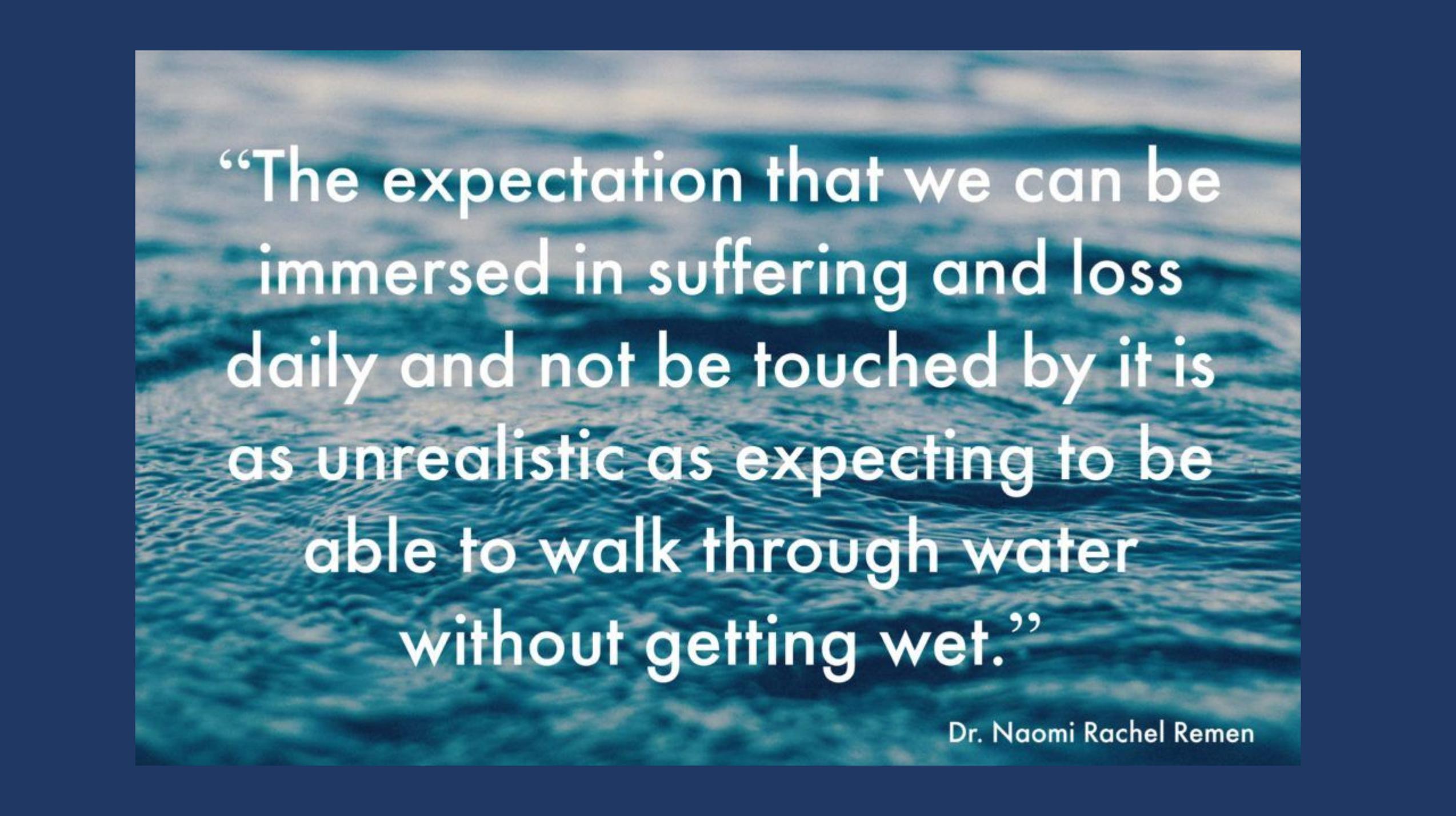


**Secondary
Traumatization
&
Burnout
In
First
Responders
&
Mental Health
Professionals**





“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.”

Dr. Naomi Rachel Remen

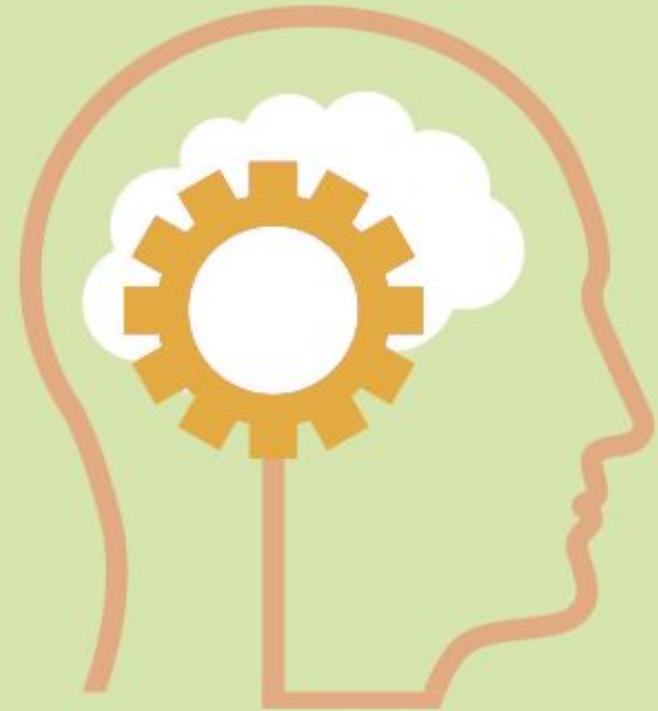
Stress is one of the most serious occupational hazards as a helping professional. It affects health, job performance, career decision-making, morale and family life.



