



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



The Mental Health Toll on Law Enforcement

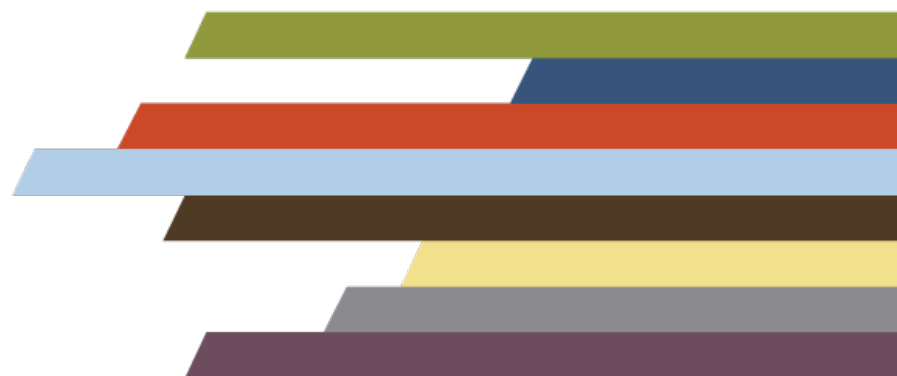
Burnout, Compassion Fatigue and Secondary Traumatic Stress

PJ Wenger, LPC, MFT

Senior Training & Consultation Specialist

Kenneth Kinter, LPC

Assistant Professor, Rutgers, School of Health Professions
Department of Psychiatric Rehabilitation and Counseling Professions



Northeast and Caribbean MHTTC

Provides 5 years (2018 – 2023) of funding to:

- Enhance capacity of behavioral health workforce to deliver evidence-based and promising practices to individuals with mental illnesses
- Address full continuum of services spanning mental illness prevention, treatment, and recovery supports
- Train related workforces (police/first responders, primary care providers, vocational services, etc.) to provide effective services to people with mental illnesses

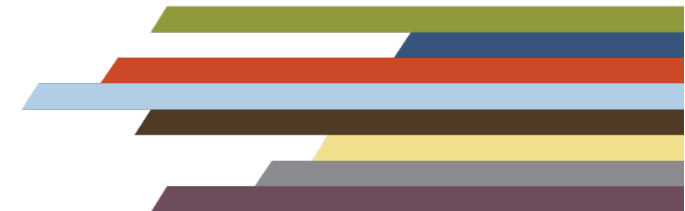


Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Disclaimer

This presentation was prepared for the MHTTC Network under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Northeast and Caribbean MHTTC.

This presentation will be recorded and posted on our website. At the time of this presentation, Elinore F. McCance-Katz served as SAMHSA Assistant Secretary. The opinions expressed herein are the views of the presenters, and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

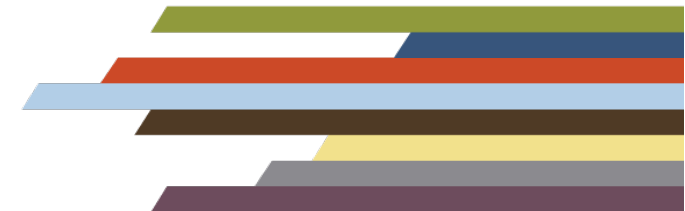


Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Our Presenters



PJ Wenger, LPC, NBCC, MFT, Ed.S., MA, M.Ed.

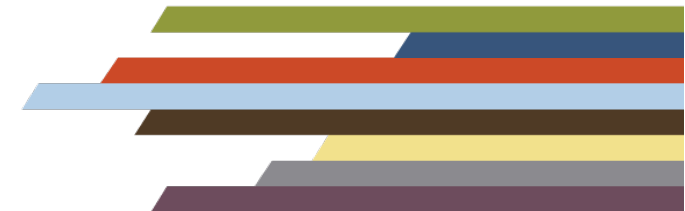


Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Our Presenters



Kenneth Kinter, MA, LPC

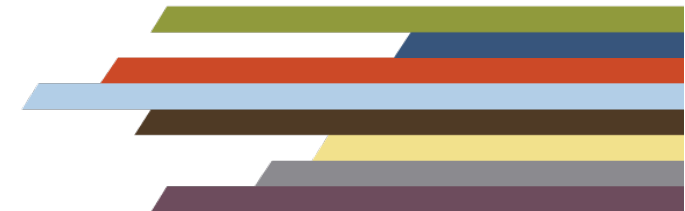


Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



Objectives

- Define vicarious trauma and traumatization, secondary traumatic stress, compassion fatigue, burnout, resilience, and vicarious resilience
- Discuss how working with a traumatized population affects law enforcement staff
- Provide suggestions for assessing your own levels of vicarious trauma and traumatization, secondary traumatic stress, compassion fatigue, burnout, resilience, and vicarious resilience
- Identify particular strategies that enhance both personal and professional resilience and self-care

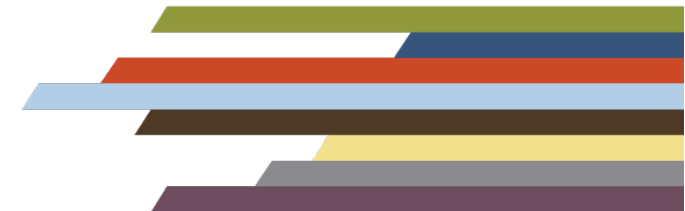


Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration





“The expectation that we can be immersed in suffering and loss daily and not be touched by it, is as unrealistic as expecting to be able to walk through water without getting wet.”

