va., "As I usually tell my staff, the best laid plans... . As soon as you hit the door, it's the resident's world."

What is Secondary Post Traumatic Stress Disorder?

Secondary Trauma

Trauma resulting from caring for, hearing about or witnessing the intense suffering of others. Over time, the cumulative effect can result in an internalization of trauma, leading to compassion fatigue or burnout.

Viewers of 9-11 Media Coverage
Develop Secondary PTSD



www.psychotherapy-center.com

The Causes of Secondary Post Traumatic Stress Disorder

- **1. Prior traumatic event in your own life**
- **2. Repeated exposure to the traumatic events of someone's life**
 - This can be in the form of images or stories.
- **3. Transference and Countertransference**
 - Countertransference, which occurs when a therapist or healthcare provider transfers emotions to a person in therapy, is often a reaction to transference, a phenomenon in which the person in treatment redirects feelings for others onto the therapist.
- **4. Empathetic Entanglement**
 - This occurs when the therapist or healthcare provider relates to the trauma on a personal level and begins to share more and more of their own traumatic experience.
 - The professional finds it increasingly difficult to separate themselves emotionally from the client and their traumatic event.

Could it be you?

Statistics from the Field

Between 40% and 85% of “helping professionals” develop vicarious trauma, compassion fatigue and/or high rates of traumatic symptoms, according to compassion fatigue expert Francoise Mathieu (2012).



Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

ACE's

- **Suicide attempts.** ACEs in any category increased the risk of attempted suicide by 2- to 5-fold throughout a person's lifespan, according to a [2001 study](#). According to a recent [2017 article\(link is external\)](#), individuals who reported 6 or more ACEs had 24.36 times increased odds of attempting suicide.

“When our programs are over, our day doesn't end.
Activities people don't take breaks,”

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Signs and Symptoms

Trusted Resource: Joyful Heart Foundation

Physical Issues:

- Constantly feeling tired, even after having time to rest
- Physical tension in the body
- Physical pain throughout the day such as headaches, back pain etc.
- Difficulty falling asleep or excessive sleeping
- Becoming sick the moment you are able to rest

Emotional shifts:

- Hypersensitivity
- Feeling disconnected
- Guilt
- Feeling it will never be enough
- Feeling helpless or hopeless toward the future
- Increased levels of anger, irritability, resentment or cynicism

Signs and Symptoms Cont.

Thought patterns:

- Difficulty in seeing multiple perspectives or new solutions
- Jumping to conclusions, rigid thinking, or difficulty being thoughtful and deliberate
- Questioning, *"Is any of this effective? Am I making any difference?"*
- Minimizing the suffering of others
- Intrusive thoughts and imagery related to the traumatic material you have heard or seen

Behavioral shifts:

- Absenteeism, canceling of clients
- Avoidance of work, relationships, responsibilities
- Dread of activities that used to be enjoyed
- Using behaviors to escape (eating, alcohol/drugs, caffeine, TV, shopping, work)

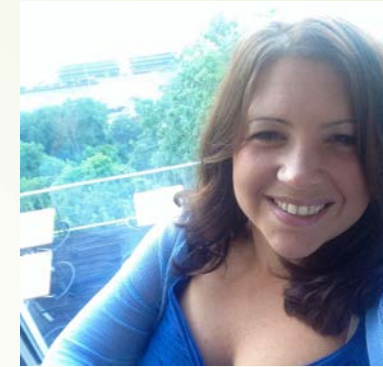
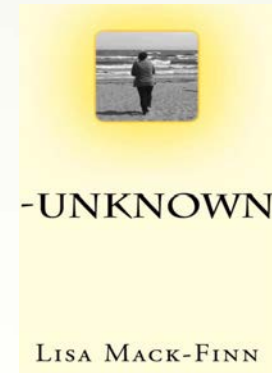
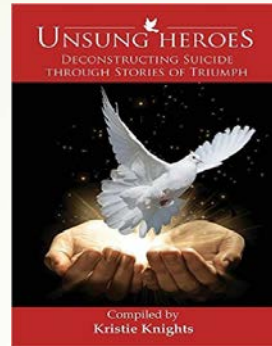
Similarly, Ellis completes charts of the residents, explaining what he or she did that day and the response—a critical component of the federal survey is that facilities show that residents are being engaged.

Signs and Symptoms Cont.