TRAUMA

TRAUMA IS A SITUATION OR AN EVENT THAT A PERSON SIMPLY CANNOT COPE WITH LEAVING THEM IN AN EXTREME STATE OF FEAR & AFRAID OF:

- IMMINENT DEATH ■
- DESTRUCTION ■
- PHYSICAL HARM ■
- MENTAL HARM ■



Types of Trauma

- **Vicarious Trauma**- cumulative transformative effect upon the professional who is working with survivors of traumatic life events
- **Secondary Trauma**- the emotional & psychological effects experienced through vicarious exposure to the details of the traumatic experiences of others
- **Compassion Fatigue**- the emotional residue of exposure to working with those suffering from the consequences of traumatic events.
- **Burnout**- associated with work stress; feelings resulting as things that inspire passion/enthusiasm are stripped away, and tedious/unpleasant things crowd in.

VICARIOUS TRAUMA

- **Vicarious trauma (VT)** is the short and long-term consequences of working with trauma victims/survivors and the painful and disruptive effect this can have on the trauma worker. The effects in all of the following areas – physically, emotionally, behaviorally, cognitively, spiritually – can persist for months and sometimes even years after work with traumatized clients **without** effective intervention.
- With repeated exposure to traumatic imagery, workers may begin to incorporate an accumulation of clients' traumatic material into their own view of self and the world



SECONDARY TRAUMA STRESS

Signs of Secondary Traumatic Stress



Emotional

Feeling numb or detached; feeling overwhelmed or maybe even hopeless.



Physical

Having low energy or feeling fatigued.



Behavioral

Changing your routine or engaging in self-destructive coping mechanisms.



Professional

Experiencing low performance of job tasks and responsibilities; feeling low job morale.



Cognitive

Experiencing confusion, diminished concentration, & difficulty with decision making.



Spiritual

Questioning the meaning of life or lacking self-satisfaction.



Interpersonal

Physically withdrawing or becoming emotionally unavailable to your co-workers or your family.



Sample Headline

This is a sample text that you can edit. You can change font (size, color, name).

How Vicarious & Secondary Trauma Develops

- **Vulnerability to empathize with those in need**
- **Triggers from own trauma history**
- **Taking other's pain on as your own**
- **Physical reaction to disturbing stories/events**
- **Loss of sense of a just world**
- **Expending more energy than getting back**
- **Codependency**
- **Survivor guilt (first responders)**



Compassion fatigue (Figley 2002)

A state of tension and preoccupation with the individual or cumulative trauma of clients as manifested in one or more ways:

- re-experiencing the traumatic events,
- avoidance/numbing of reminders of the traumatic event,
- persistent arousal
- combined with the added effects of cumulative stress (burnout)



What Is Burnout

- "A state of **physical, emotional, and mental exhaustion** caused by long term involvement in emotionally demanding situations." – Ayala Pines and Elliot Aronson.
- "A state of **fatigue or frustration** brought about by devotion to a cause, way of life, or relationship that failed to produce the expected reward." – Herbert J. Freudenberger.

Sources of Burnout, Compassion Fatigue and Vicarious Trauma:

- **High caseload and/or work demands**
- **Lack of supportive work environment**
- **Professionals with fewer years of experience are at a higher risk for compassion fatigue**
- **Unresolved personal issues**
- **Unrealistic professional expectations**
- **Individuals who struggle with perfectionism**
- **In a caregiver role in personal life: parent of children under 18, caregiver to family member**
- **No built in downtime in work environment and/or home environment**
- **Individuals who are personally struggling with physical issues and/or mental health issues**



SIGNS AND SYMPTOMS TO WATCH FOR:

- Experiencing self-loathing
- Loss of hope
- Negative outlook
- Emotional numbness
- Feeling overwhelmed
- Withdrawing from friends and family
- Intense rage and/or bouts of crying
- Despair
- Exhaustion
- Anxiety
- Nightmares
- Resentment
- Feeling unsafe

Differences Between PTSD and Acute Stress Disorder

- In general, the symptoms of acute stress disorder must occur within 4 weeks of a traumatic event and come to an end within that 4-week time period
- If symptoms last longer than 1 month and follow other patterns common to PTSD, a person's diagnosis may change from acute stress disorder to PTSD

How Does PTSD Develop?

Most people who go through a trauma have some symptoms at the beginning. Only some will develop PTSD over time. It isn't clear why some people develop PTSD and others don't.

Whether or not you get PTSD depends on many things:

- How intense the trauma was or how long it lasted
- If you were injured or lost someone important to you
- How close you were to the event
- How strong your reaction was
- How much you felt in control of events
- How much help and support you got after the event

POTENTIAL RISK FACTORS THAT MAY LEAD TO PTSD

- Having experienced other trauma earlier in life, including childhood abuse or neglect.
- Having a job that increases your risk of being exposed to traumatic events, such as military personnel and first responders.
- Having other mental health problems such as anxiety or depression.

