

Disclosures and Conflicts of Interest

- Publication Royalties: Oxford University Press, Publication area Crisis Intervention, Trauma, Mental Health.
- Research supported by: Ohio Attorney General: Victims of Crime Grant and
- David E. Schuller MD, Endowed Professorship for Patient Compassion, The James Cancer Hospital. (Walter Family Foundation)
- IRB Approvals #2016287 & #2017154



Ice Breaker- Perceptions

Part I.

- Pick a partner
- Introduce yourself
- Take a piece of paper
- Draw your partner.
- List two words that describe how that person is feeling based on what you just created.



Ice Breaker - Perceptions

Part II

- Turn over your paper
- Place your pen on a random place on the paper
- **Close your eyes and...**
- **Draw yourself!**
- Based on what you just created, pick two words that tells your partner how you are feeling
- Compare feelings identified
- Do they Match? OR Not so much...

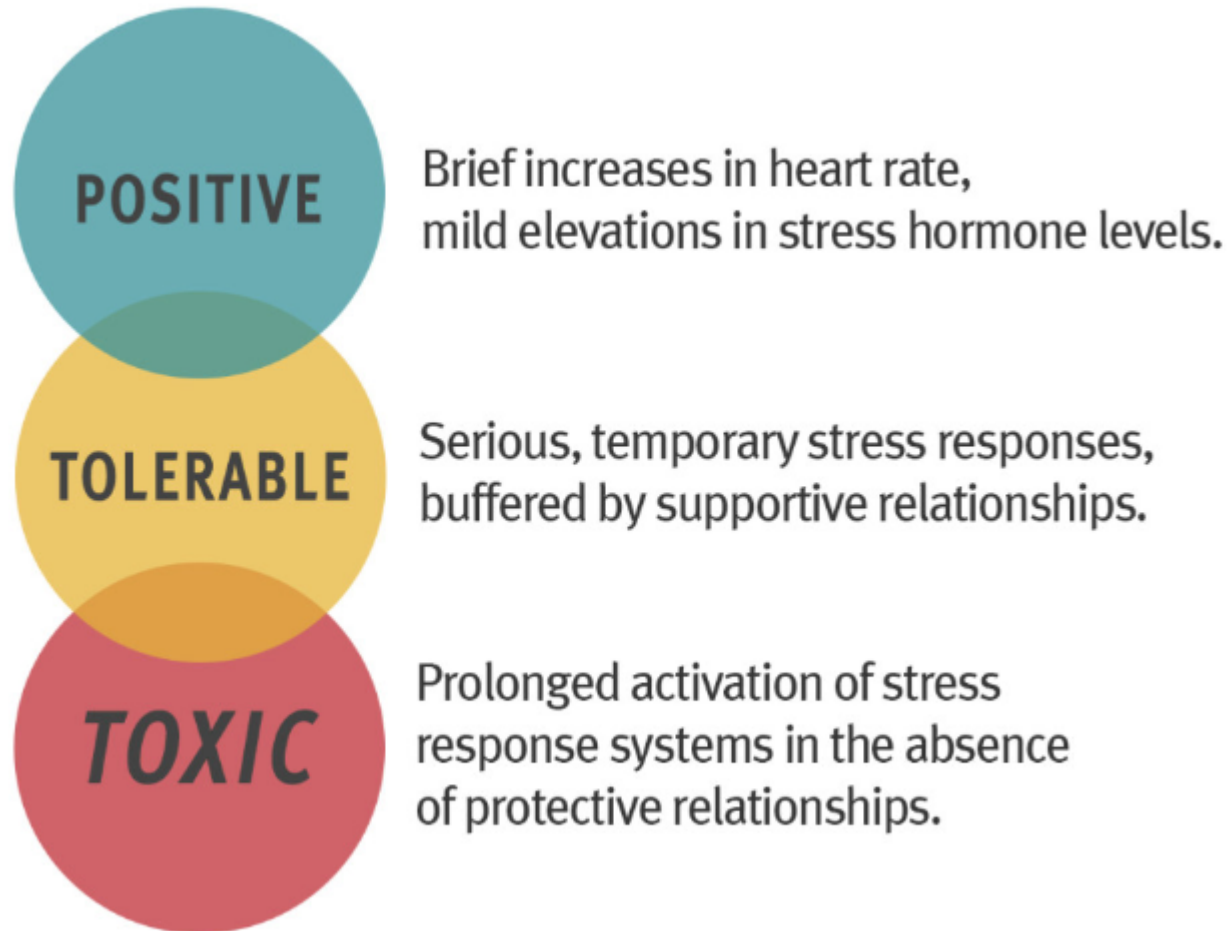


Adverse Childhood Experiences Science

- ACEs Science refers to the research on the prevalence and consequences of adverse childhood events across the lifespan.
- Conducted by the CDC and Kaiser Permanente the ACE Study focuses on mostly, middle to upper middle class, college-educated families that are employed and could afford Kaiser Permanente insurance!
- A large scale, multi-site study with over 70 research papers/replications showing statistically significant outcomes and power; the initial study ($N=17,000$).



Building a Framework for Understanding

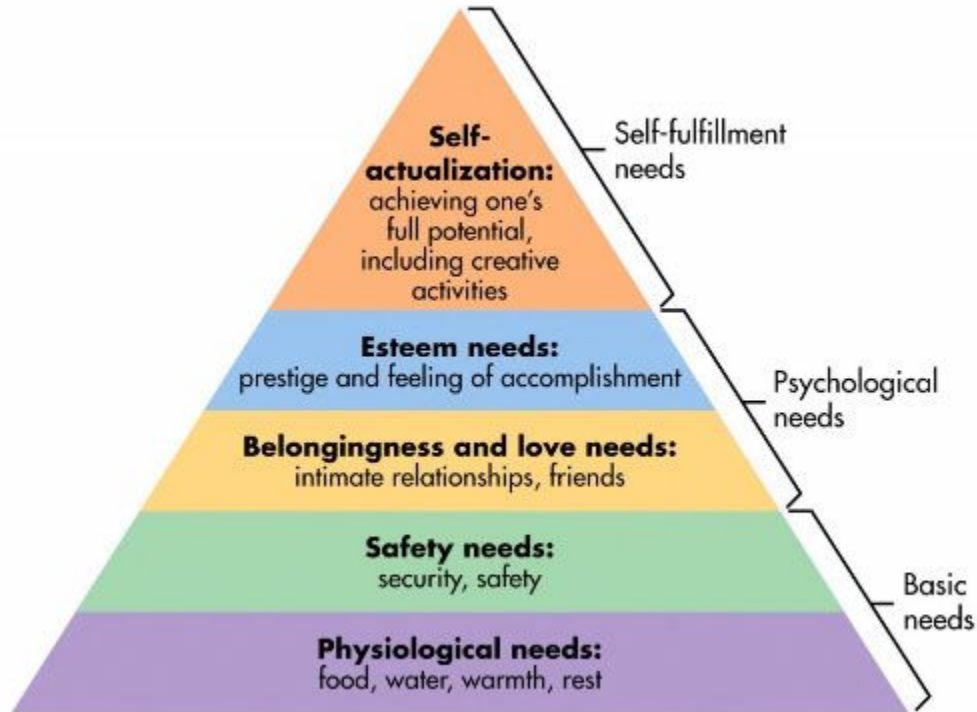


<https://www.youtube.com/watch?v=rVwFkcOZHJw>



Psychology 101

Maslow's Hierarchy of Needs



- Children are unable to focus when their “immediate” basic needs for safety are not being met as a result of toxic stress

What is Trauma?