(Remen, 2006)



- **Stress**
 - **Acute**
 - **Chronic**
- **Traumatic stress**

- **Vicarious trauma**
- **Critical incident stress**
- **Vicarious traumatization**
- **Secondary traumatic stress**
- **Compassion fatigue**
- **Burnout**

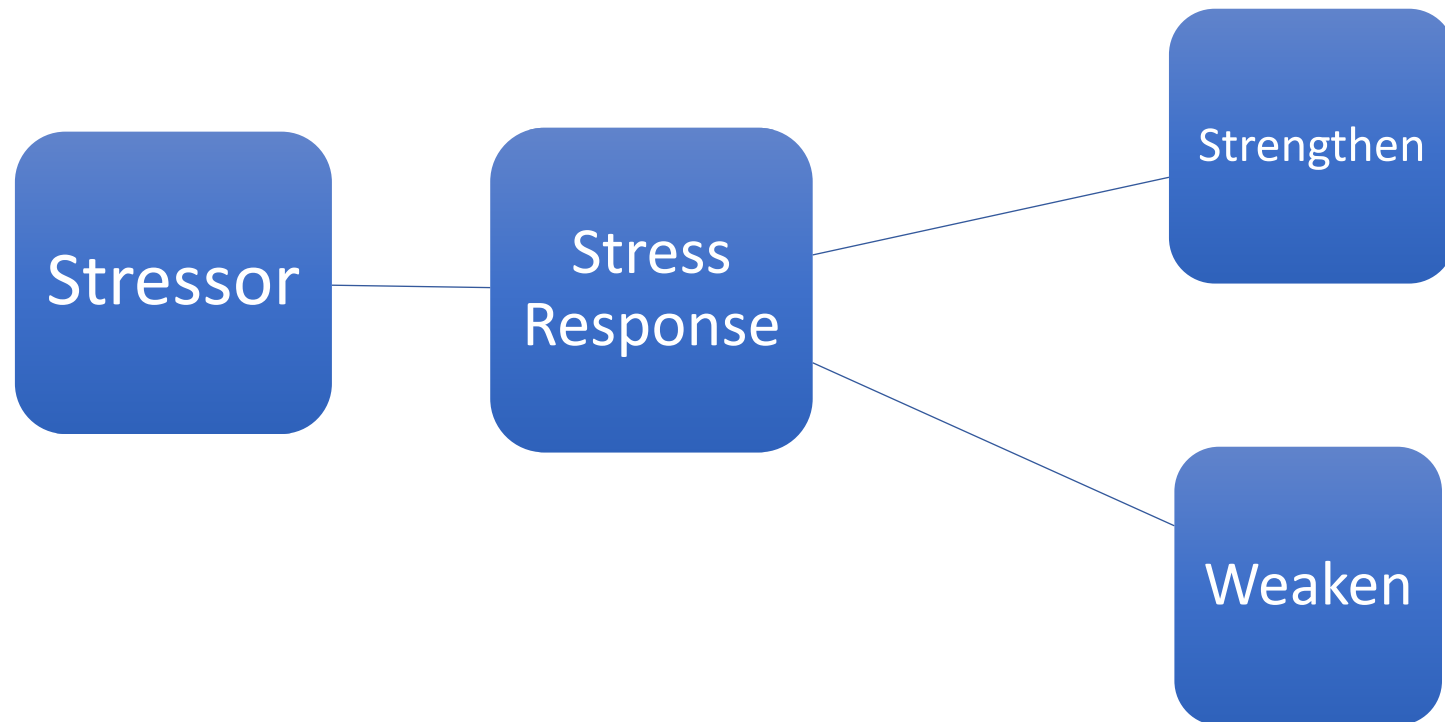


STRESS

The image features the word "STRESS" in a bold, red, 3D sans-serif font. The letters are set against a white background that is heavily cracked with a network of black and grey lines, resembling shattered glass or a stressed material. The cracks radiate outwards from the word, creating a sense of tension and pressure.

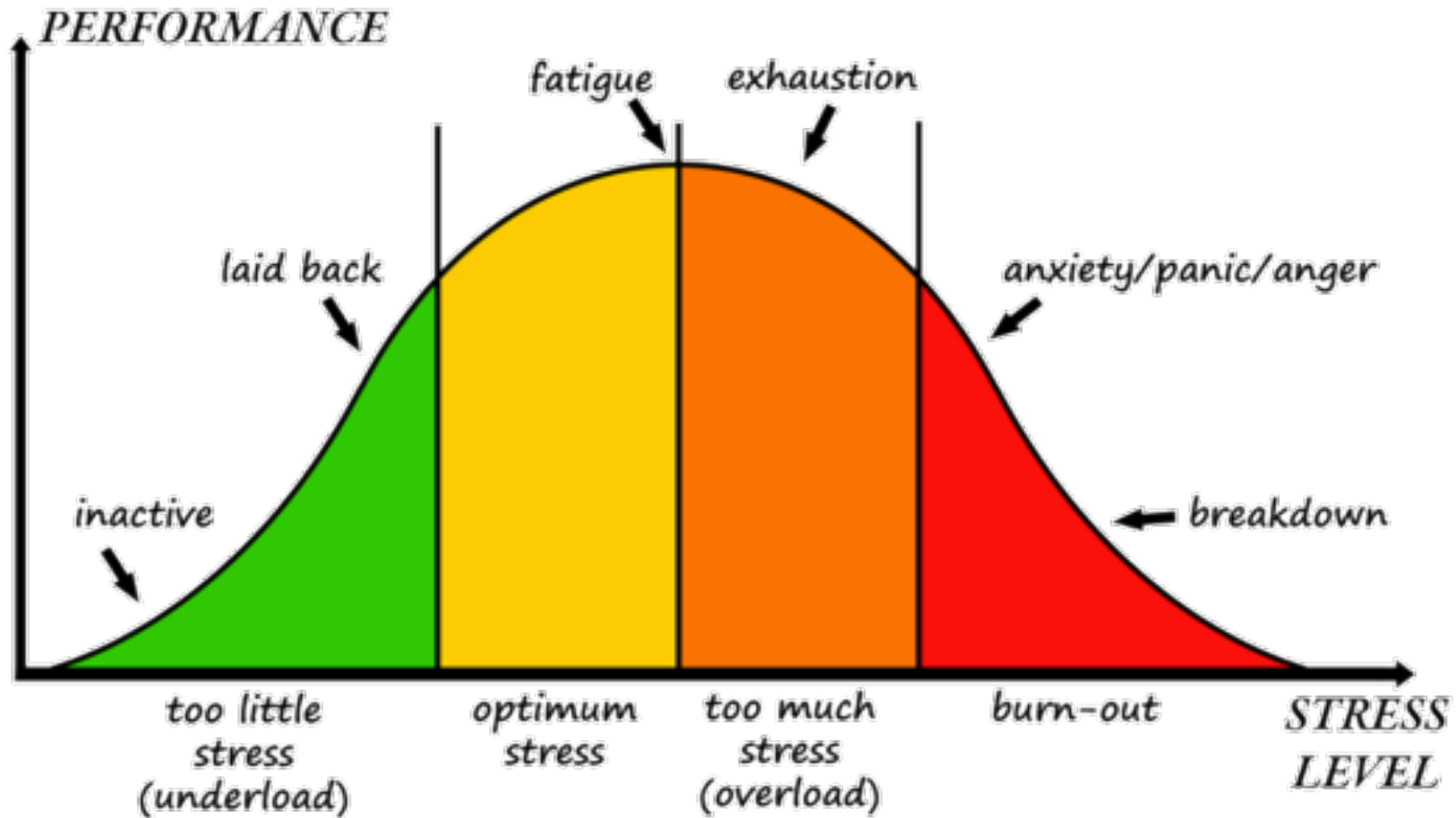
Stress is pressure exerted upon an object that can either strengthen or weaken it.