Implications of PTSD

- Greater risk of other disorders
 - 80% of people with PTSD have another diagnosis
 - Depression, SUD, Anxiety Disorders common
- Greater unemployment
- Relationship difficulties
- Health problems
- Violence
- Generally, worse quality of life

PTSD Diagnosis: A Cluster of Symptoms

- A Trauma (The “Stressor”)
- B Reexperiencing / Intrusions
- C Avoidance/Numbing
- D Increased Arousal
- E More than one month of symptoms
- F Causes functional problems

How First Responders Experience Professional Trauma

- ✓ **Crew Members Death in the Line of Duty**
- ✓ **Death or serious injury of a child**
- ✓ **Multiple fatalities or seriously injured survivors**
- ✓ **Attempted or successful suicides**
- ✓ **Natural disasters**
- ✓ **Personal mishaps involving death or permanent injury**
- ✓ **Deadly force incidents**
- ✓ **Grotesque injuries**
- ✓ **Acts of terrorism**
- ✓ **Acts of violence resulting in injury or death**
- ✓ **Anything that negatively impacts the psyche and changes the course of healthy development**

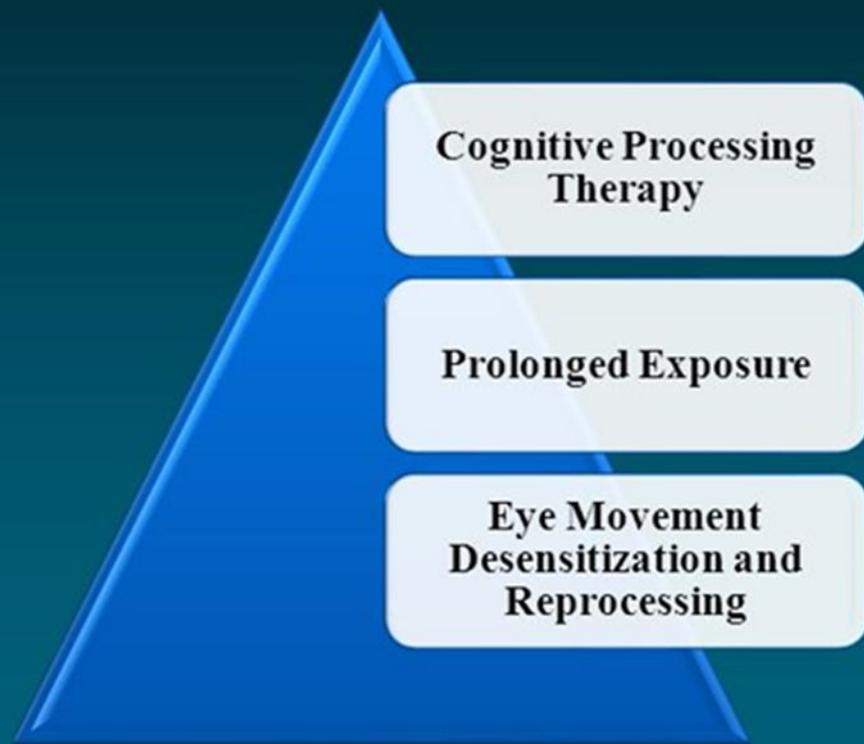


How Mental Health Professionals Experience Professional Trauma

- ✓ **Feeling Helpless**
- ✓ **Inability to listen**
- ✓ **Any avoidant behavior**
- ✓ **Chronic exhaustion**
- ✓ **Physical ailments**
- ✓ **Diminished creativity**
- ✓ **A sense that one can never do enough**
- ✓ **Anger and Cynicism**
- ✓ **Inability to empathize**
- ✓ **Numbing out**
- ✓ **Minimizing**
- ✓ **Grandiosity: inflated sense of the importance of one's work**
- ✓ **Dissociative moments**
- ✓ **Anything that negatively impacts the psyche and changes the course of healthy development**



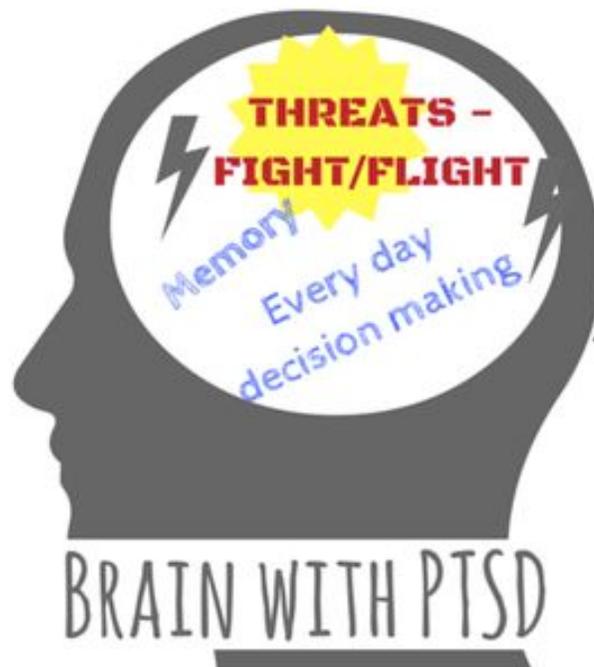
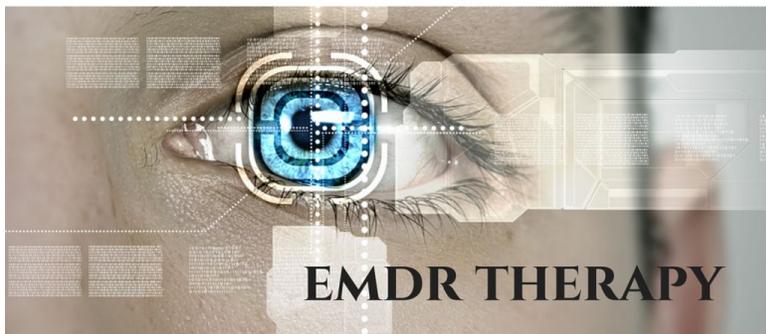
Evidence-Based Treatments for PTSD



**Cognitive Processing
Therapy**

Prolonged Exposure

**Eye Movement
Desensitization and
Reprocessing**



Disconnected, fight/flight response in permanent 'ON' mode

Brain is like a computer with a virus



Therapy: Eye Desensitisation and Reprocessing (EMDR)



Brain is given 'update', files reordered and restored.



loading...