3E's

- Trauma is:
 - an **EVENT**, series of events, or set of circumstances that;
 - is **EXPERIENCED** by an individual as physically or emotionally harmful or life threatening;
 - and has lasting adverse **EFFECTS** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.



Three Types of ACEs

ABUSE



Physical



Emotional



Sexual

NEGLECT



Physical



Emotional

HOUSEHOLD DYSFUNCTION



Mental Illness



Incarcerated Relative



Mother treated violently



Substance Abuse



Divorce

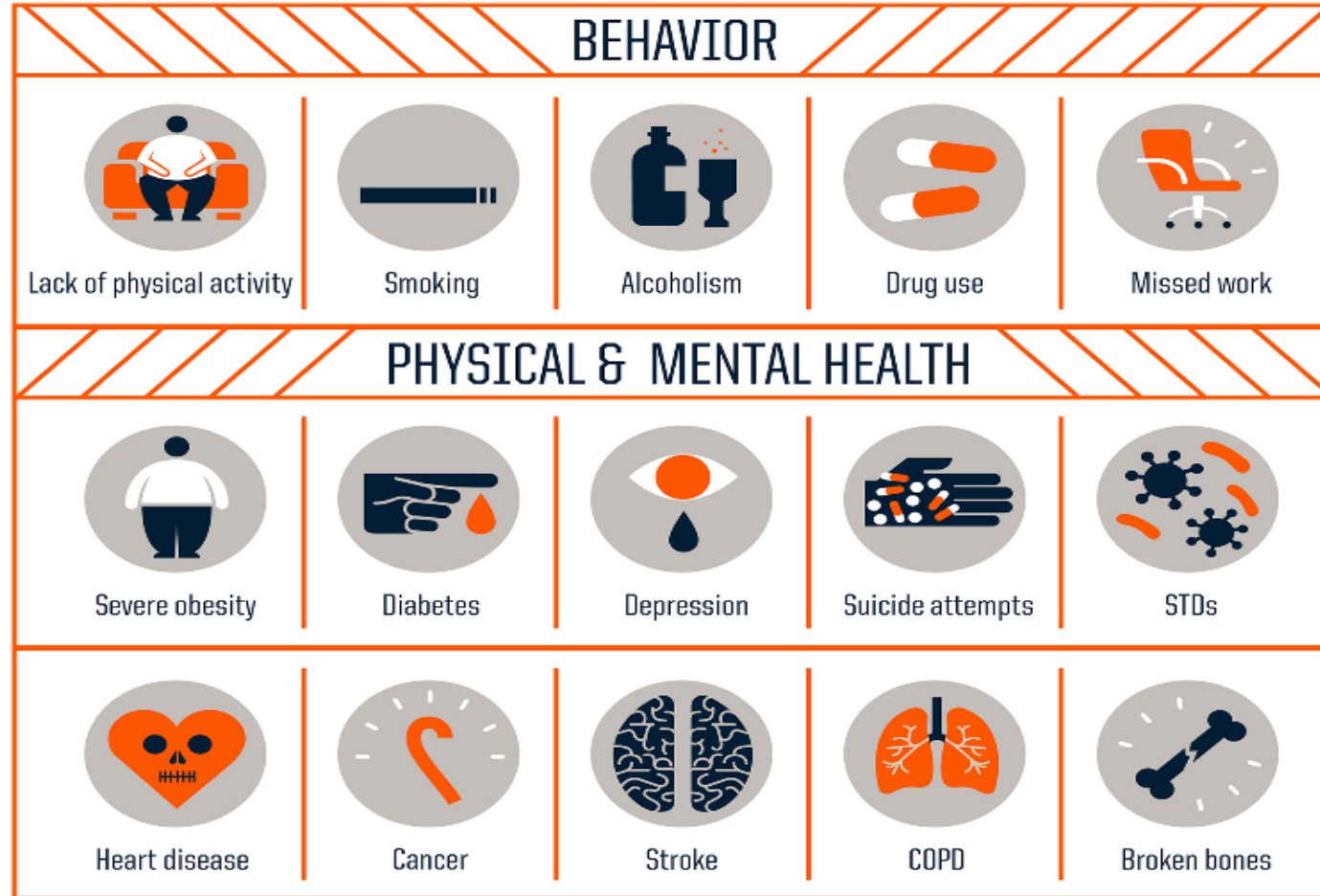
Source: Centers for Disease Control and Prevention

Credit: Robert Wood Johnson Foundation



ACEs Increase Health Risks

According to the Adverse Childhood Experiences study, the rougher your childhood, the higher your score is likely to be and the higher your risk for various health problems later.



Source: Centers for Disease Control and Prevention



Exercise #1

- Think about the population you serve.
- How many would you identify as potentially having an ACE Score of 1?
- How did you come to this conclusion?
- What are you recognizing or identifying as potential trauma?
- How are you getting this information?
- Do you know what to do with this information?



Why ACE's Are Significant

- ACEs are common...nearly two-thirds

(64%)

of adults have at least one.

Why ACE's Are Significant

- ACEs don't occur alone....if you have one, there's an

87% chance that you have
two or more.

Anda, R. F., Croft, J. B., Felitti, V. J., Nordenberg, D., Giles, W. H., Williamson, D. F., & Giovino, G. A. (January 01, 1999). Adverse childhood experiences and smoking during adolescence and adulthood. *Jama*, 282, 17, 1652-8.

Felitti et al., (1998) American Journal of Preventive Medicine, 14: 245-258.



Why ACE's Are Significant

- People with an ACE score of 4 are **twice** as likely to be **smokers** and **seven** times more likely to be **alcoholic.**

Pilowsky, D. J., Keyes, K. M., & Hasin, D. S. (January 01, 2009). Adverse childhood events and lifetime alcohol dependence. *American Journal of Public Health*, 99, 2, 258-63.

Felitti et al., (1998) *American Journal of Preventive Medicine*, 14: 245-258.



Why ACE's Are Significant

- Having an ACE score of 4 increases the risk of suicide by

1200%

Perez, N. M., Jennings, W. G., Piquero, A. R., & Baglivio, M. T. (August 01, 2016). Adverse Childhood Experiences and Suicide Attempts: The Mediating Influence of Personality Development and Problem Behaviors. *Journal of Youth and Adolescence : a Multidisciplinary Research Publication*, 45, 8, 1527-1545.

Felitti et al., (1998) American Journal of Preventive Medicine, 14: 245-258.