(Webster's Dictionary)



Stress

STRESS CURVE





The Stress Response

- The brain and body's alarmed and alert response to a threatening situation.
- Integral to the life of every living organism.
- Our natural defense against danger.



Cumulative Stress



Taking a Closer Look...

- Trauma
- Traumatic stress
- Vicarious traumatization



Traumatic Events

Human

Homicide

Sexual Assault

Assault/attack

War

Natural

Hurricane

Earthquake

Flood

Fire

On the Job

Fight or physical attack

Threat of physical harm

Accident



What Makes an Event Traumatic?

- It involves a threat—real or perceived—to one's physical or emotional well-being.
- It is overwhelming.
- It results in intense feelings of fear and lack of control.
- It leaves one feeling helpless.
- It changes the way a person understands the world, themselves, and others.

(American Psychiatric Association, 2000)

Defining Traumatic Stress



Traumatic stress is the stress response to a traumatic event(s) in which one is a victim or witness.

- Repeated stressful and/or traumatic events can chronically elevate the body's stress response.
- 4 percent of victims suffer about 44 percent of the offenses.

(Farrell and Pease, 1993)

Work-Related Trauma Exposure

How Does it Affect Us?

- Vicarious Trauma
- Compassion Fatigue
- Secondary Traumatic Stress
- Indirect Trauma
- Empathic Strain
- PTSD
- Critical Incident Stress
- Burnout



Understanding the Differences Between Traumatic Stress and Vicarious Traumatization

Traumatic Stress

- **Extreme emotionality or absence of emotion**
- **Fearful, jumpy, exaggerated startle response**
- **Flashbacks**

Vicarious Traumatization

- **Overly involved with or avoidance of victim/survivor**
- **Hypervigilance and fear for one's own safety (the world no longer feels safe and people can't be trusted)**
- **Intrusive thoughts and images, or nightmares from victims' stories**