ABOUT EMDR THERAPY

Eye Movement Desensitization and Reprocessing



77%

of Combat Veterans were free of PTSD in 12 Sessions



1 Million

Patients have had successful EMDR Treatments



1987

EMDR was first used



There are

8

Phases in EMDR Therapy



EMDR Patient Progress

x2

can be twice as fast as Talk Therapy



3

Sessions provided significant PTSD relief for 90% of trauma survivors



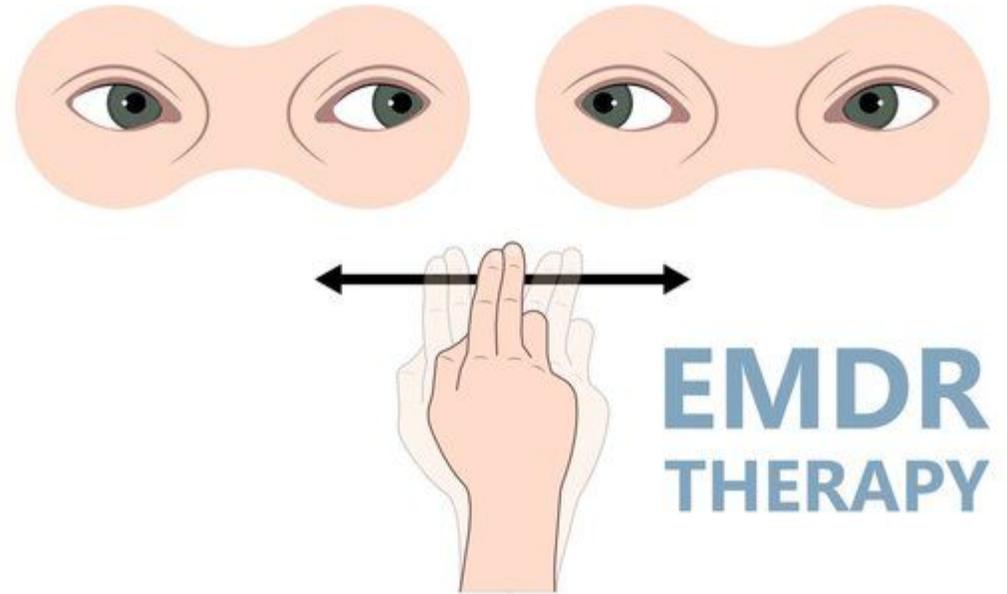
30

Controlled Studies Deemed EMDR a success!



20,000+

Clinicians throughout the world use EMDR



**EMDR
THERAPY**

Prolonged Exposure

PTSD Therapy That Works

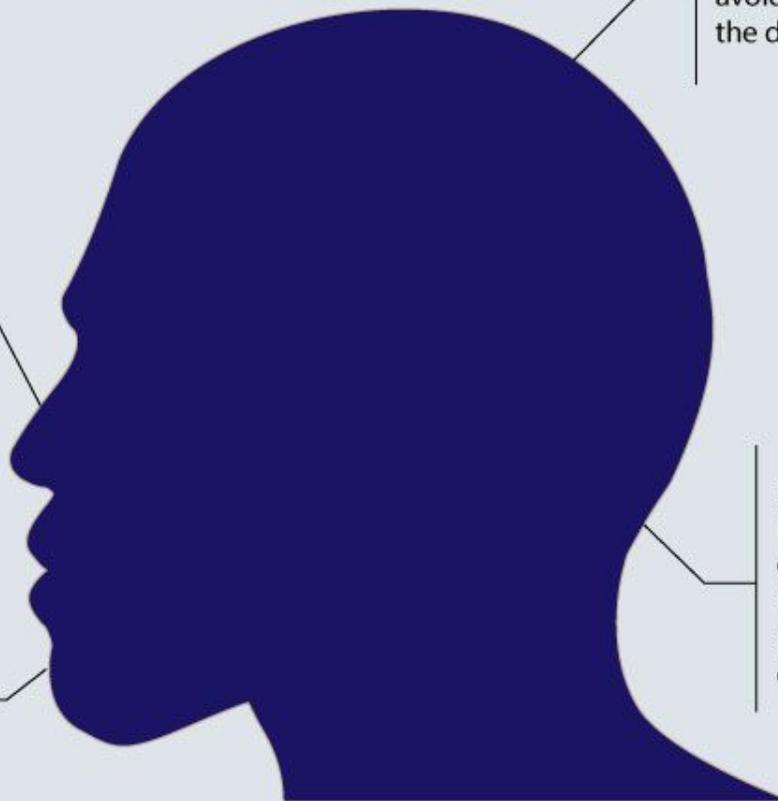
Therapy begins with education on PE, its goals, and what to expect at each treatment stage

Learning to maintain even **BREATHING** when dealing with traumatic memories can aid treatment immensely. Deep breaths can reduce distress and anxiety.