Exercise #2

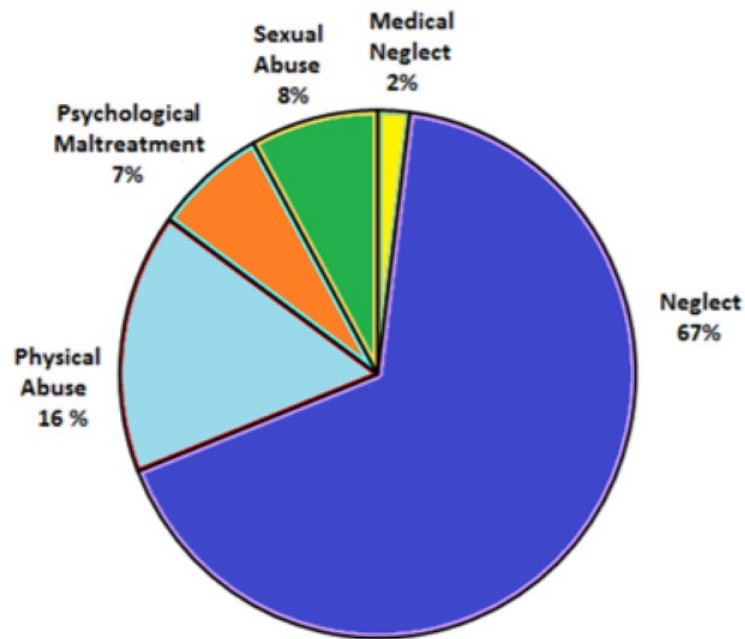
- Think about your answers from Exercise #1
- Has your thinking changed about the risk for the children and families you work with?
- Why?
- What would you like to know about psychological trauma?
- How are you viewing your work with those who have experienced trauma?
- Did your view change or stay the same? Why?



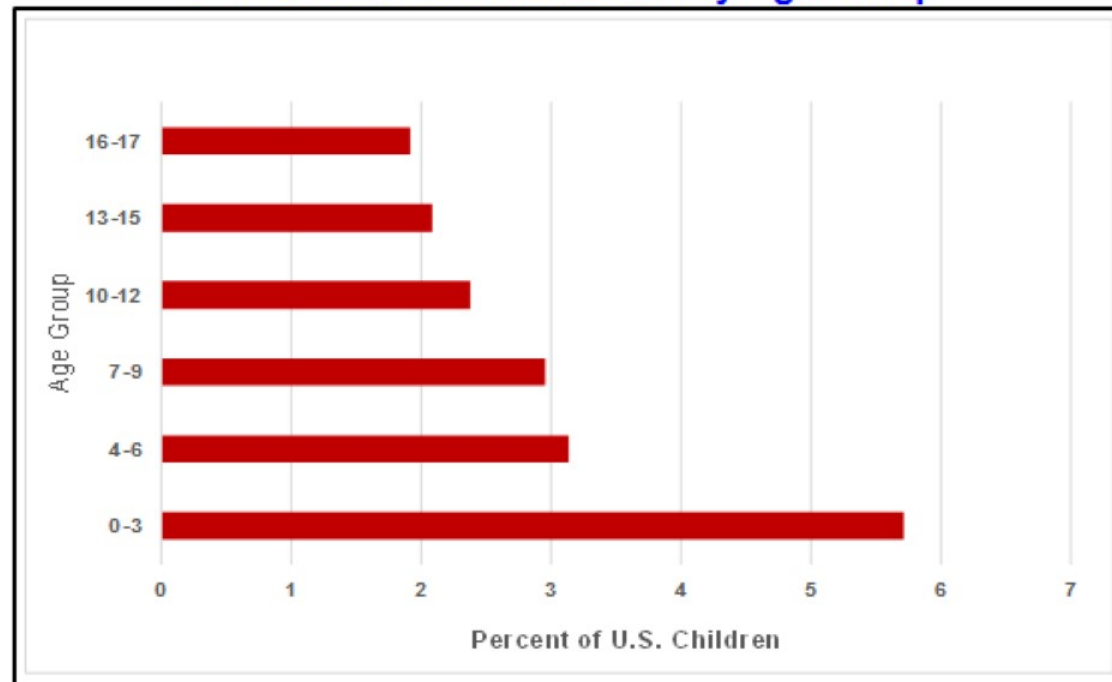
Rates of Maltreatment by Age¹

- Most maltreatment happens to younger children.
- Maltreatment has greater negative effects at younger ages.

