

Trauma Exposed Professionals

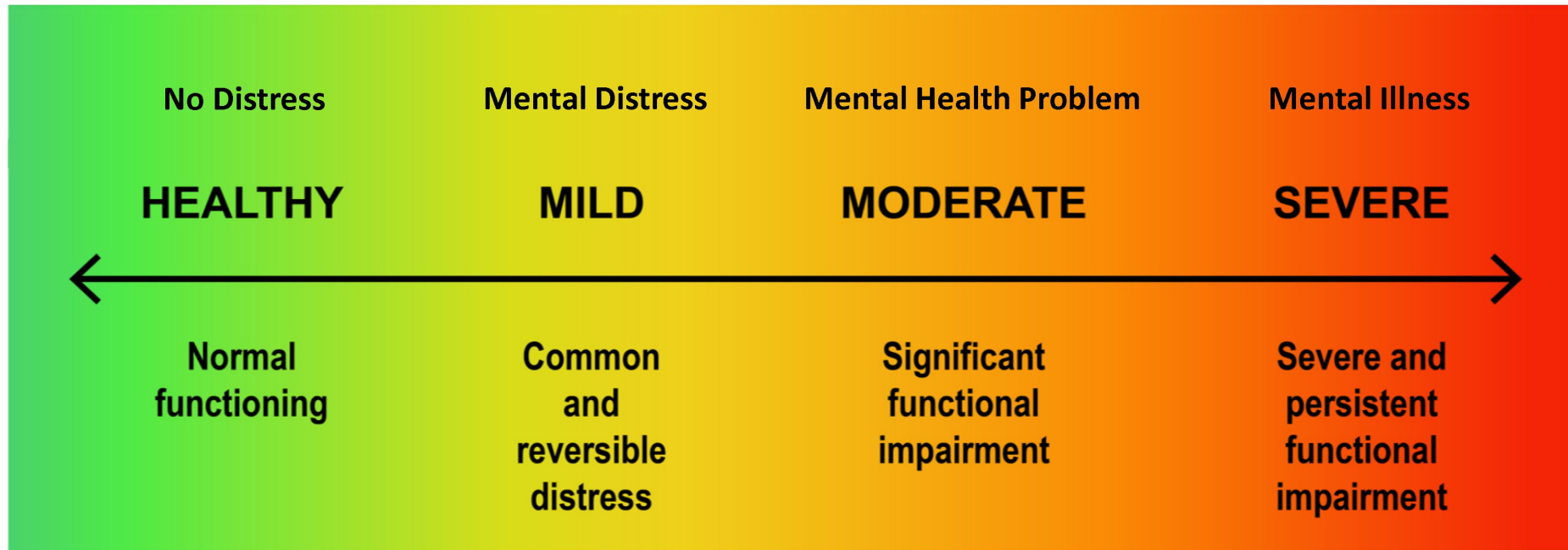
Recognizing, Managing and Addressing the Common and Predictable Effects of Exposure to Traumatic Events

Dr. Carissa Muth

Clinical Director

Sunshine Coast Health Centre

Mental Health Continuum



Burnout

- **ICD-11:** “occupational phenomenon” resulting from chronic, unmanaged workplace stress (not medical condition)
- Primarily from exposure to certain working conditions
- **Symptoms:** exhaustion, increased negativity, reduced professionally efficacy
- **Treatment:** Physical exercise, mindfulness, self-awareness, CBT for stress management

Edú-Valsania, S., Laguía, A., & Moriano, J. A. (2022). Burnout: A Review of Theory and Measurement. *International Journal of Environmental Research and Public Health*, 19(3), 1780. <https://doi.org/10.3390/ijerph19031780>

Languishing

- Emotionally flattened - difficult to muster up excitement
- Life circumstances seem increasingly dictated by external forces
- Procrastinating on tasks as a “why-try-anyway” attitude
- More things strike you as irrelevant, superficial, or boring
- Unease that you are missing something that will make your life feel complete again but not sure what it is
- Feel disconnected from your own community and or/ a greater purpose or cause
- Brain fog
- Feel restless, even rootless
- Small setbacks leave you feeling defeated
- Hard to find motivation to reach out to friends and family
- Sense of self is “flickering or plummeting”

Compassion Fatigue

- “Loss of the ability to nurture” (Joinson, 1992)
- Various definitions and models
- Often experienced in the helping profession
- **Causes:** repeatedly witnessing suffering, particularly if lacking power to alleviate suffering
- **Symptoms:** cynicism, emotional exhaustion, selfishness, apathy, emotions distress
- **Treatment:** Do not take on client problems, spiritual nourishment, internal boundaries, balance life and work, improve self-efficacy

Vicarious Trauma

- Developed in 1990 by Irene Lisa McCann and Laurie Anne Pearlman
- Changes in cognitive schema and core belief as a result of exposure with client's stories
- Associated with cognitive disruptions in the areas of trust, safety, power, and intimacy
- While PTSD is a **psychological disorder** characterized by specific symptoms (like flashbacks), Vicarious Trauma is a **cognitive process**.