TALKING about traumatic memories repeatedly with a therapist can help make sense of what happened and help control emotions and thoughts linked to that trauma. A therapist might advise easing into traumatic memories by first discussing less troubling ones.

Repeated voluntary **EXPOSURE** to real-world situations that might be avoided due to trauma can lessen the distress they cause.

Repetitive **RECALL** of memories linked to trauma can help change reactions to traumatic memories when done in a safe place. This can help to cope with distressing memories.



**60-80% decrease in PTSD
symptoms
with Exposure Therapy**

Cognitive Processing Therapy

Cognitive Processing Therapy, or CPT, is an evidenced-based/collaborative approach to understanding how information is coded and recalled in our memory and how rigid ways of thinking, or “stuck points,” are identified, challenged and modified to promote healthy life growth.

Cognitive Processing Therapy



- Central techniques:
 - Identifies stuck points
 - Examines evidence for thoughts and beliefs
 - Challenges beliefs
- Changing the interpretation of the traumatic event changes the emotions resulting from the event
- CPT is an effective treatment for PTSD (Vickerman & Margolin, 2009; Ougrin, 2011; Jonas et al., 2013; Ehring et al., 2014)
- CPT successfully treats complex trauma (Resick et al., 2003; Galovski et al., 2013)

COGNITIVE PROCESSING THERAPY (CPT) FOR PTSD

CPT RATIONALE

- PTSD symptoms are attributed to a "stalling out" in the natural process of recovery
- What interferes with natural recovery from PTSD?
 - Avoidance Behaviors
 - reinforce
 - Distorted beliefs about the trauma
 - and become
 - Generalized to current life situations
- Cognitive-focused techniques are used to help Clients move past stuck points and progress toward recovery.

Summary

- ▶ Chronic conditions, losses and traumas can all provoke “stuck points” which can prevent people from accepting life on life’s terms
- ▶ CPT techniques can help clients examine self-defeating thoughts which are keeping them stuck and negatively impacting multiple areas of life.
- ▶ The goals are to help clients:
 - ▶ Understand cognitive distortions
 - ▶ Identify unhelpful self-talk (ABCs)
 - ▶ Dispute stuck points (Cognitive Processing)
 - ▶ Accommodate the event or condition into their current schema

Questions or Comments?

**TODAY:
CPT
FOR
TREATING TRAUMA**

COGNITIVE PROCESSING THERAPY (CPT) FOR PTSD

CPT THERAPY HAS 4 MAIN PARTS

Learning about PTSD symptoms

Becoming aware of thoughts & feelings about the trauma

Learning skills

Understanding changes in beliefs

THE INDIVIDUAL SESSIONS ARE:

- Session 1: Introduction and Education
- Session 2: The Meaning of the Event
- Session 3: Identification of Thoughts and Feelings
- Session 4: Remembering the Traumatic Event
- Session 5: Identification of Stuck Points
- Session 6: Challenging Questions
- Session 7: Patterns of Problematic Thinking
- Session 8: Safety Issues
- Session 9: Trust Issues
- Session 10: Power/Control Issues
- Session 11: Esteem Issues
- Session 12: Intimacy Issues and Meaning of the Event

EDUCATION

The word "EDUCATION" is rendered in a playful, hand-drawn style. Each letter is a thick, blocky shape with a distinct color. The letters are: E (orange), D (blue), U (multi-colored: orange top, blue middle, purple bottom-left, red bottom-right, green bottom), G (red), A (light blue), T (pink), I (yellow), O (green), and N (dark blue). Each letter has two simple black lines extending downwards, giving them the appearance of legs. The letters are arranged in a slightly wavy line across the page. The background is plain white.

*
CDR

What is Trauma?

- *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically and emotionally harmful or threatening and that has lasting adverse effects on the individual's physical, social, emotional, or spiritual well-being.*

➤ Draft Definition (SAMSHA, 2012)



WHAT IS

PTSD?



**POST-TRAUMATIC STRESS DISORDER IS A TYPE OF ANXIETY
DISORDER DEVELOPED BY EXPOSURE TO EXTREME
PSYCHOLOGICAL SITUATIONS.**

Post Traumatic Stress Response

- Re-experiencing the trauma
 - Remembering the event “over and over”
 - Repeatedly dreaming about the event
 - Feeling as if the event is occurring again
 - Intense emotional stress when see/feel/experience things that stimulate recall of the event
 - Intense physical stress when see/feel/experience things that stimulate recall of the event

PTSD CRITERION: HYPERAROUSAL SYMPTOMS

Increased arousal (needs 2):

1. Sleep disturbance
2. Irritability or aggressive behavior
3. Self-destructive/reckless behavior
4. Difficulty concentrating
5. Exaggerated startle response
6. Exaggerated startle response

AVOIDANCE

- Staying away from triggers
 - Feeling numb
 - Guilt, depression and worry
 - Loosing interest
 - Forgetting the event
- 
- A hand is visible on the right side of the slide, reaching out towards the text. The hand is positioned as if it is about to touch or point at the words "Loosing interest" and "Forgetting the event". The background of the slide is a blurred image of a person's face, possibly a child, looking towards the camera.

Fight or Flight responses

- Increased heart rate
- Constriction of blood vessels of most viscera and skin
- Dilation of blood vessels of heart, lungs and skeletal muscles
- Contraction of spleen
- Conversion of glycogen into glucose in liver
- Sweating
- Dilation of airways
- Decrease in digestive activities
- Water retention and elevated blood pressure

Some people come away from traumatic experiences feeling stronger and more resilient.