Work-Related Trauma Exposure

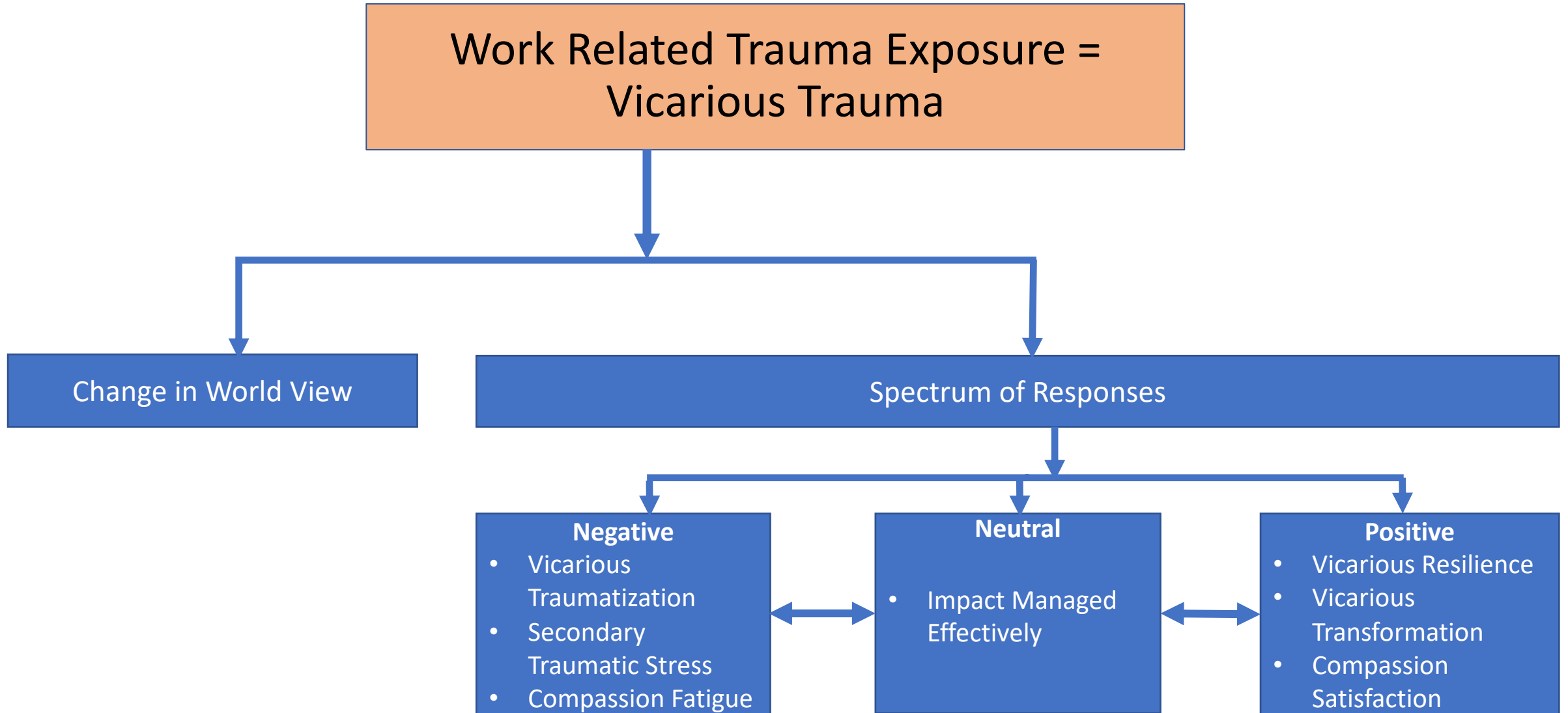
DIRECT
exposure to
trauma

- Post Traumatic Stress Disorder (PTSD)
- Post Traumatic Stress Symptoms
- Critical Incident Stress

INDIRECT
exposure to
trauma

- Post Traumatic Stress Disorder (DSM-V, 2013)
- Post Traumatic Stress Symptoms
- Empathic Strain
- Secondary Traumatic Stress Symptoms
- Vicarious Traumatization
- Compassion Fatigue

Vicarious Trauma Toolkit Model



Change in World View

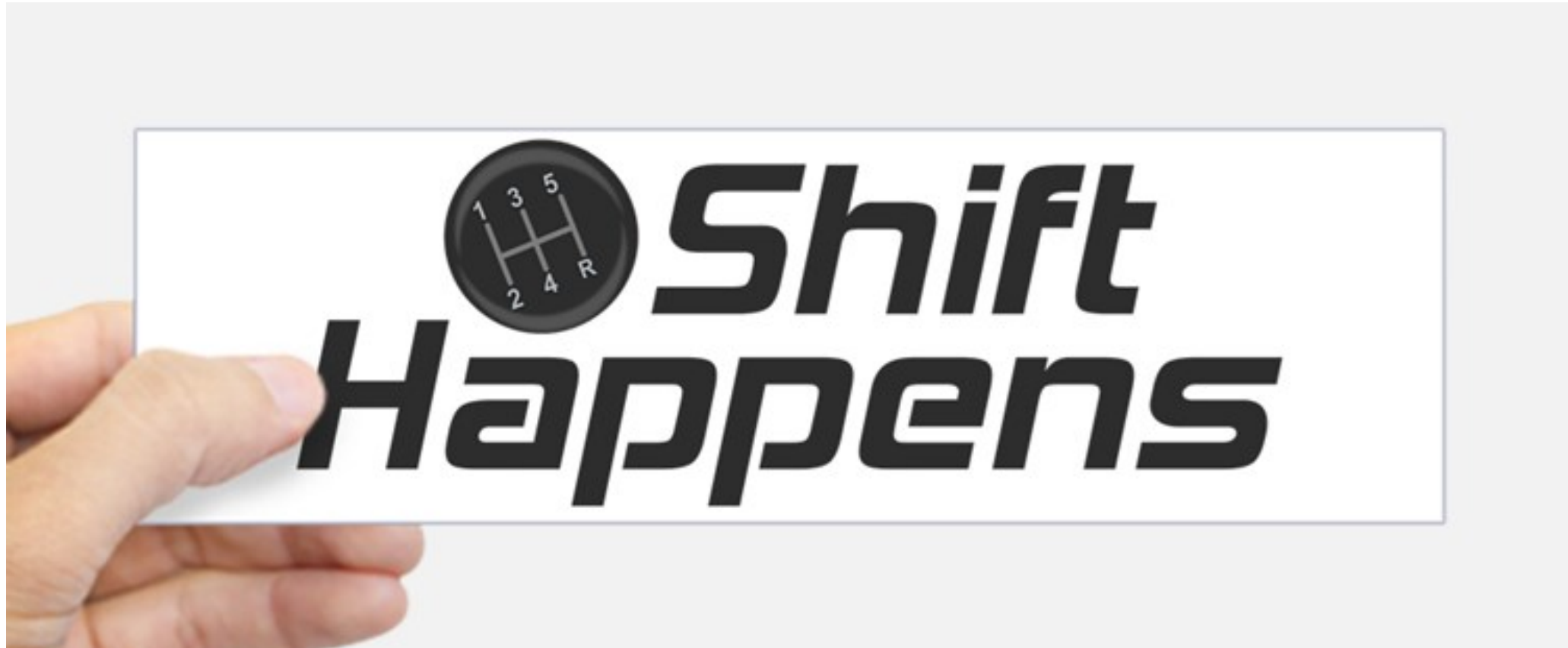
“I was taught that law enforcement work is dangerous. But I never realized it until I lost a close friend... I no longer trust anyone or any situation”

Officer on the loss of an officer/friend killed in the line of duty



Bill Morrow

[This Photo](#) by Unknown Author is licensed under [CC BY](#)



*It's the shift in how we view the world, view others,
and sense danger around us...*

Prevalence of Vicarious Traumatization Among Law Enforcement

- Across sectors, 40–80 percent of helping professionals experience high rates of secondary trauma.
- Among 28 global studies of PTSD, rescuers (fire fighters, ambulance personnel, police, search and rescue teams) had a prevalence rate of 10 percent compared with 4.4percent within the general population in developed countries.
- Prevalence studies show rates of symptoms among first responders are much higher than 10 percent.