Relationship changes:

- No separation of personal and professional time, being the helper in every relationship
- Viewing other people as less important
- Difficulty relating to other people's day to day experiences without comparing them to those you serve or yourself
- Absence of a personal life that is not connected to your work
- Seeing danger everywhere and hypervigilance to the safety of those you care about
- Sense of persecution or martyrdom, holding external forces responsible for personal feelings and struggles
- Isolated self completely from others or only interacting with people who are in your same field or can relate to your experiences

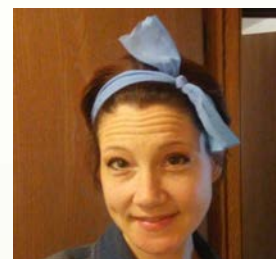
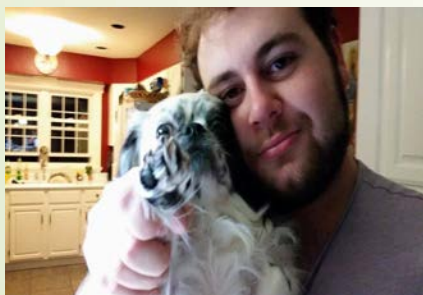
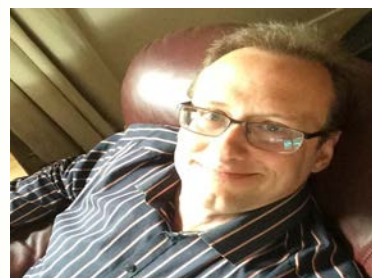
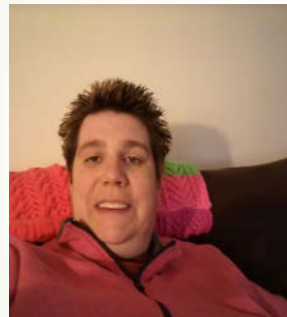
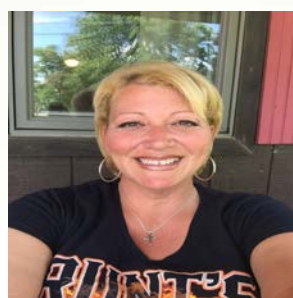
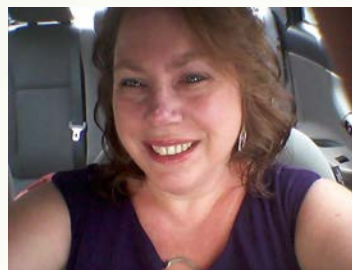
18



iR;se
Leadership Institute



As the Story Unfolds; Others Rise and Lives are Restored.



Healing and Growth

May you now rise, to good health and self-care.

- Acknowledge and accept that traumatic events, your own or others changes life profoundly and that it will never be the same.
- When feeling distressed by the impact of the sharing of a traumatic event be sure to engage accept and validate the pain to permit healing.
- Participate in regular consultation, therapy, or processing with a to address things triggered by hearing trauma stories.
- Recognize that your reactions to working with trauma survivors may be interacting with old unresolved experiences.
- Set up a supportive network in which you can talk about and process your trauma work-reduce isolation.
- Engage in relaxation and creative activities for self-expression and regeneration.

Building Resilience through Self-Care

- Engage in daily affirmations to create a resilient mind-set.
- Allocate and commit to the time to care for yourself.
- Practice meditation to build the skill of mindfulness and relaxation.
- Permit enjoyable activities or hobbies.
- Allow humor in processing difficult traumatic events of others.
- Take time to reflect and gain insight into your reactions to trauma stories.
- Practice story-telling as a way to process and release your own trauma.
- Create and enforce healthy boundaries with clients and work-related tasks.
- Take the time to track your mood with the MoodPath Application



“When our programs are over, our day doesn’t end,” says Halkola. “After work, and on weekends, we often go shopping for the next day’s craft, cooking supplies, or even party decorations.”

Review Your Results

- Note your scores.
- What does it signify to you?
- Are you considered at risk?
- If not, how close to risk?

You Are Worth It.

The statistics about suicide are alarming, yet largely unrecognized.

Worldwide, more people die by suicide than from all homicides and wars combined.

In the United States, suicide is the 11th leading cause of death, with an average of one person dying by suicide every 15.2 minutes, and one person attempting suicide every 38 seconds.

Seventy-one percent of psychotherapists report having at least one client who has attempted suicide, while 28 percent report having had at least one client die by suicide.-Lifeline

By the end of our time
together today;
Six people will have
died by suicide.

What is he/she thinking?

Extreme self-hatred: "You don't deserve to live."

Personalized hopelessness: "Nothing matters anymore. You should just kill yourself."

Pushing away friends and family: "What's wrong with you? Look at all this trouble you're causing the people who love you."

Isolation: "Just be by yourself. You are better off alone."

Thoughts of not belonging: "You don't fit in anywhere."

Thoughts of being a burden to others: "You're just dragging everyone down. You are such a burden; they would be better off without you."

How would I have known? Am I at risk?

- ❖ Past attempts.
- ❖ Disrupted sleep patterns.
- ❖ Increased anxiety and agitation.
- ❖ Outbursts of rage or low frustration tolerance.
- ❖ Risk-taking behavior.
- ❖ Increased alcohol or drug use.
- ❖ Sudden mood change for the better.
- ❖ Any talk or indication of suicidal ideation or intent, planning or actual actions taken to procure a means.

Be Aware Of Suicidal Feelings

People having a crisis sometimes perceive their dilemma as inescapable and feel an utter loss of control. These are some of the feelings and thoughts people experience in crisis. If you or a friend are feeling this way, call us anytime at 1-800-273-TALK (8255).