Some people come away from traumatic experiences developing PTSD, or symptoms of PTSD, Anxiety, Depression, substance disorders, etc.

PTSD = PROBLEM IN RECOVERY

TRAUMA RESPONSES

FIGHT



- Anger
- Irritability
- Aggression

FLIGHT



- Anxiety & Fear
- Panic
- Worrying

FREEZE



- Immobilization
- Dissociation
- Depression

FAWN



- People Pleasing
- Can't say NO
- Prioritize others

| TheMindsJournal

Just-World Hypothesis

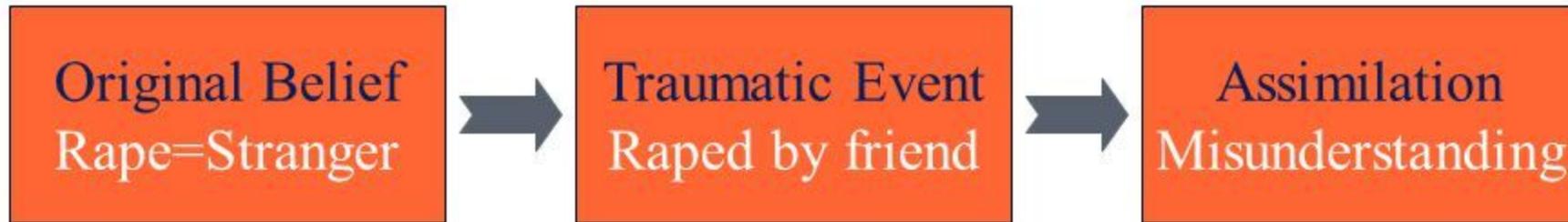
- Is the assumption that the world is fair and that therefore people get what they deserve and deserve what they get, an orientation that leads people to disparage victims.
- A world where hard work and clean living always pay off and where laziness and a sinful lifestyle are punished. To believe otherwise is to concede that we, too, are vulnerable to the cruel twists and turns of fate.



ASSIMILATION

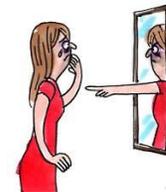
- Traumatic event is remembered differently to preserve original beliefs and assumptions

16



- Modified memory of the traumatic event doesn't fit with emotions experienced
- Creates disconnect between the memories and the emotions

Undoing and Self-Blame



Over-accommodation

- Overall beliefs and assumptions about self and the world change too much following the traumatic event and are no longer accurate



Natural and Manufactured Feelings

- ▶ 2 kinds of emotions that follow traumatic events.
 - ▶ Natural/universal: fear when in real danger, anger when being intentionally harmed, joy or happiness with positive events, or sadness with losses.
 - ▶ Natural emotions have a natural course. They will not continue on forever unless there is something that you do to feed them
 - ▶ Manufactured feelings, result not directly in response to the event, but based on how you interpret the event.



- To help you accept the reality of the event
- To help you feel your emotions about it
- To help you develop balanced and realistic beliefs about the event, yourself & others

**Identifying
Stuck Points
Must Be A
Collaborative
Process!**

SO... WHAT ARE STUCK POINTS?

THOUGHTS & INTERPRETATIONS ABOUT THE TRAUMATIC EVENT

AUTOMATIC - DISTORTED - MAY OCCUR BENEATH ONE'S AWARENESS

Thoughts not Feelings	Black and White	All or Nothing
Thought behind the “golden rule”	If/Then statements	Not always “I statements”

What is a Stuck Point?

- **Stuck points are thoughts that you have that keep you stuck from recovering.**
- **These thoughts may not be 100% accurate.**
- **Stuck points may be:**
 - **Thoughts about your understanding of trauma.**
 - **Thoughts about yourself, others and the world that have changed dramatically as a result of the trauma.**
- **Stuck points are concise statements.**
- **Stuck points can often be formatted in an “If...then...,” structure.**

WHAT IS **NOT** A STUCK POINT?

- **BEHAVIORS:** FOR EXAMPLE, “I FIGHT WITH MY DAUGHTER ALL THE TIME,” IS NOT A STUCK POINT, BECAUSE IT IS DESCRIBING A BEHAVIOR.
- **FEELINGS:** FOR EXAMPLE, “I AM NERVOUS WHENEVER I GO ON A DATE,” IS NOT A STUCK POINT, BECAUSE IT IS DESCRIBING AN EMOTION.
- **FACTS:** FOR EXAMPLE, “I WITNESSED PEOPLE DIE,” IS NOT A STUCK POINT, BECAUSE THIS IS SOMETHING THAT ACTUALLY HAPPENED.
- **QUESTIONS:** FOR EXAMPLE, “WHAT WILL HAPPEN TO ME?,” IS NOT A STUCK POINT, BECAUSE IT IS A QUESTION.
- **MORAL STATEMENTS:** FOR EXAMPLE, “THE MILITARY SHOULD TAKE CARE OF SOLDIERS,” IS NOT A STUCK POINT, BECAUSE IT REFLECTS AN IDEAL STANDARD OF BEHAVIOR.

STUCK POINTS IN 5 DIMENSIONS

SAFETY

- I cannot protect myself/others.
- The world is completely dangerous.

TRUST

- Other people should not trust me.
- The government cannot be trusted.

POWER/CONTROL

- I must control everything that happens to me.
- People in authority always abuse their power.