Examples of Vicarious Traumatization: Personal

- **Physical**
 - Rapid pulse/breathing, headaches, impaired immune system, fatigue, aches
- **Emotional**
 - Feelings of powerlessness, numbness, anxiety, guilt, fear, anger, depletion, hypersensitivity, sadness, helplessness, severe emotional distress or physical reactions to reminders
- **Behavioral**
 - Irritability, sleep and appetite changes, isolate from friends and family, self destructive behavior, impatience, nightmares, hypervigilance, moody, easily startled or frightened
- **Spiritual**
 - Loss of purpose, loss of meaning, questioning goodness versus evil, disillusionment, questioning prior religious beliefs, pervasive hopelessness
- **Cognitive**
 - Diminished concentration, cynicism, pessimism, preoccupation with clients, traumatic imagery, inattention, self doubt, racing thoughts, recurrent and unwanted distressing thoughts
- **Relational**
 - Withdrawn, decreased interest in intimacy or sex, isolation from friends or family, minimization of others' concerns, projection of anger or blame, intolerance, mistrust

(Adapted from J. Yassen in Figley, 1995)

Examples of Vicarious Traumatization: Professional

- **Performance** • Decrease in quality/quantity of work, low motivation, task avoidance or obsession with detail, working too hard, setting perfectionist standards, difficulty with inattention, forgetfulness
- **Morale** • Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion
- **Relational** • Detached/withdrawn from co-workers, poor communication, conflict, impatience, intolerance of others, sense of being the “only one who can do the job”
- **Behavioral** • Calling out, arriving late, overwork, exhaustion, irresponsibility, poor follow-through

(Adapted from J. Yassen in Figley, 1995)

Compassion Fatigue

“A combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress.”

(Anewalt, 2009; Figley, 1995)

“Compassion Fatigue is a state experienced by those helping people or animals in distress; it is an extreme state of tension and preoccupation with the suffering of those being helped to the degree that it can create a Secondary traumatic stress for the helper.”

(Dr. Charles Figley)

Compassion Fatigue-Signs & Symptoms

Cognitive	Emotional	Behavioral	Spiritual	Personal Relationships	Physical Somatic	Work Performance
Lower Concentration	Powerless	Impatient	Question the meaning of life	Withdrawal	Shock	Low morale
Less Self-esteem	Guilt	Withdrawn	Loss of purpose	Decreased interest in intimacy & sex	Sweating	Low motivation
Apathy	Anger/rage	Moody	Decrease self appraisal	Mistrust	Rapid breathing	Task avoidance
Rigidity	Survivor guilt	Regression	Pervasive helplessness	Isolation from others	Increase heart rate	Obsession about details
Disorientation	Shutdown	Sleep disturbance	Anger at god	Overprotective as parent/spouse	Breathing difficult	dichotomous
Perfection	fear	nightmares	Question religious beliefs	Projective anger or blame	Joint and muscle aches	apathy
Preoccupation with trauma	Helplessness	Appetite changes	Loss of faith in higher power	Intolerance	Dizziness and disorientation	negativity

What About Burnout?



Burnout

“Burnout is a state of physical, emotional, and mental exhaustion caused by long term exposure to demanding work situations.”

www.mayoclinic.com

“There is more going out than coming in”

Dave Mueller



Compassion Fatigue vs. Burnout

Compassion Fatigue

- Personal
- Stress related compassion demands
- Internal Factors
- Holistic (mental, emotional, physical, behavioral, etc.)

Burnout

- Organizational
- Stress related time demands
- External factors
- Holistic (mental, emotional, physical, behavioral, etc.)

Professional Quality of Life Scale (ProQOL)

Beth Stamm created the Professional Quality of Life Scale to measure compassion satisfaction, burnout and secondary traumatic stress. The ProQOL is the gold-standard measure of work-related stress.

Link to ProQOL:

https://proqol.org/uploads/ProQOL_5_English_Self-Score.pdf



You may be at risk if.....

- You identify so strongly with your work that you lack a reasonable balance between work and your personal life
- You try to be everything to everyone
- Your job is monotonous
- You work in the law enforcement, health care, counseling or teaching field



Additional Risk Factors to Consider

Personal

- Trauma history
- Pre-existing psychological disorder
- Young age
- Isolation, inadequate support system
- Loss on last 12 months

Professional

- Lack of quality supervision
- High % of trauma survivors in caseload
- Little experience
- Worker/Organization mismatch
- Lack of professional support
- Inadequate orientation and training for role.

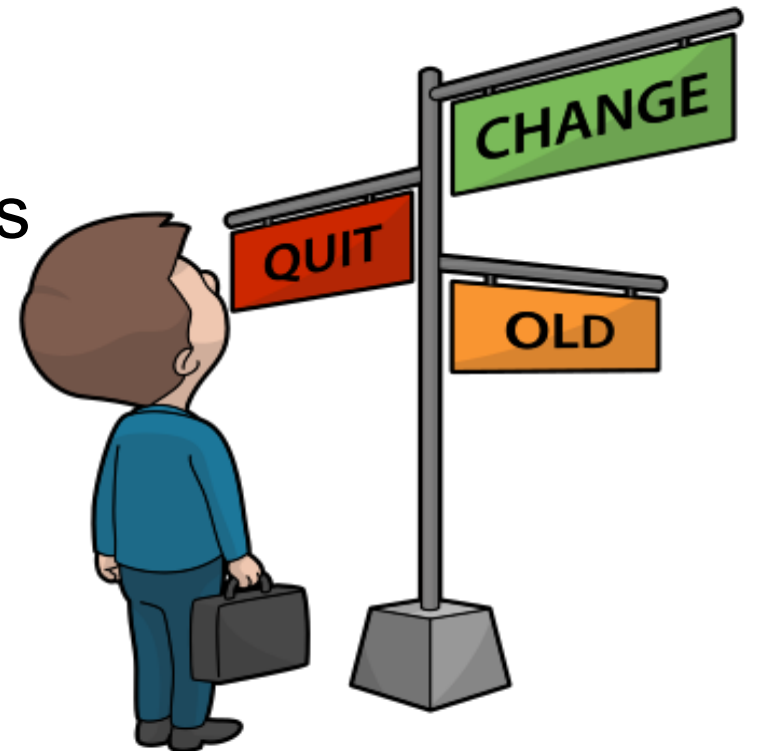
What are some signs?