Types of Child Maltreatment

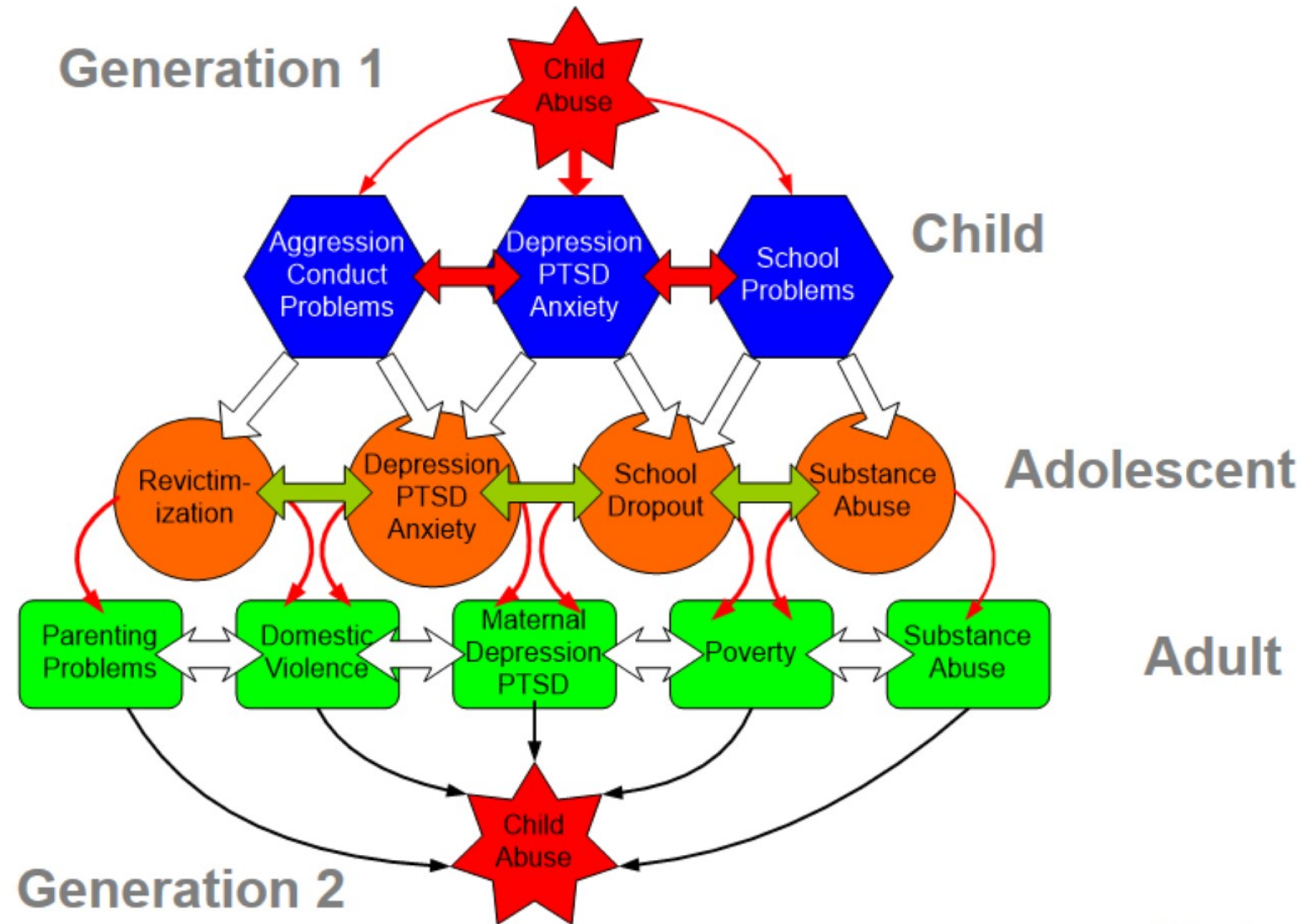


Rates of Child Maltreatment by Age Group

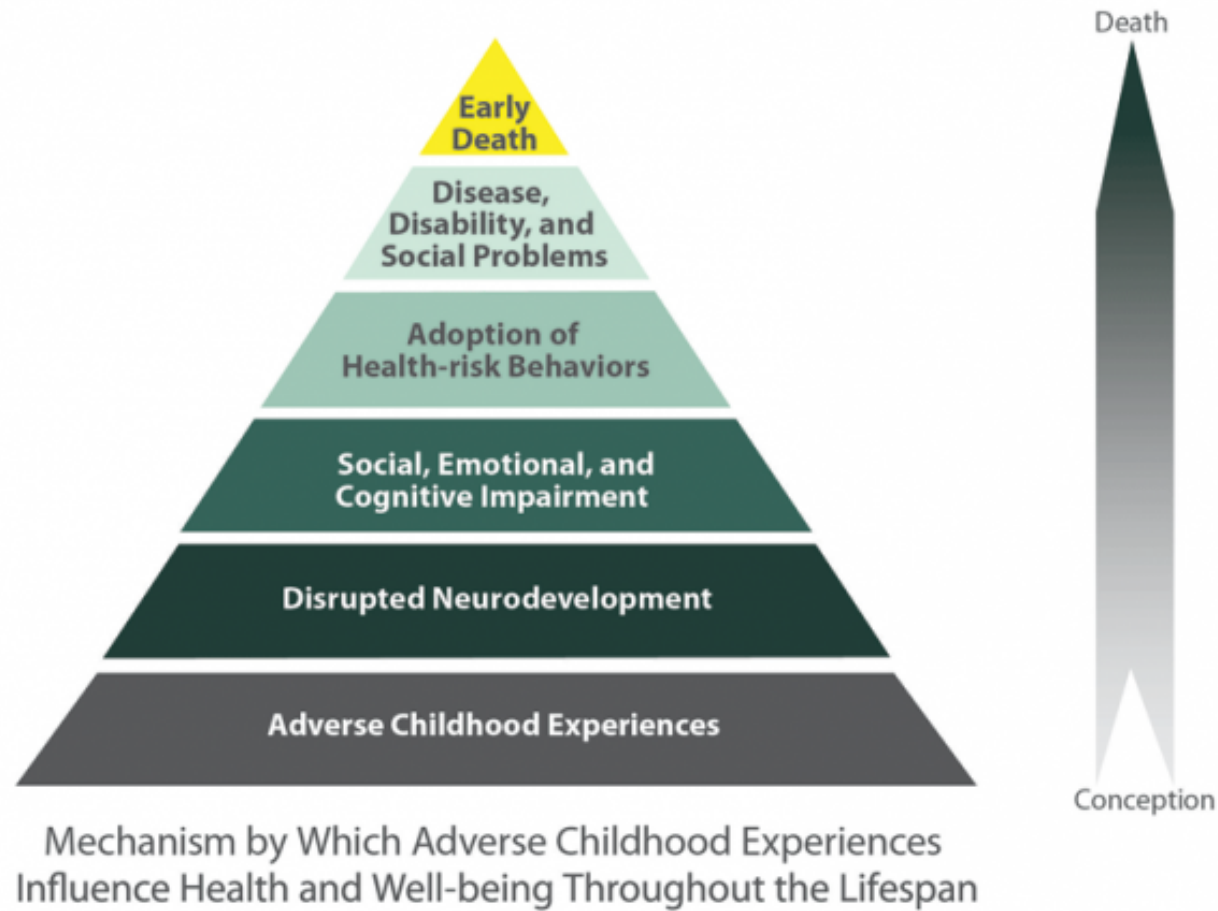


¹Child Maltreatment 2012. Washington, DC: US Department of Health and Human Services; 2014.

How ACES Cross Generations



In Summary...The ACE Pyramid



Exercise #3

- Think about the community you work in...
- What impact do you see ACE's having on the community?
- How is your exposure to trauma impacting you?
- What is important for you to think about for your ongoing work e.g., potential risk factors – Or- protective factors?
- How can/will you make a difference?