For children 6 years and younger, see the DSM-5 section titled “Posttraumatic Stress Disorder for Children 6 Years and Younger” (APA, 2013a).

- 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 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. In cases of actual or threatened death of a family member or friend, the event(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). Note: Does not apply to exposure through electronic media, television, movies or pictures**

Perspective	PRO-Inclusion	Key Academic References
PRO-Inclusion	<p>Professional Risk: Recognizes that certain roles (e.g., forensic investigators, mortuary workers) involve "repeated or extreme" exposure to horrific details that mirror the psychological impact of direct trauma.</p>	Friedman (2013); Calhoun et al. (2012)
	<p>Symptom Parity: Research into Secondary Traumatic Stress (STS) shows that the resulting symptoms (flashbacks, hyperarousal) are clinically indistinguishable from "primary" PTSD.</p>	Figley (1995); Stamm (2010)
	<p>Clinical Utility: Providing a formal diagnosis allows these professionals to access evidence-based PTSD treatments (like PE or EMDR) and insurance coverage that were previously unavailable.</p>	Kanno (2010); Back et al. (2019)

CON- Inclusion	<p>Conceptual "Bracket Creep": Critics argue that broadening the definition of trauma dilutes the diagnosis, turning PTSD from a rare "biological alarm" response into a general category for "stress."</p>	<p>McNally (2003, 2012); Dobbs & Arntz (2012)</p>
	<p>Etiological Dilution: Direct life-threat triggers a specific evolutionary survival circuitry in the brain (the "peritraumatic" response) that may not be present when simply hearing a story.</p>	<p>Brewin et al. (2009); McNally (2009)</p>
	<p>Forensic/Legal Risks: Expanding the criteria to indirect exposure creates a risk of "diagnostic inflation" and potential for frivolous or unverifiable disability claims in legal settings.</p>	<p>Spitzer et al. (2007); Rosen & Lilienfeld (2008)</p>

VT

- Can result in lingering feelings of anger, rage, sadness, shame, self-doubt, guilt, loss of hope, pessimism, cynicism, distancing, numbing or detachment
- Prevention: trauma training, quality supervision organizational culture that acknowledges the negative impact of trauma work
- Risk factors: young age/little work experience, social isolation, lack of supervision
- Rupert et al. (2005), discovered that uncontrolled and unresolved, chronic stress and psychological distress, symptoms that may be caused by indirect trauma, aggravated burnout symptoms using the jobs demands and resources mode

Mitigating VT

- Lack of control over caseload
- Too many direct service hours
- Isolation from colleagues
- Approachable leadership
- Actively support practices of self-care in the workplace
- Safe spaces in the workplace

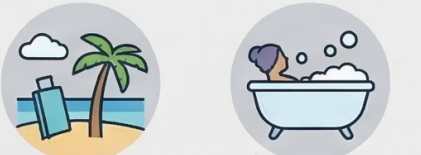
THE PHYSIOLOGY OF HELPING: A FUNCTIONAL APPROACH

DR. ERIC GENTRY'S PERSPECTIVE ON VICARIOUS TRAUMA & COMPASSION RESILIENCE

Traditional Approach



FOCUS ON THE DISTURBING STORY (NARRATIVE CONTENT)



'VACATION' AVOIDANCE, 'BUBBLE BATH' GETTING AWAY

GENTRY'S APPROACH



FOCUS ON YOUR PHYSIOLOGY (THE BODY'S REACTION)



ACTIVE MASTERY IN-THE-MOMENT

1. GENTRY'S "RELAXED BODY" RULE



YOU CANNOT BE TRAUMATIZED IF YOUR MUSCLES ARE RELAXED.



Impact: Brain Perceives SAFETY; Traumatic material cannot 'stick' to your nervous system (A shield effect around a body)

2. THE FIVE PILLARS OF COMPASSION RESILIENCE



(1) SELF- A.N.S. MANAGEMENT

Active A.N.S. management. Manually override arousal in-the-moment.

(2) INTENTIONALITY (THE COVENANT)

Live by a personal mission, not by reactivity.

(3) PERCEPTUAL MATURATION

Shift mindset: From 'Victim/ Rescuer' to 'OBSERVER/ EMPOWERER.' View client as resilient.

(4) CONNECTION & SUPPORT

Counter isolation with a trusted 'tribe' who understand the work.