ESTEEM

- I deserve to have bad things happen to me
- People are by nature evil and only out for themselves.

INTIMACY

- I am unlovable because of the trauma.
- If I let other people get close to me, I'll get hurt again.

Impact statement

- ① One page
- ① Handwritten
- ① Why person thinks trauma happened to him
- ① How the trauma changed the person's view of the world, future, other people and himself

REFLECT – IMPACT STATEMENT ON MOST SIGNIFICANT TRAUMA

Six months ago, we got a call that there had been a major accident on Interstate 35. Evidently, a semi and a mini van with a family inside collided. We rushed to get there, because we were told that two of the children were still alive. Upon arriving, the mini van burst into flames. We immediately began to put the fire out, but it was too late. The entire family had died, along with the driver of the semi.

What really got me, was as we were extracting the family from the mini van, the little girl, who was about the same age as my daughter, was wearing the exact same outfit that my daughter has. In fact, she was about the same height as my daughter as well. I immediately panicked and began to feel like it was my daughter. I started doing CPR on her. My crew immediately stepped in and tried to pull me off of her, because she had already passed. I couldn't stop and began to get very angry, feeling like they were trying to keep me from saving her.

Ever since then, every night, I have had nightmares about the event. I can't stop seeing the little girl's face and the shirt that she was wearing. Every time I see her face in my dreams, I see my daughter's face. I am struggling to go to work. I want to stay at home and make sure that my daughter is safe. I feel it my duty to protect her. In fact, I don't want my wife and kids to go anywhere in the mini van anymore. I am worried that they will get in a car accident and I won't be there to save them.

My unit sent me to a therapist for three sessions of therapy, but she didn't help at all. I felt like she didn't really understand what it is like to be a Firefighter and Paramedic. In fact, most people don't understand. Unless you are one of us, you just won't get it.

I decided to try this therapy because I am desperate. I have little hope that it will work.

Stuck Point Log

- I must be on guard, or prepared, at all times, in case something happens.
- I can't allow myself to really feel emotions.
- No one really understands how I feel.
- I have to be strong for everyone.
- People have to be put through a test, before I know that they can be trusted.
- I must create a safe place for others.
- My self-worth comes from being validated by others.
- Others needs come before my own.
- You can never really count on anyone.
- No one can ever really be trusted.
- I will always feel empty inside.
- I am a failure.
- I will never be enough.
- I am inadequate.
- I am alone.
- Nothing I ever do will ever be enough.
- If I want something done right, I must do it myself.
- I could

ACTIVATING EVENT

A

“Something happens”

BELIEF/STUCK POINT

B

“I tell myself something”

CONSEQUENCE

C

“I feel something”

<p>Accident on I-35</p>	<p>I could have done more to save that little girl.</p>	<p>Frustrated Angry Sad Hopeless Inadequate Scared Anxious Depressed</p>
--------------------------------	--	---

Are my thoughts above in “B” realistic?

No. I did everything I could. She had already passed and I would not have been able to revive her.

What can you tell yourself on such occasions in the future?

**I feel sad that the situation occurred and that a girl who was around the same age as my daughter passed.
I did everything I knew to do and sometimes, things happen that are out of our control.**

Six Types of Socratic Questions

Questions that Clarify

- What does that mean?
- Can you explain that?

Questions that Challenge

- Is that always the case?
- How can you verify or disprove?

Questions that Examine

- What causes that to happen?
- What would be an example?

Questions that Expand

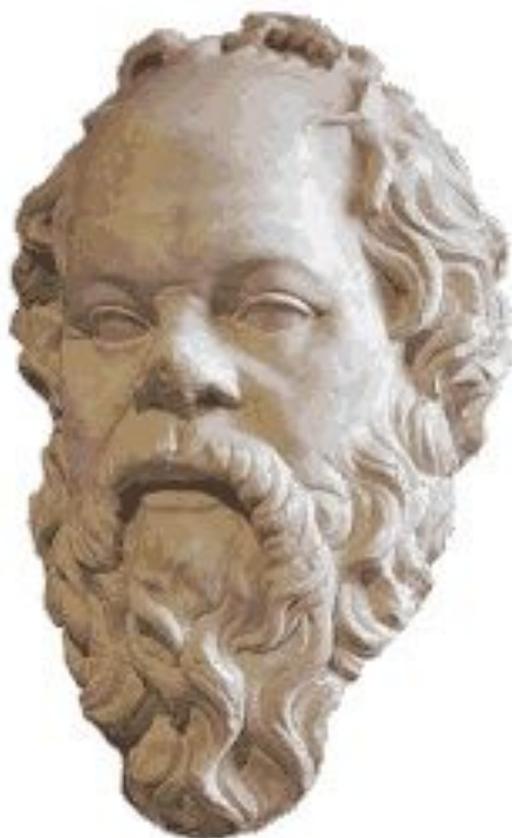
- Why is that view best?
- What is another way to look at it?

Questions that Assess

- What are the consequences?
- What are you implying?

Questioning the Question

- What was the point of that question?
- How does that question apply to us?





The Thought

Stuck Point



The Defense

evidence for the thought

Why you believe this



The Prosecution

evidence against the thought

Why this may not be true



The Judge's Verdict

Is this a FACT or a HABIT?



The Thought

I could have done more to save that little girl.



The Defense

evidence for the thought



The Prosecution

evidence against the thought

**She had already passed
when we got there.**



The Judge's Verdict

This thought has become a habit and is not a fact.