- ▶ Can't stop the pain
- ▶ Can't think clearly
- ▶ Can't make decisions
- ▶ Can't see any way out
- ▶ Can't sleep, eat or work
- ▶ Can't get out of depression
- ▶ Can't make the sadness go away
- ▶ Can't see a future without pain
- ▶ Can't see themselves as worthwhile
- ▶ Can't get someone's attention
- ▶ Can't seem to get control

I think I need help

- Find A Therapist/Support Group
- Build A Support Network
- Use Your Support Network
- Most importantly....

Most Importantly...Safety Plan

- **Make A Safety Plan**
- **Recognize your personal warning signs**
- **Use your own coping strategies**
- **Socialize with others who may offer support as well as distraction from the crisis**
- **Contact family members or friends who may help to resolve a crisis**
- **Contact mental health professionals or agencies:** Make a list of names, numbers and/or locations of clinicians, local emergency rooms, and crisis hotlines. Put the Lifeline number, 1-800-273-8255, into your phone.
- **Ensure your environment is safe**

A Friend in Need?

■ Do They Need Your Help?

- Some warning signs may help you determine if a loved one is at risk for suicide, especially if the behavior is new, has increased, or seems related to a painful event, loss, or change. If you or someone you know exhibits any of these, seek help by calling the Lifeline.
- Talking about wanting to die or to kill themselves
- Looking for a way to kill themselves, like searching online or buying a gun
- Talking about feeling hopeless or having no reason to live
- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or isolating themselves
- Showing rage or talking about seeking revenge
- Extreme mood swings

Contact a Lifeline Center

Never keep it a secret if a friend tells you about a plan to hurt themselves.

Call 1-800-273-TALK (8255) so that you can find out what resources are available in your area, or encourage your loved one to call. Calls are routed to the Lifeline center closest to your area code that can provide you with local resources.

Use The Do's and Don'ts

- Talking with and finding help for someone that may be suicidal can be difficult. Here are some tips that may help.
- Be direct. Talk openly and matter-of-factly about suicide.
- Be willing to listen. Allow expressions of feelings. Accept the feelings.
- Be non-judgmental. Don't debate whether suicide is right or wrong, or whether feelings are good or bad. Don't lecture on the value of life.
- Get involved. Become available. Show interest and support.
- Don't dare him or her to do it.
- Don't act shocked. This will put distance between you.
- Don't be sworn to secrecy. Seek support.
- Offer hope that alternatives are available but do not offer glib reassurance.
- Take action. Remove means, like weapons or pills.
- Get help from people or agencies specializing in crisis intervention and suicide prevention.

Actions Steps to Take

- **Practice Active Listening**
- **Acknowledge the Speaker**
- **Respond Verbally**
- **Summarize What You Hear**
- **Look the Part**
- Keeping eye contact, maintaining good posture, and staying focused are key components of active listening and interpersonal communication. Being distracted and unfocused gives the speaker the impression that you aren't paying attention.
- When you actively listen to someone, you are letting them know that you care about what they are saying and can indicate that you are concerned for their health and safety.

A Life of Joy IS A Reality

Where are they now?

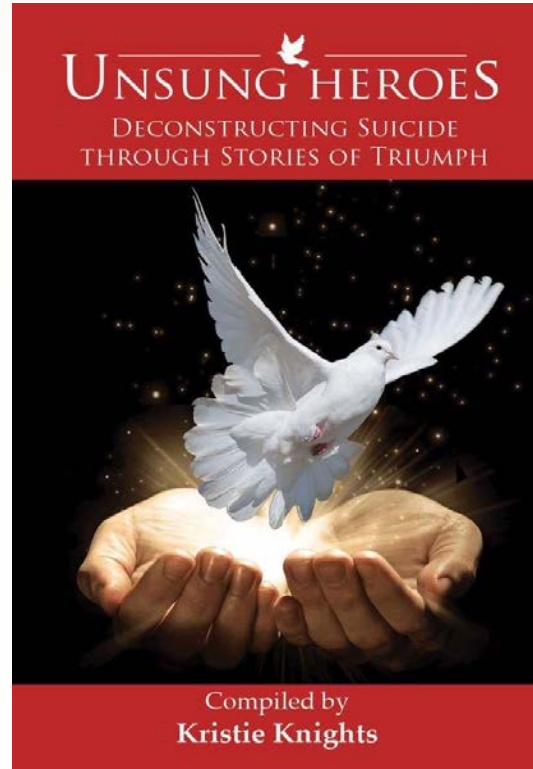


Adds Moreno, "You eat, sleep, and breathe the job." –Provider Magazine 2015



Q & A

37



I would love to meet
you!

Stop by and say hello!

Purchase your *signed*
copy of the Best Seller
life-changing book!

*All proceeds benefit
suicide prevention and
awareness.*

Thank You!

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