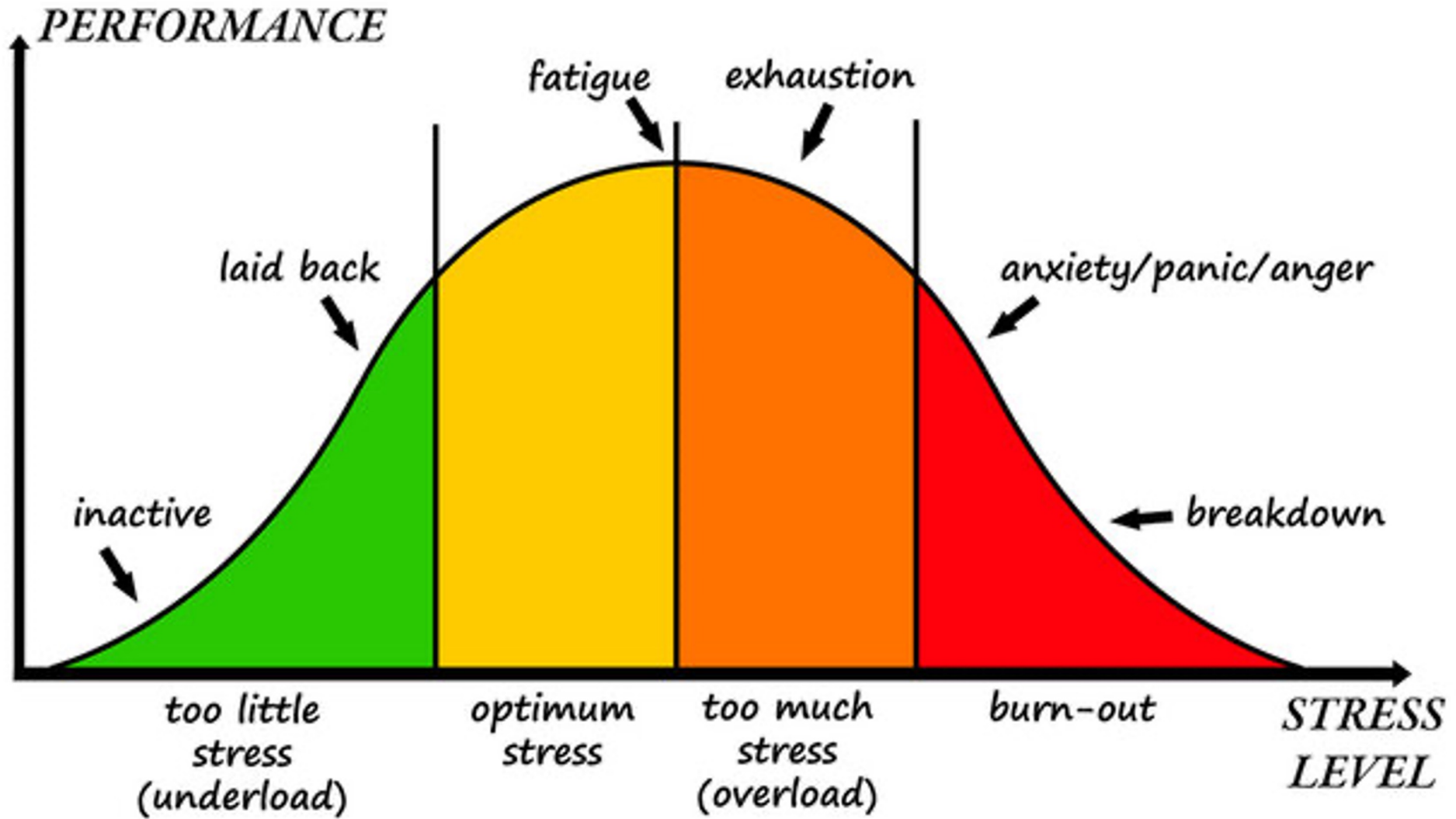
(5) SELF-CARE (MAINTENANCE)

Basic physical upkeep (sleep, nutrition, movement) enables the other pillars.

	TRADITIONAL VIEW	VS.	GENTRY'S VIEW
FOCUS:	Disturbing Stories		Physiology of Helper
VIEW OF V.T.:	Inevitable Occupational Hazard		Preventable Functional Injury
INTERVENTION:	Avoidance (Vacations)		Active Regulation (Mastery)
OUTCOME:	Managing Pathology		Building Mastery & Resiliency

Treatment

- **For Burnout:** Comprehensive/Organizational interventions were most effective (e.g., workload adjustment, peer-support structures).
- **For Compassion Fatigue:** Behavioral training (e.g., boundary setting, relaxation techniques) showed the highest success in improving "Compassion Satisfaction."
- **For Vicarious Trauma:** Psychological interventions (e.g., trauma-informed supervision and narrative processing) were necessary to address the cognitive distortions.



