# 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





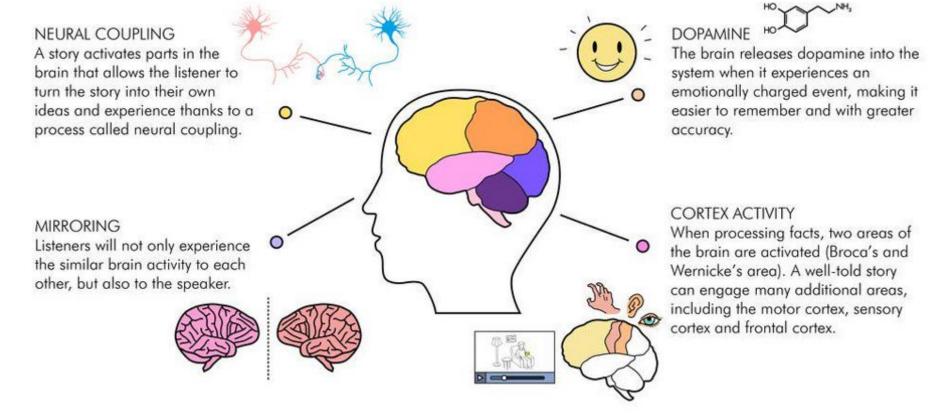
### Just a little about me...

- 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



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

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

5

As <u>Geoff Colvin</u> explains in his new book, <u>Humans Are Underrated</u>, 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

7

- 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 mínutes 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.



### 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).



	Finding your ACI	E Score ra hbr 10 24 06
While you were gro	owing up, during your first 18 years	of life:
	her adult in the household <b>often</b> u, insult you, put you down, or humili	ate you?
Act in a way	y that made you afraid that you might Yes No	
	Tes No	If yes enter 1
	her adult in the household <b>often</b> slap, or throw something at you?	
Ever hit you	u so hard that you had marks or were i Yes No	injured? If yes enter 1
	erson at least 5 years older than you ev ndle you or have you touch their body or	
Try to or act	tually have oral, anal, or vaginal sex w Yes No	If yes enter 1
	our family loved you or thought you v or	vere important or special? ose to each other, or support each other? If yes enter 1
	105 110	
5. Did you <b>often</b> fee You didn't h		clothes, and had no one to protect you?
Your parents	s were too drunk or high to take care of Yes No	of you or take you to the doctor if you needed in If yes enter 1
6. Were your parents	s <b>ever</b> separated or divorced? Yes No	If yes enter 1
7. Was your mother Often pushe	or stepmother: ed, grabbed, slapped, or had something	g thrown at her?
Sometimes	or or often kicked, bitten, hit with a fist, or	or hit with something hard?
Ever repeate	edly hit over at least a few minutes or Yes No	threatened with a gun or knife? If yes enter 1
8. Did you live with	anyone who was a problem drinker of Yes No	r alcoholic or who used street drugs? If yes enter 1
9 Was a household	member depressed or mentally ill or d Yes No	lid a household member attempt suicide?
	103 100	If yes enter 1
	member go to prison?	If yes enter 1

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

12



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,"

## I could not possibly suffer from SPTSD...

#### PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL) COMPASSION SATISFACTION AND COMPASSION FATIGUE

(PROQOL) VERSION 5 (2009)

When you [held] people you have direct contact with their lives. As you may have found, your compassion for those you [help] can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a [helper]. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the lost 30 days.