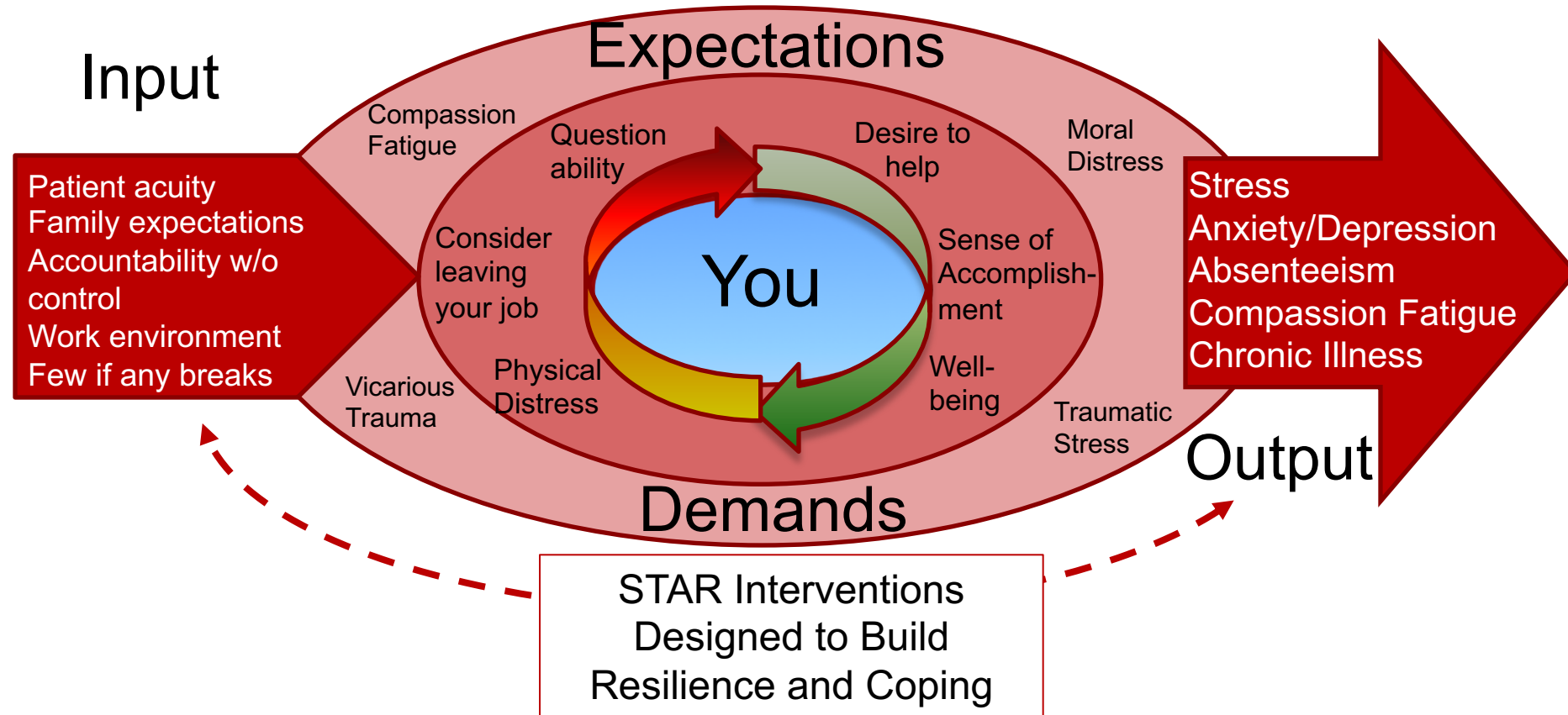


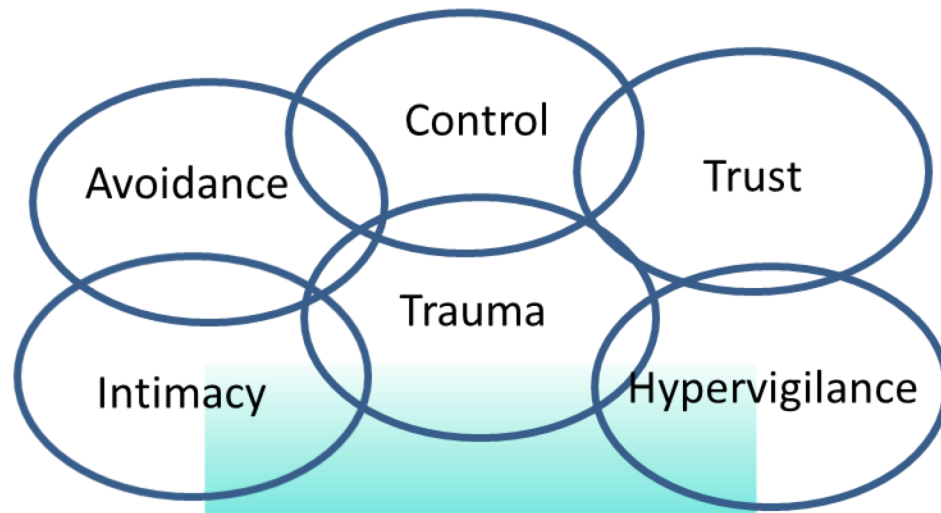
Vicarious Trauma

- The effects are very real, and potentially permanent and cumulative!
- Can emerge at anytime in your career.
- Results in impacts that last long after interactions with cases that created the trauma.



Building Resilience: Individual Response to Workplace Stressors





Challenges
We Face



Common Behavioral Manifestations of Trauma

- Splitting
- Manipulation
- Anger
- Argumentative
- **Hypervigilant**
- **Control**
- **Avoidance**
- **Trust**
- **Intimacy**
- Passive Aggressive
- Dependent
- Acting out
- Testing Boundaries

What is a trauma informed organization?

- Consider your work environment
- What factors contribute to the progression of trauma?
- What factors protect against re-traumatization?
- Given this information what would you do differently moving forward?
- What information would you need from the organization to build a trauma informed system of care?



How a Trauma Informed System Differs?

Realizes

- *Realizes* widespread impact of trauma and understands potential paths for recovery

Recognizes

- *Recognizes* signs and symptoms of trauma in children, families, staff, and others involved with the system

Responds

- *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices

Resists

- *Seeks to actively Resist* re-traumatization.

Trauma

Discuss the spectrum of trauma.

- Vicarious
- 2nd victim
- Big T and little t



Vicarious Trauma – What We See...

- Staff not immediately involved in a case can be traumatized by what they see and hear.

(Nothing could have prepared me for what I saw that night. I couldn't get it out of my mind...when I closed my eyes to sleep it was right there and I kept thinking what's next?)



Vicarious Trauma – What We Feel...

- Not all cases involve immediate reaction or response, frequently a case will hit too close to home when the accident victim is a similar age to family members.

(I'm looking at this victim, he could be my kid...just for a second I thought do I know him? Oh my God he goes to school with my son...we know their family...What an awful feeling.)



Vicarious Trauma – What We Do...

- There are times what we do is not within our control. This, at times, leads to stress and moral distress. Communication, support and understanding all play a role in managing vicarious traumatization.

(I just couldn't help thinking why are we doing this...I don't understand why, this isn't going to make any difference. And it is causing pain...I just don't understand.)





Second Victims:

How we can best mitigate the impact of
“Second Victim Syndrome” on our
colleagues.



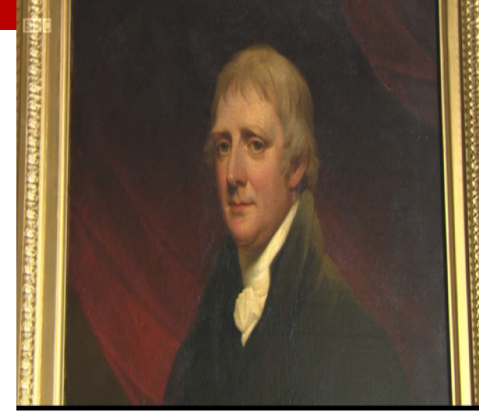
Second Victim Phenomenon

- Albert Wu, MD, PhD., Johns Hopkins
- Coined second victim terminology in 2000 in response to Institute of Medicine report on medical errors
- “PTSD” for health care professionals
- Second victims are health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury & become victimized in the sense that the **provider is traumatized by the event.**



Second Victim Phenomenon

First recognized incident of second victim phenomenon



- The 1817 second victim story is really a "triple tragedy" involving Princess Charlotte, the only legitimate grandchild of George III. MD was Sir Richard Croft.
- Her child was the only heir to be King of England in that family lineage. However, after a torturous 2-day, 50-hour labor, Princess Charlotte delivered a 9-lb stillborn son.
- Five hours later, Princess Charlotte died from shock and postpartum hemorrhage.
- Unable to live with the criticism and responsibility for 2 lost lives, Croft ended his life by suicide 3 months later.