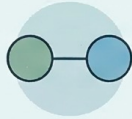
EMPATHY vs. EMOTIONAL CONTAGION

THE DIFFERENCE BETWEEN SAFE CONNECTION AND RISKY ABSORPTION

EMPATHY (THE LIFELINE)



I SEE YOU'RE HURTING



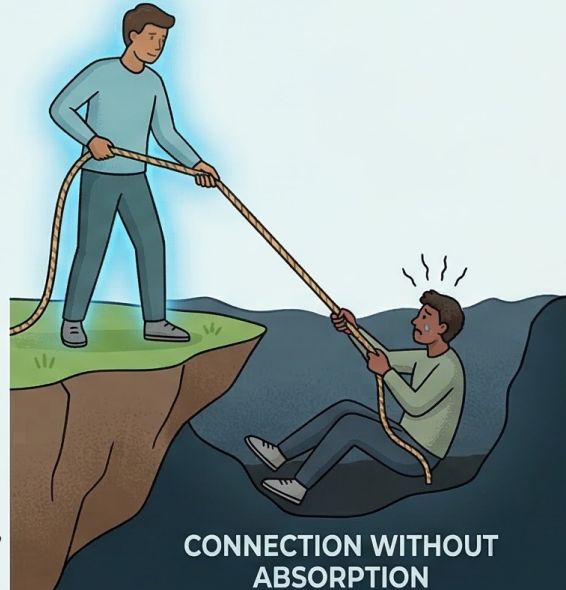
BOUNDARIES:
CLEAR "I" & "YOU"



BODY STATE:
CALM, GROUNDED,
PRESENT



EFFECTIVENESS:
ABLE TO OFFER
SUPPORT

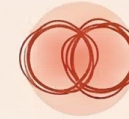


CONNECTION WITHOUT
ABSORPTION

EMOTIONAL CONTAGION (THE ANCHOR)



YOUR PAIN
IS MY PAIN



BOUNDARIES:
BLURRED
"I" & "YOU"



BODY STATE:
TENSE, ANXIOUS,
OVERWHELMED



OVERWHELMED BY
ABSORPTION

THE KEY ANALOGY



THERMOSTAT
Recognizes the room's
temperature but **MAINTAINS**
ITS OWN SET POINT.



THERMOMETER
SIMPLY REFLECTS the
exact temperature of the room.



EFFECTIVENESS:
AS TRAPPED AS
THEY ARE

If you feel...	Use this DBT Skill	Use this CBT Skill
"I'm drowning in their emotions."	Wise Mind (Find your center).	Cognitive Distancing (Observe the thought).
"It's my fault they are upset."	Check the Facts (Is it true?).	Responsibility Pie (Divide the blame).
"I can't say no to their demands."	FAST Skill (Self-respect).	Identifying "Should" Statements.
"My body is panicking for them."	TIPP (Change your body chemistry).	Progressive Muscle Relaxation.

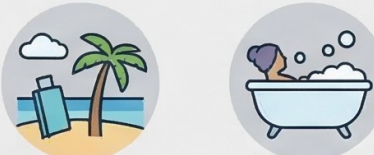
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Maintain **PELVIC FLOOR RELAXATION**



RHYTHMIC BREATHING
(Flowing arrows around lungs)

Impact: Brain Perceives SAFETY; Traumatic material cannot 'stick' to your nervous system (A shield effect around a body)

2. THE FIVE PILLARS OF COMPASSION RESILIENCE



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THE DBT WISE MIND MODEL

EMOTION MIND (impulsive)