- Do you find yourself being more cynical, critical or sarcastic at work?
- Have you lost the ability to experience joy?
- Do you drag yourself into work and have trouble getting started once you arrive?
- Have you become more irritable and less patient with co-workers, supervisors or the public you interact with?
- Do you feel that you face insurmountable barriers at work?
- Do you feel that you lack the energy to be consistently productive?
- Do you no longer feel satisfaction from your achievements?
- Do you have a hard time laughing at your self?
- Are you tired of your co-workers asking if you are okay?
- Do you feel disillusioned about your job?

More Signs.....

- Are you self medicating (with food, drugs, alcohol, porn) to feel better or to not feel at all?
- Have your sleep/appetite habits changed?
- Are you troubled by headaches, neck pains or lower back pain?



Contemplating the Effects

Personal Effects

- Physical
- Behavioral
- Emotional
- Spiritual
- Cognitive
- Relational



Professional Effects

- Performance
- Morale
- Relational
- Behavioral



What is Self-Care?

Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness.

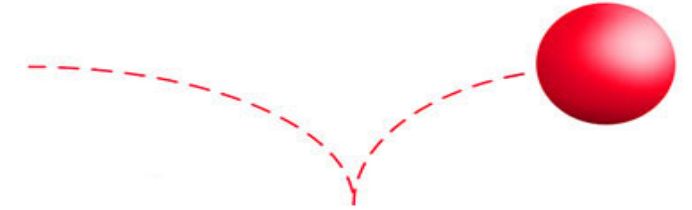
It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure, etc.), environmental factors (living conditions, social habits, etc.) socio-economic factors (income level, cultural beliefs, etc.), and self-medication.'

(World Health Organization, 1998)

What is Resilience?



Resilience



Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress, such as family and relationship problems, serious health problems, or workplace and financial stressors.

It means “bouncing back” from difficult experiences.

(American Psychological Association)

Vicarious resilience



Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

(Hernandez, Gangsei, and Engstrom, 2007)

Impact of Vicarious Resilience

- Greater perspective and appreciation of own problems
- More optimistic, motivated, efficacious, and reenergized
- Increased sense of hope, understanding, and belief in the possibility of recovery from trauma and other serious challenges
- Profound sense of commitment to, and finding meaning from the work



(Hernandez, et al, 2007; Engstrom, et al, 2008)

Acknowledging the Positive



Compassion Satisfaction
Vicarious Transformation

Personal Self Care Strategies



What can you do about it?



- 1. WORTH**
Remember that you always have value to other people and to the world.
- 2. PERSPECTIVE**
Imagine the very worst outcome of a given situation, most times this will not happen. Also remember that work is only a part of life.
- 3. BELONGING**
What groups do you belong to? Celebrate the connections you have. Community?
- 4. ACCEPTANCE**
Accept that things will not always go your way and don't take that personally. It may have been that way before you and it may still be that way after you.
- 5. SUPPORT**
Don't do this alone. You have co-workers and supervisors. Seek their advice and feedback. Isolation accelerates burnout.
- 6. GROWTH**
Do something different! Take a class, learn a new skills. Change one thing and see what else changes.

Suggestions

1. Figure out if you have burnout/compassion fatigue/secondary traumatic stress.
2. Don't deny or minimize
3. Take inventory of your symptoms
4. Attempt to identify causes. Are they work related?
5. What can you do about this? Don't focus on changing everything at once. Pick one thing and change it.
6. Have a meeting with yourself. First thing in the morning to plan your day and organize yourself. Gratitude.
7. Before going to sleep, remember at least one good thing you did and one good thing that happened to you that day.



More Suggestions

8. Meet with co-workers and supervisors when you are stuck, Don't tough it out yourself.
9. Don't forget that the work you do helps others who sorely need it.
10. Alcohol, drugs, cigarettes, food and TV are not effective stress relievers.
11. Ask those close to you what they do for stress
12. Is there something you have done for stress before that you aren't doing now?



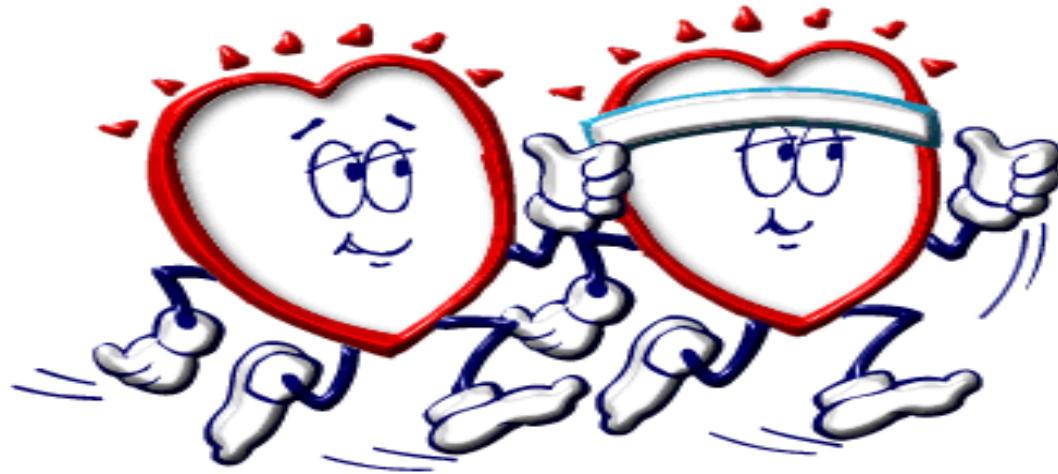
Could there be even MORE suggestions?