I=Nev	er 2=Rarely	3=Sometimes	4=Often	5=Very Often		
L.	I am happy.					
2.	I am preoccupied with more than one person I [help].					
3.	I get satisfaction from being able to <i>[help]</i> people.					
4.	I feel connected to others.					
5.	I jump or am startled by unexpected sounds.					
6.	I feel invigorated after worki	ing with those I [help].				
7.	I find it difficult to separate my personal life from my life as a [helper].					
3. 4. 5. 6. 7. 8.	I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].					
9.	I think that I might have been affected by the traumatic stress of those I [help].					
9, 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23.	I feel trapped by my job as a [helper].					
11.	Because of my [helping], I have felt "on edge" about various things.					
12.	I like my work as a [helper].					
13.	I feel depressed because of t	he traumatic experiences of	f the people I [help].			
14.	I feel as though I am experiencing the trauma of someone I have [helped].					
15.	I have beliefs that sustain me	<u>.</u>				
16.	I am pleased with how I am able to keep up with [helping] techniques and protocols.					
17.	I am the person I always war	nted to be.				
18.	My work makes me feel satisfied.					
19.	I feel worn out because of my work as a [helper].					
20.	I have happy thoughts and fe			them.		
21.	I feel overwhelmed because my case [work] load seems endless.					
22	I believe I can make a difference through my work.					
23.	I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].					
24.	I am proud of what I can do to [help].					
25.	As a result of my [helping], I have intrusive, frightening thoughts.					
26.	I feel "bogged down" by the system.					
27.	I have thoughts that I am a "success" as a (helper).					
28.	I can't recall important parts of my work with trauma victims.					
29.	I am a very caring person.					
30.	I am happy that I chose to d	o this work.				

© B. Hudnall Stamm. 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProOOL), www.broadl.org. This test may be freely capied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. These interested in using the test should visit www.progol.org to verify that the copy they are using is the mast current version of the test.

© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.progolorg. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.progolorg to verify that the copy they are using is the most airrent version of the test.

#### WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on each section, total the questions listed on the left and then find your score in the table on the right of the section.

#### **Compassion Satisfaction Scale**

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.	3 6 12 16 18 20.	The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
	22.	22 or less	43 or less	Low
	27	Between 23 and 41	Around 50	Average
	Total:	42 or more	57 or more	High

#### **Burnout Scale**

On the burrout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the score is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their		*1 *4 8 10		The sum of my Burnout Questions is	So my score equals	And my Burnout level is	
		*15 =		22 or less	43 or less	Low	
		19 21		Between 23 and 41	Around 50	Average	
negative fo		nple, question	*29.		42 or more	57 or more	High
You Wrote	Change to	the effects of helping	Total:				
	5	when you					
2	4	are not					
4	2	happy so you reverse					
5	1	the score					
-		umatic Stre	ss Scale				
Satisfaction		npassion rating on each of his table and add	5		The sum of	So My	And my

7 9 11 13	my Secondary Trauma questions is	Score Equals	Secondary Traumatic Stress level is
14	22 or less	43 or less	Low
25	Between 23 and 41	Around 50	Average
Total:	42 or more	57 or more	High

#### YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

#### **Compassion Satisfaction**

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is \$0 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason-for example, you might derive your satisfaction from activities other than your job.

#### Burnout

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

#### Secondary Traumatic Stress

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.progol.org. This test may be freely capied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.progolorg to verify that the copy they are using is the most current version of the test.

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

them up. When you have added then up

you can find your score on the table to

the right.

## 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

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

## 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)

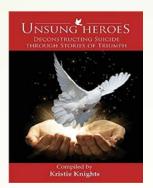
Similarly, Ellis completes charts of the residents, explaining what he or she did that day and the response—a critical component of the federal survey is that facilities show that residents are being engaged.

## 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 peoples day to day experiences without comparing them to those your 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

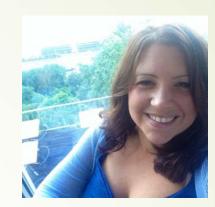






-UNKNOWN

LISA MACK-FINN

















## As the Story Unfolds; Others Ríse and Líves are Restored.



Some of the Authors from the iRise Book Project

### 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 you 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.



#### Where are they now?

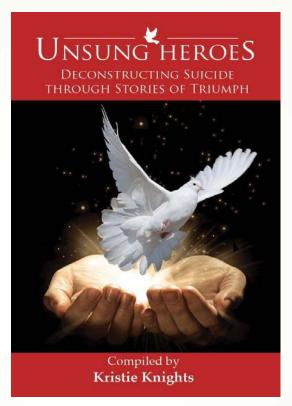




Adds Moreno, "You eat, sleep, and breathe the job." – Provider Magazine 2015







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.