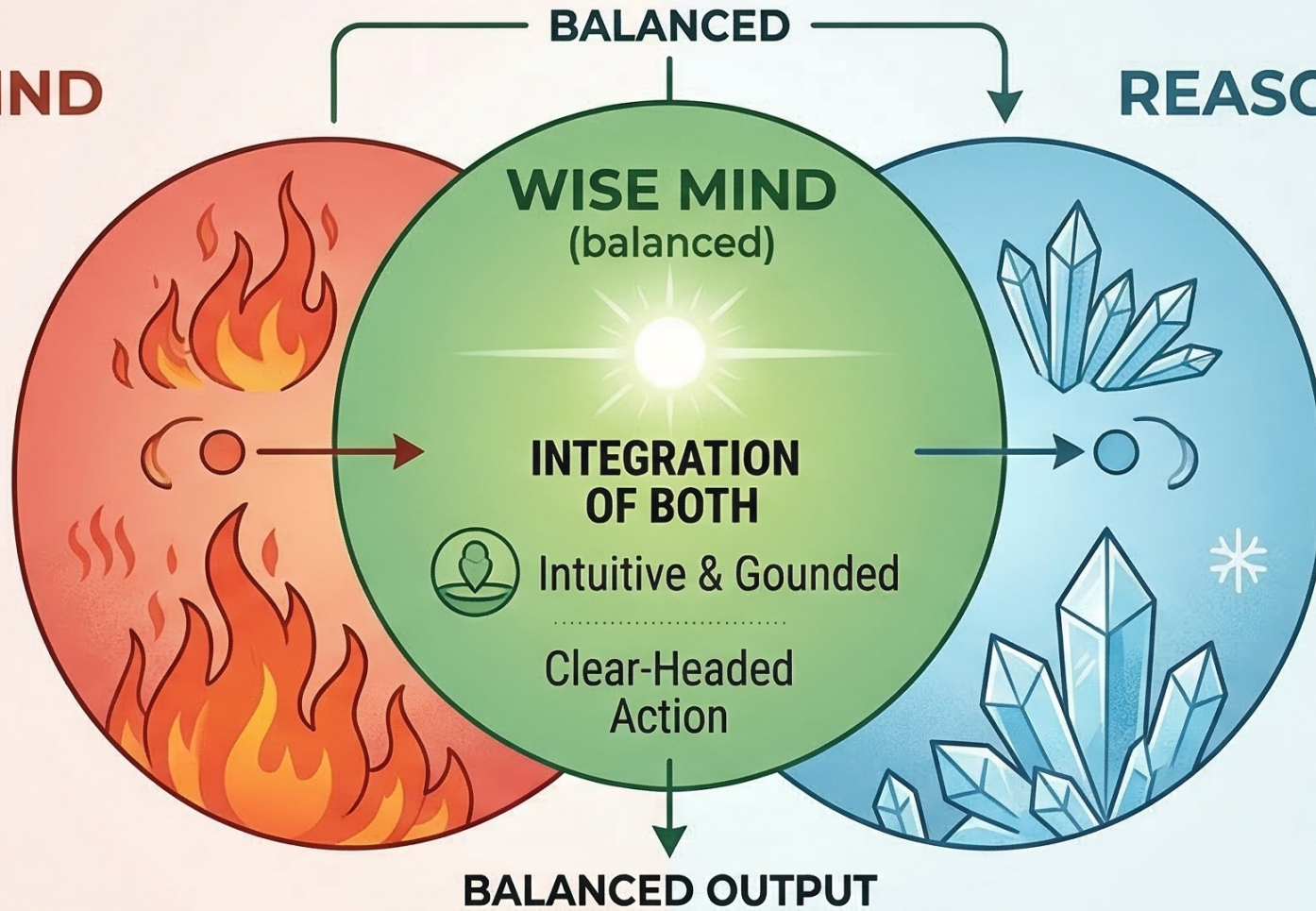
Driven by
**FEELINGS &
URGES**



Ignores Facts
& Reason



Highly
REACTIVE



REASONABLE MIND (logical)



Driven by
**LOGIC &
FACTS**



Cool &
Rational



Task-
Focused

Find your **CENTERED** place, distinguishing **FEELINGS** from **FACTS**

THE FAST SKILL: INTERPERSONAL EFFECTIVENESS

Maintain your **SELF-RESPECT** while getting what you want

① FAIR



Be Fair to
YOURSELF and
FAIR DEALS

YOURSELF and
THE OTHER PERSON.

② APOLOGIES (NO)



No overly
APOLOGETIC
SPEECH.

Say "no"
without being defensive.

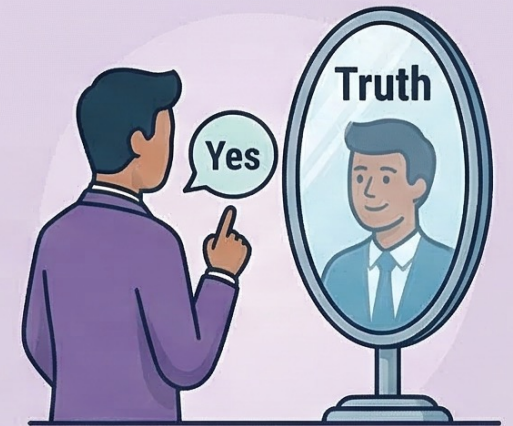
③ STICK TO VALUES



Maintain
INTEGRITY
STANDARD

Maintain **INTEGRITY.**
Live by your own standard.

④ TRUTHFUL



No fibbing,
exaggerating,
or "overselling."

Be accurate & simple.

THE TIPP SKILL: CHANGING YOUR BODY CHEMISTRY

T TIP THE TEMPERATURE



APPLY COLD WATER
to your face & neck for 30s.
Tip your body temperature.

SUBPOINT:
(T)EMPERATURE.



I INTENSE EXERCISE



Do **INTENSE EXERCISE**
for 20-30m. Burpees,
running, junning,
jumping jacks.

(I)NTENSE EXERCISE.

P PROGRESSIVE RELAXATION

TENSE & RELAX
muscles for
5-10s each.

**(P)ROGRESSIVE
RELAXATION.**



P PACED BREATHING

**SLOW, PACED
BREATHING**
for 5-10m.

Focus on your
exhalation.