13. The Serenity Prayer

14. Diet and Exercise. It is hard to feel good about anything if your aren't taking care of yourself

15. Big changes take a lot of energy to institute and maintain. Little changes are easier and tend to stick

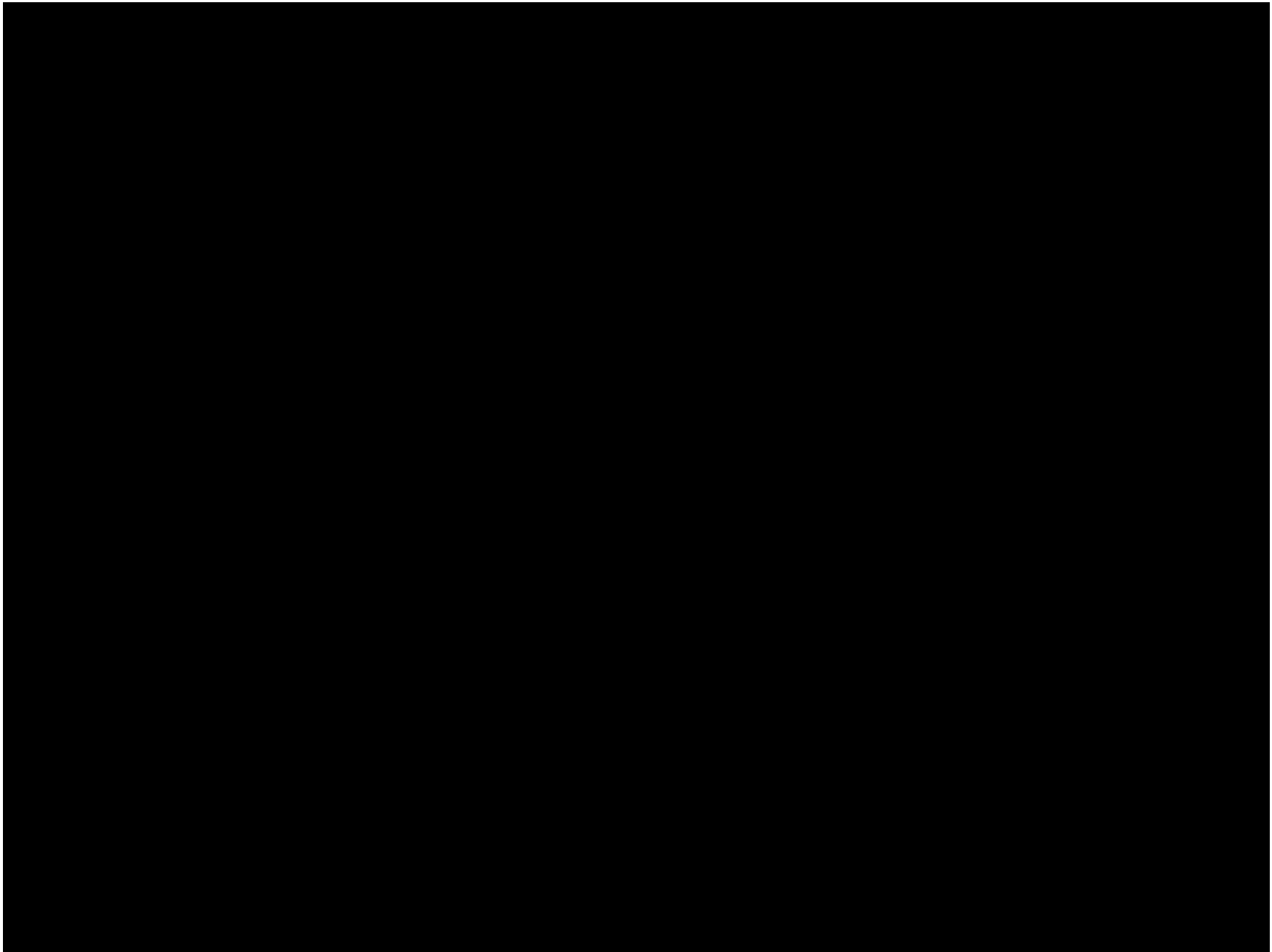
16. What brings you joy when you're not at work? Do more of it!



“First responders bear witness to damaging and cruel treatment experienced by others, shattering any assumptions of invulnerability.”

(Janoff-Bulman, 1992)





References

- Bell, Holly, Shanti Kulkarni, and Lisa Dalton. 2003. “Organizational Prevention of Vicarious Trauma.” *Families in Society: The Journal of Contemporary Social Services* 84(4): 463–470. doi:10.1606/1044-3894.131.
- Berger, William, Evandro Coutinho, Ivan Figueira, Carla Marques-Portella, Mariana Pires Luz, Thomas C. Neylan, Charles R. Marmar, and Mauro Vitor Mendlowicz. 2011. “Rescuers at Risk: A Systematic Review and Meta-Regression Analysis of the Worldwide Current Prevalence and Correlates of PTSD in Rescue Workers.” *Social Psychiatry and Psychiatric Epidemiology* 47(6): 1001–1011. doi:10.1007/s00127-011-0408-2.
- Bonach, Kathryn, and Alex Heckert. 2012. “Predictors of Secondary Traumatic Stress Among Children’s Advocacy Center Forensic Interviewers.” *Journal of Child Sexual Abuse* 21(3): 295–314. doi:10.1080/10538712.2012.647263.
- Bride, Brian E., Melissa Radey, and Charles R. Figley. 2007. “Measuring Compassion Fatigue.” *Clinical Social Work Journal* 35(3): 155–163. doi:10.1007/s10615-007-0091-7.