Second Victim Experience/Response

- Frequently feel personally responsible for the patient outcome.
- Many feel as though they have somehow failed.
- Frequently, second guessing their skills and knowledge base.
- Worry they will be fired, sued, and/or lose their livelihood.
- **Concerned about what their peers will think, & will they ever be trusted again?**



The Collapse of Sensemaking in Organizations

Karl Weick supplies a “recipe” for the collapse of sensemaking:

- Thrust people into unfamiliar roles;
- Leave some key roles unfilled;
- Make the task more ambiguous;
- Discredit the role system;
- *And make all of these changes in a context in which small things can combine into something monstrous.*

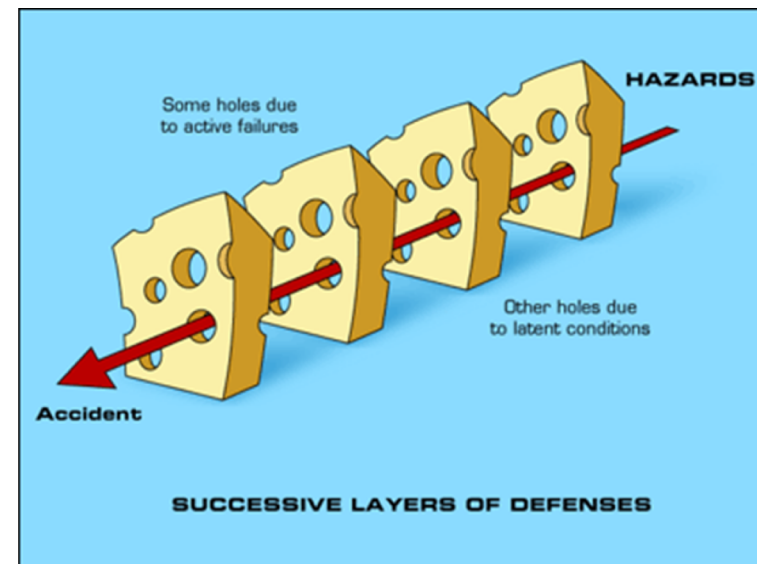
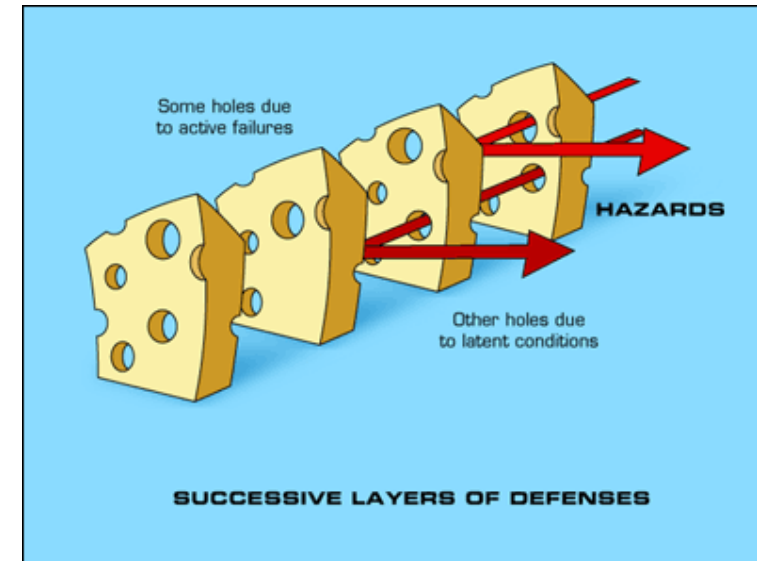
Karl E. Weick . Reprinted from *The Collapse of Sensemaking in Organizations: The Mann Gulch Disaster* by Karl E. Weick published in *Administrative Science Quarterly* Volume 38 (1993): 628-652 by permission of *Administrative Science Quarterly*. © 1993 by Cornell University 0001-8392/93/3804-0628.



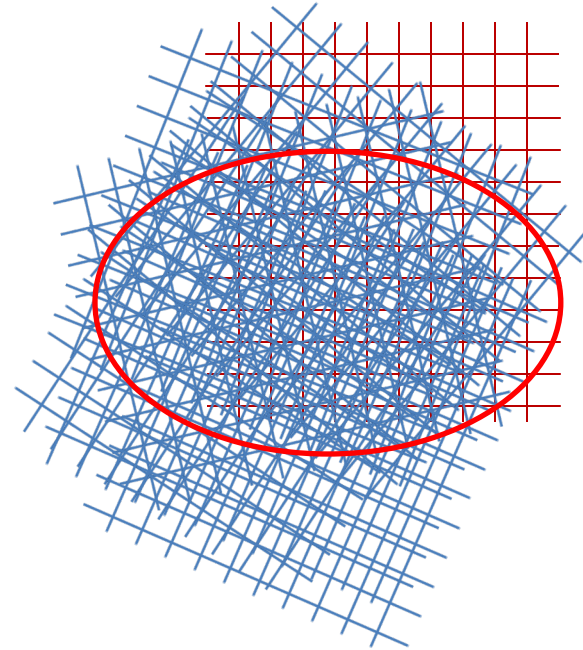
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Why Our Approach Matters?

- Each system is uniquely designed to attain the outcome it achieves.
- Services are singular in approach.
- Services are co-located rather than collaborative.
- Even when individuals perform to their full potential this system approach will fail.



A Collaborative Grid Approach



In Yeager, K. (2015). *Crisis intervention handbook: Assessment, treatment, and research*. Oxford University Press



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So...What is the path toward individual resilience?



So...What is the path toward resilience?

- It is more of a quest or an effort.
- It requires...
avoiding the path of negativism and quick fixes.



January 22, 2017



What is the path toward resilience?

- It is seeking alternative responses to adversity.
- It requires working against powerful biological forces that lead us to see the negative rather than the positive.
- ***It will change what we think we know about ourselves and our world...***



So...What is the path toward resilience?

- **It is a series of choices that require us to:**
 - To move through pain
 - To pursue a purpose larger than ourselves
 - To reach out in supportive ways, maintaining professionalism in all you do.
- We find over time we have changed,
 - We have become wiser, kinder, more thoughtful, helpful, and thankful for the choices that have made us who we are today.



Begin with – Self-Awareness

- Look for 3 Good Things each day to counter the negative
- Build a culture of recognizing the positive!!!
- Self-Reflection (what did you do well today)
- Self-Compassion (how did you talk to yourself today)



Self-Awareness Continued

- **Your perception of difficult work is important:**
 - Resilient individuals view difficulty as a challenge, not as a overwhelming or paralyzing event.
 - Resilient individuals: See failures and mistakes as learning opportunities.
 - Resilient individuals separate challenges from personal attributes. They don't view challenges as a negative reflection their abilities or self-worth.



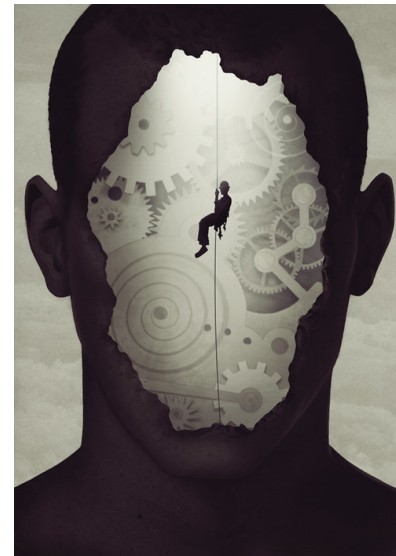
Self-Awareness Continued

- **Monitor Burnout** using simple metrics:
 - Emotional exhaustion = (time to recover)
 - Depersonalization = (difficulty connecting with others, cynical responses to daily events)
 - Reduced sense of accomplishment (decreased confidence/satisfaction)



Then Practice -Mindfulness

- Increased Awareness that is:
 - Self-Reflective
 - Non-Judging
 - Accepting
 - Exploration of the possible



Mindfulness Continued

- You seen we all compete for energy!
 - Ask yourself...Who or what is taking your energy?
 - What are you doing to rebuild your energy?
 - Are your interactions building or taking energy?