(P)ACED BREATHING.

**FAST
BIOLOGICAL
HACK**

COGNITIVE DISTANCING: MASTERING THE 'FLY ON THE WALL' PERSPECTIVE

WHAT IT IS: Stepping back and observing your thoughts from a **NEUTRAL THIRD PARTY** position.



BEFORE
(EMOTIONAL ATTACHMENT):



"I am overwhelmed and useless."

AFTER
(COGNITIVE DISTANCING):



"I am **NOTICING** that I am having the thought that I am overwhelmed."



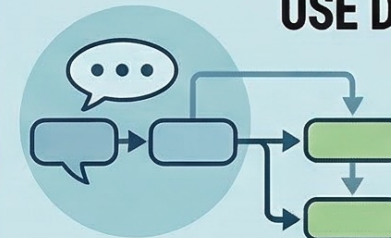
1 MAIN TECHNIQUE



THE 'FLY ON THE WALL' VIEW: Watch your inner dialogue like a neutral observer. Ask: "What is happening right now?"



IDENTIFY 'THOUGHT STORIES': See your thoughts as hypotheses, stories, or images, not as ultimate **TRUTHS**.



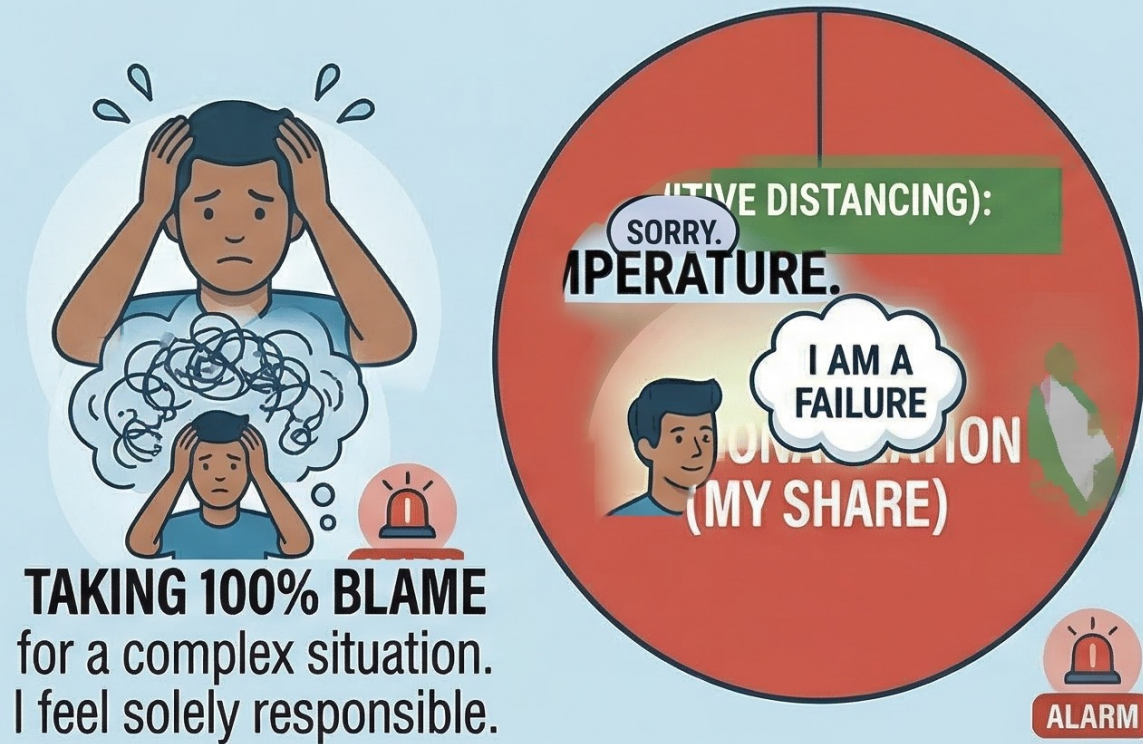
USE DETACHED LANGUAGE:

Practice phrases like:
"I'm noticing that..."
"My mind is having the thought that..."

THE BOUNDARY: Creating a physical and mental gap between you and the emotional weight of your thoughts.

THE RESPONSIBILITY PIE CHART: COMBATING PERSONALIZATION & GUILT

HOW IT WORKS: Distributing responsibility by identifying all contributing factors.



1 LIST ALL



What else might be causing this?

and give them a slice of responsibility



2 IDENTIFY 'NON-SELF' CAUSES:



OTHER CHOICES



PAST HISTORY



SYSTEMIC ISSUES



SYSTEMIC ISSUES ultimate



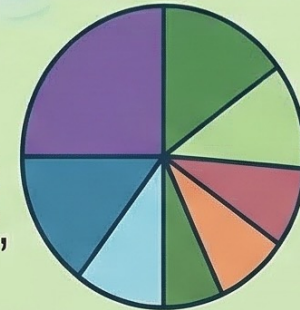
LACK OF CONTROL



RANDOMNESS

3 RE-DRAW THE PIE:

See how the pie re-balances. Your share becomes clear, realistic, and much smaller.