References

- Gilfus, Mary E. 1999. “The Price of the Ticket: A Survivor-Centered Appraisal of Trauma Theory.” *Violence Against Women* 5(11): 1238–1257. doi:10.1177/1077801299005011002
- Hernández, Pilar, David Gangsei, and David Engstrom. 2007. “Vicarious Resilience: A New Concept in Work With Those Who Survive Trauma.” *Family Process* 46(2): 229–241. doi:10.1111/j.1545-5300.2007.00206.x.
- Hudnall , Beth. 2002. “Measuring Compassion Satisfaction as Well as Fatigue: Developmental History of the Compassion Satisfaction and Fatigue Test.” In *Treating Compassion Fatigue*, 107–19. Psychosocial Stress Series, No. 24. New York, NY, US: Brunner-Routledge.
- Janoff-Bulman, Ronnie. 1992. *Shattered Assumptions: Towards a New Psychology of Trauma*. New York: Free Press.
- Kessler, Ronald C., Johan Ormel, Maria Petukhova, Katie A. McLaughlin, Jennifer Greif Green, Leo J. Russo, Dan J. Stein, et al. 2011. “Development of Lifetime Comorbidity in the World Health Organization World Mental Health Surveys.” *Archives of General Psychiatry* 68(1): 90–100. doi:10.1001/archgenpsychiatry.2010.180.

References

- Mathieu, Françoise. 2012. “Compassion Fatigue.” In *Encyclopedia of Trauma: An Interdisciplinary Guide*, edited by Charles R. Figley, 1st edition, 904. Thousand Oaks, CA: SAGE Publications, Inc.
- Munroe, James F., Jonathan Shay, Lisa Fisher, Christine Makary, Kathryn Rapperport, and Rose Zimering. 1995. “Preventing Compassion Fatigue: A Team Treatment Model.” In *Compassion Fatigue: Coping with Secondary Traumatic Stress Disorder in Those Who Treat the Traumatized*, edited by Charles R Figley, 209–231. New York: Brunner-Routledge.
- Pearlman, Laurie Anne. 2016. “Headington Institute.” *Headington Institute*. Accessed November 8, 2016. www.headington-institute.org/.
- Remen, Rachel Naomi. 2006. *Kitchen Table Wisdom: Stories That Heal, 10th Anniversary Edition*. New York: Riverhead Books.
- Saakvitne, Karen W. 1999. *Risking Connection: A Training Curriculum for Working With Survivors of Childhood Abuse*. Lutherville, MD: Sidran Press.

References

- Slattery, Suzanne M., and Lisa A. Goodman. 2009. “Secondary Traumatic Stress Among Domestic Violence Advocates: Workplace Risk and Protective Factors.” *Violence Against Women* 1 (11): 1358–1379. doi:10.1177/1077801209347469.
- Yassen, Janet. 1995. “Preventing Secondary Traumatic Stress Disorder.” In *Compassion Fatigue: Coping With Secondary Traumatic Stress Disorder In Those Who Treat The Traumatized*, edited by Charles R. Figley, 1 edition, 178–208. New York: Routledge.

Reference/Recommended Reading

- www.compassionfatigue.org
- www.goodtherapy.org
- <https://istss.org/home>
- <https://sites.rutgers.edu/shp-shpri/>

We Need Your Input!

Please take a moment to complete this brief survey. We appreciate your feedback.

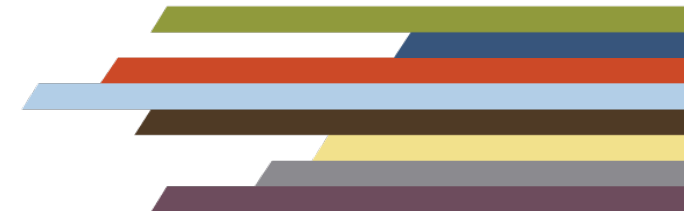


Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration



CONTACT US!

Phone: (908) 889-2552

Email: northeastcaribbean@mhttcnetwork.org

Website:

<https://mhttcnetwork.org/centers/northeast-caribbean-mhttc/home>

Like and follow us on Facebook and Twitter!



Northeast & Caribbean MHTTC



@necmhttc



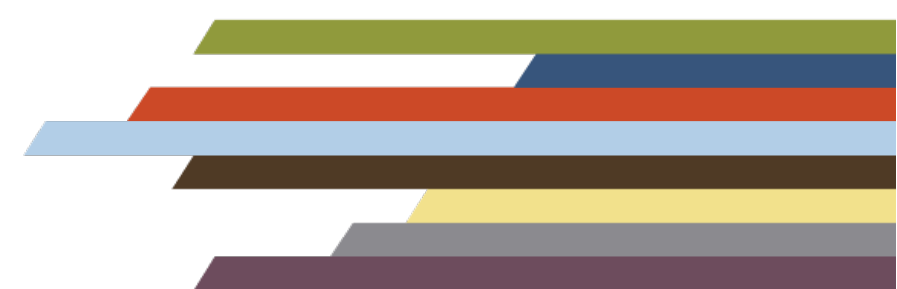
@Northeast and Caribbean MHTTC



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration





Caribbean Volunteer Services

Ms. Laurie Christian

Phone: (340) 643-5428 • Email: cvscaribbean@gmail.com



Northeast and Caribbean (HHS Region 2)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