Mindfulness Continued

- Notice what creates change and positive energy for you.
- Keep learning (adopt a stance of humble curiosity.)
- Ask yourself –
 - “What can I learn from this situation?”
 - “Is there a better way to approach this challenge?”
 - “What is the best use of my energy?”



Mindfulness Continued

- What are others doing that seems to be working for them?
- Capture and adopt the positive traits you see and admire in others!
- Clear your mind of clutter and negatives.



Self-Care Continued

Avoid routines that kill creativity and energy

- Spend time outside
- Exercise
- Good food at the right time
- Vacation (always be planning a vacation!)
- Unplug! Turn that Television OFF!



Restore a car rather than watching a T.V. show about restoring cars...



Cognitive Reframing and Self-Talk

- Do you talk to yourself?
- What we say to ourselves, about ourselves is very important.
- At times there is a need to examine and “re-frame what we tell ourselves.
- For example; Something happens...
- There is an emotional response...and you “tell yourself something”
- There is a consequence...”You feel something.”
- Ask: Are my thoughts *realistic*, e.g., is it all my fault?
- What can you tell yourself on such occasions in the future?



Most Importantly...Build Relationships

- Remember the most important relationship you have is with yourself
- Imagine if we obsessed about the things we did well **AND** the people we love the most!



Relationships Continued

- Make time away from work for professional development – build new skills – challenge old ways of thinking
- Be a mentor (or) find a mentor
- Build networks of positive influences
- Be around the people you want to be like...because you will be like the people you are around

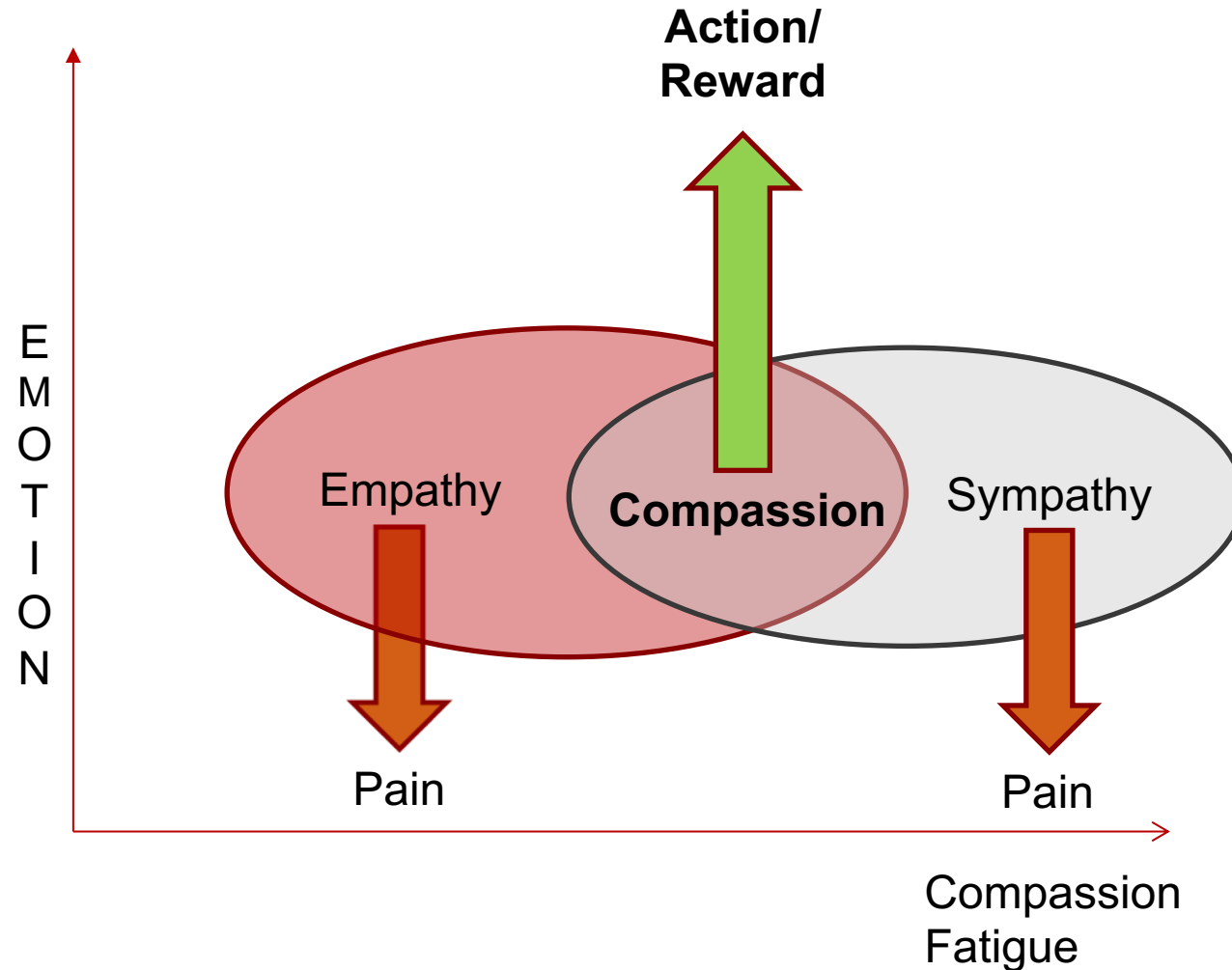


Relationships Continued

- Acknowledge the fact that we all need relationships in our lives...We are stronger as a group