- OTHER CHOICES (25%)
- PAST HISTORY (15%)
- SYSTEMIC ISSUES (10%)
- RANDOMNESS (10%)
- MY ACTUAL SHARE (15%)

THE BOUNDARY: Creating a physical and mental gap between you and the emotional weight of your thoughts.

IDENTIFYING "SHOULD" STATEMENTS: COMBATING INVISIBLE EMOTIONAL BURDENS

THINKING TRAPS: EXAMPLES

1 INTERNAL 'SHOULD'S (MY RULES):



"I **SHOULD** have fixed that."
"I **OUGHT** to be happy."
"I **MUST** do this perfectly."



2 EXTERNAL 'SHOULD'S (THEIR RULES):



"**THEY MUST** listen to me."
"**PEOPLE OUGHT** to be more respectful."



Recognizing how implicit rules turn preferences into pain.



ALARM



Implicit Rule ("I Should")

EMOTIONAL CONSEQUENCES

FAIL TO MEET RULE



EMOTIONAL RESULT: **GUILT & SHAME.**

OTHERS FAIL TO MEET RULE



EMOTIONAL RESULT: **ANGER & RESENTMENT.**

BEFORE: "I **SHOULD** have handled that better."

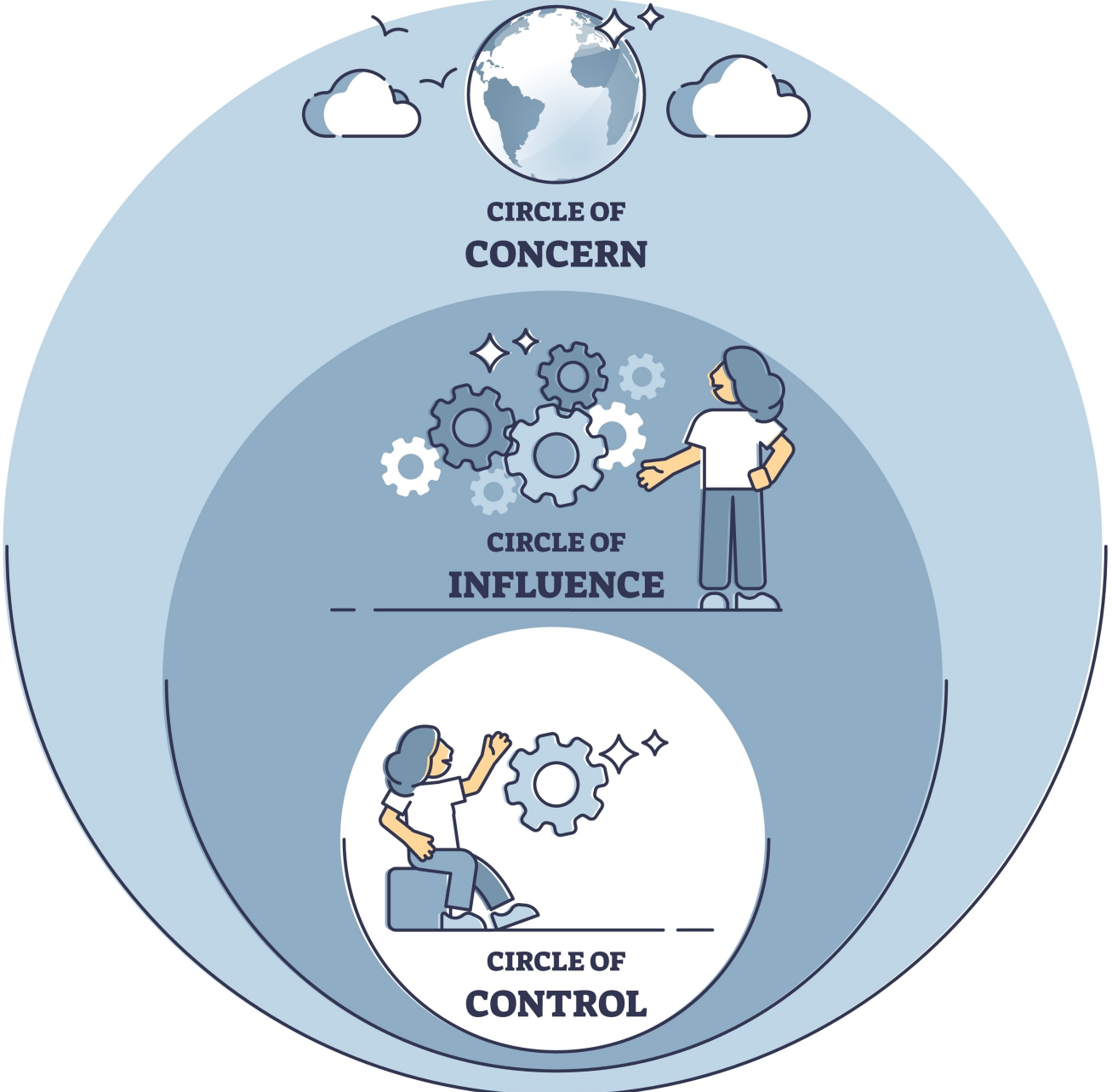


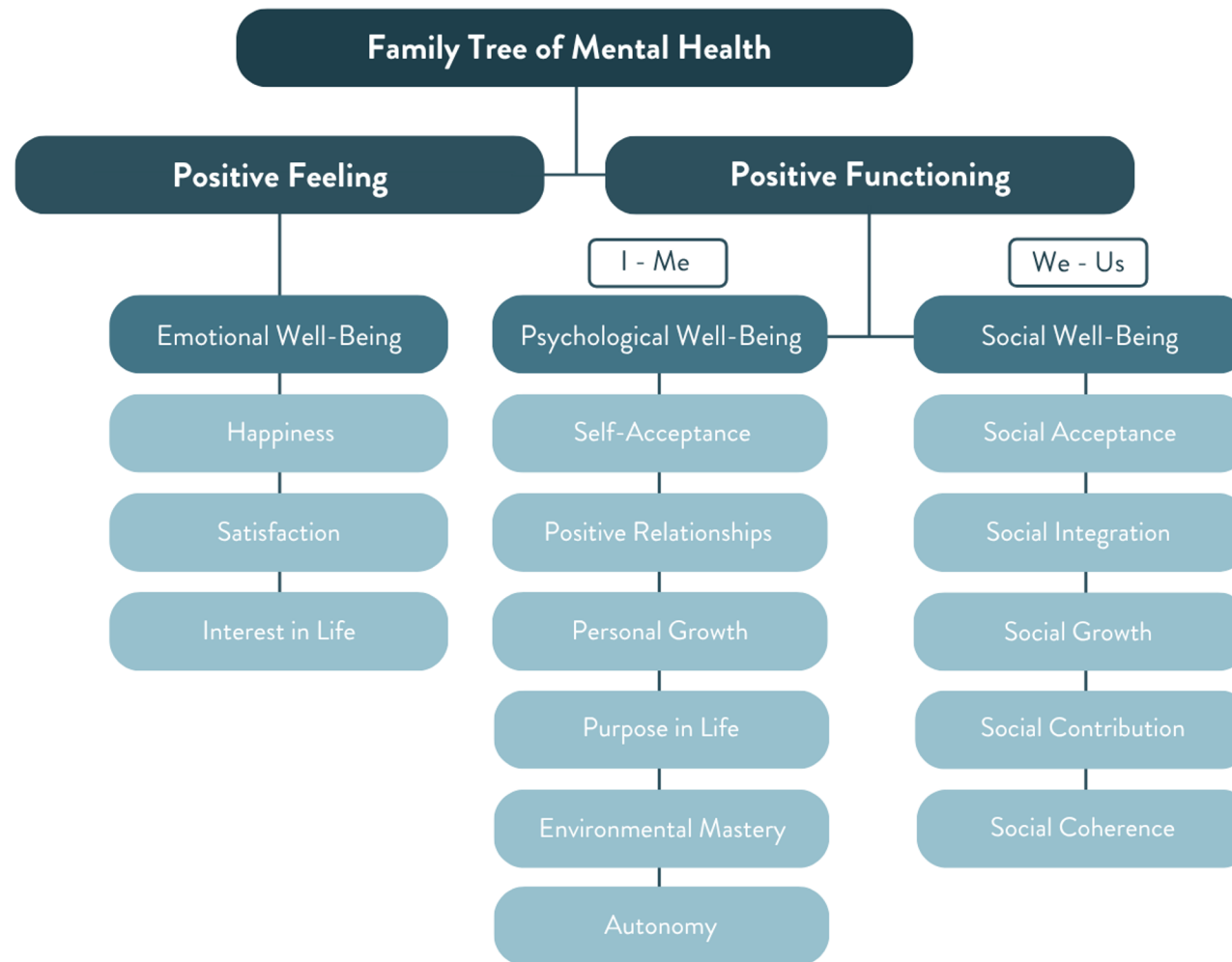
AFTER:

"I **WISH** I had handled that better, **I WOULD** (15%) but I'll learn for next time."



THE METHOD: Turning "Shoulds" into "Wishes" & "Preferences".





Corey Keyes' Dual Continuum Model