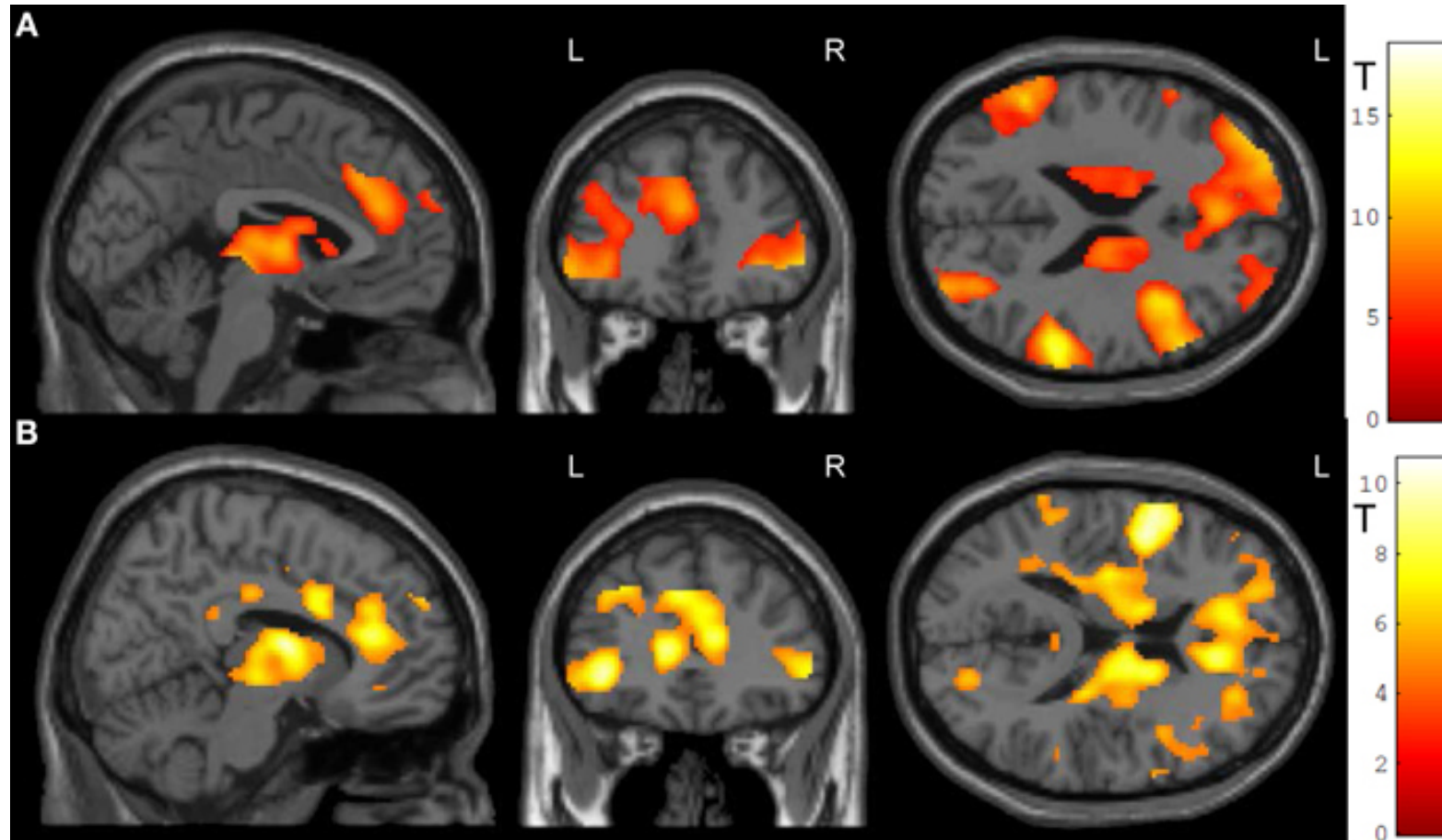
Emotional Contagion + Empathy = Compassion



Singer, T., Seymour, B., O'Doherty, J., Kaube, H., Dolan, R. J., & Frith, C. D. (2004). Empathy for pain involves the affective but not sensory components of pain. *Science*, 303(5661), 1157–1162.



Empathy & Sympathy = Pain Compassion = Reward



Engen, H. G., & Singer, T. (2015). Compassion-based emotion regulation up-regulates experienced positive affect and associated neural networks. *Social, Cognitive and Affective Neuroscience*, 10(9), 1291-1301.

Klimecki, O. M., Leiberg, S., Lamm, C., & Singer, T. (2013). Functional neural plasticity and associated changes in positive affect after compassion training. *Cerebral Cortex*, 23(7), 1552-1561.

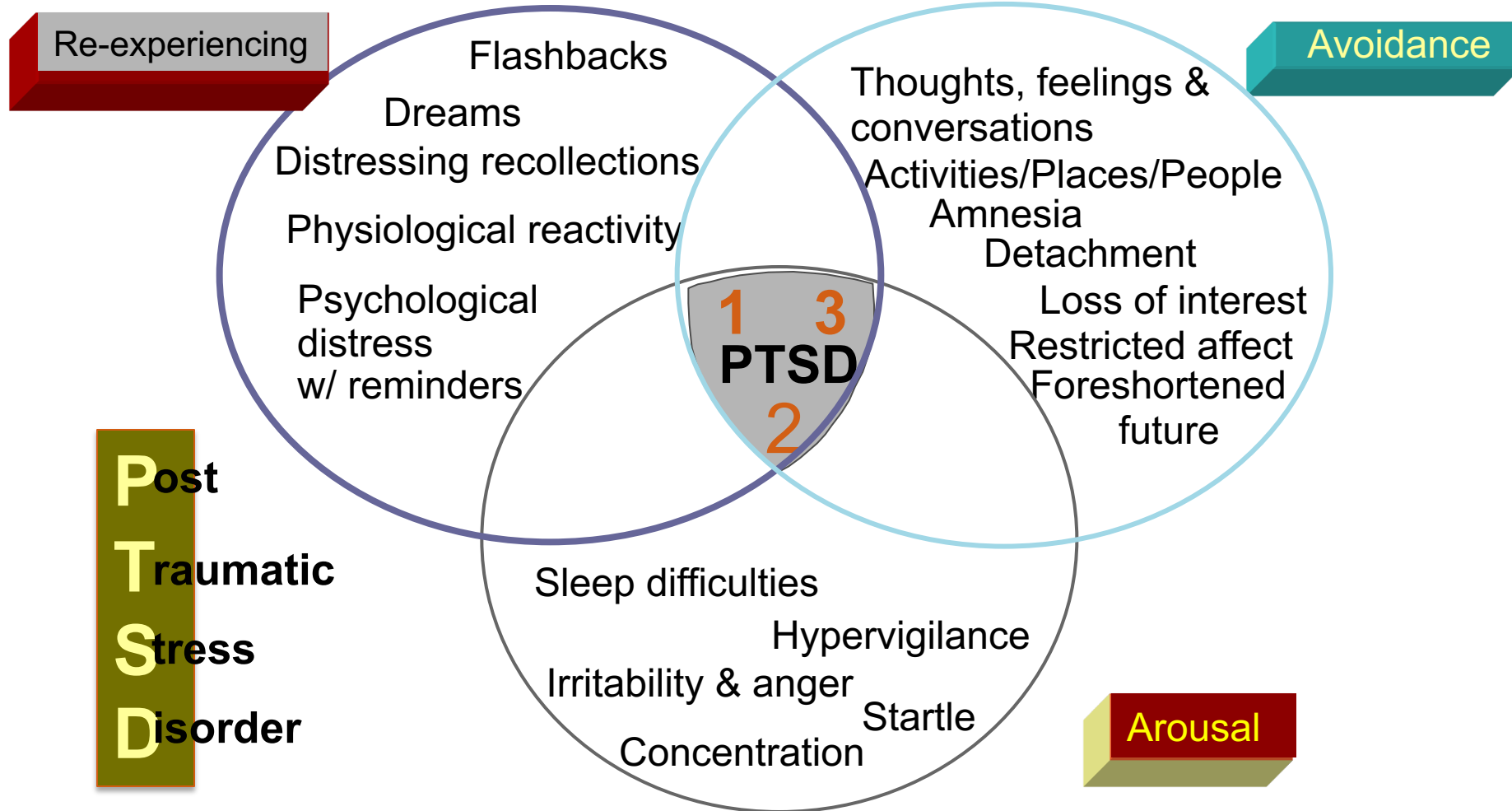


What Does Trauma Really Look Like?

- Provide an overview of the key symptom constellation for Post Traumatic Stress Disorder (PTSD).



Symptom Criteria for PTSD



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