Questions or Comments?

New Impact Statement

NEW IMPACT STATEMENT ON MOST SIGNIFICANT TRAUMA

Nine months ago, I would have told you that I failed to save the life of a child who had been in a car accident. However, I know that is not true. I have learned that sometimes in life, no matter how hard we try, bad things still happen and it is not anyone's fault.

I tend to be very hard on myself and expect myself to be perfect and perform perfectly at all times. I know now that is extremely unrealistic. I do work in a field where mistakes can cost lives. I also know that we can only do our best and show up as our best selves. The rest is out of our hands.

I have been working through my stuck points and realize that my perfectionistic expectations of myself came from childhood. I grew up with a father who was in the military and he expected perfection. In fact, he ran our family like when we were in boot camp. I was constantly being yelled at for doing something wrong and not living up to his standards.

I am learning to relax at home and trying to enjoy my family more. They deserve the best of me, who understands that no one is perfect. My kids deserve a dad who can laugh and play with them and who isn't crazy focused on whether or not everyone is safe every minute of every day.

I plan to keep coming to therapy and using CPT. I know it is something I must continue every day, especially since my way of thinking was formed in childhood and it is such a detrimental habit.

The Assimilation vs Accommodation Of Knowledge



Assimilation of knowledge occurs when a learner encounters a new idea, and must 'fit' that idea into what they already know. Think of this as filling existing containers.

Accommodation of knowledge is more substantial, requiring the learner to reshape those containers.

Challenging Questions Worksheet

- ▶ Belief: _____
- ▶ What is the evidence for and against this idea? FOR: _____ AGAINST: _____
- ▶ Is your belief a habit or based on facts?
- ▶ Are your interpretations of the situation too far removed from reality to be accurate?
- ▶ Are you thinking in all-or-none terms?
- ▶ Are you using words or phrases that are extreme or exaggerated? (i.e., always, forever, never, need, should, must, can't and every time)
- ▶ Are you taking the situation out of context and only focusing on one aspect of the event?
- ▶ Is the source of information reliable?
- ▶ Are you confusing a low probability with a high probability?
- ▶ Are your judgments based on feelings rather than facts?
- ▶ Are you focused on irrelevant factors?

Patterns of Problematic Thinking

1. Jumping to conclusions:
2. Exaggerating or minimizing:
3. Disregarding important aspects:
4. Oversimplifying:
5. Over-generalizing:
6. Mind reading:
7. Emotional reasoning:

COGNITIVE PROCESSING THERAPY (CPT) FOR PTSD

SOCIAL COGNITIVE THEORY OF TRAUMA

- 5 major dimensions that may be disrupted by traumatic events:
 - 1) Safety
 - 2) Trust
 - 3) Power and Control
 - 4) Esteem
 - 5) Intimacy



Challenging Beliefs Worksheet

A. Situation	B. Thought/Stuck Point	D. Challenging Thoughts	E. Problematic Patterns	F. Alternative Thought(s)
Describe the event, thought or belief leading to the unpleasant emotion(s).	Write thought/stuck point related to Column A. Rate belief in each thought/stuck point below from 0-100% (How much do you believe this thought?)	Use Challenging Questions to examine your automatic thought from Column B. Consider if the thought is balanced and factual or extreme.	Use the Patterns of Problematic Thinking Worksheet to decide if this is one of your problematic patterns of thinking.	What else can I say instead of Column B? How else can I interpret the event instead of Column B? Rate belief in alternative thought(s) from 0-100%
	<div data-bbox="575 1005 919 1048" data-label="Section-Header"> <p>C. Emotion(s)</p> </div> <p data-bbox="575 1048 919 1176">Specify sad, angry, etc., and rate how strongly you feel each emotion from 0-100%</p>	<p data-bbox="919 468 1098 496">Evidence For?</p> <p data-bbox="919 586 1141 615">Evidence Against?</p> <p data-bbox="919 705 1085 733">Habit or fact?</p> <p data-bbox="919 791 1258 819">Not including all information?</p> <p data-bbox="919 876 1072 905">All or none?</p> <p data-bbox="919 962 1217 991">Extreme or exaggerated?</p> <p data-bbox="919 1048 1243 1076">Focused on just one piece?</p> <p data-bbox="919 1133 1166 1162">Source dependable?</p> <p data-bbox="919 1219 1276 1248">Confusing possible with likely?</p> <p data-bbox="919 1305 1238 1333">Based on feelings or facts?</p> <p data-bbox="919 1390 1258 1419">Focused on unrelated parts?</p>	<p data-bbox="1383 468 1671 496">Jumping to conclusions:</p> <p data-bbox="1383 615 1709 644">Exaggerating or minimizing:</p> <p data-bbox="1383 762 1671 791">Ignoring important parts:</p> <p data-bbox="1383 905 1582 933">Oversimplifying:</p> <p data-bbox="1383 1048 1607 1076">Over-generalizing:</p> <p data-bbox="1383 1190 1556 1219">Mind reading:</p> <p data-bbox="1383 1333 1633 1362">Emotional reasoning:</p>	<div data-bbox="1862 991 2313 1062" data-label="Section-Header"> <p>G. Re-rate Old Thought/Stuck Point</p> </div> <p data-bbox="1862 1076 2283 1162">Re-rate how much you now believe the thought/stuck point in Column B from 0-100%</p> <div data-bbox="1862 1276 2313 1319" data-label="Section-Header"> <p>H. Emotion(s)</p> </div> <p data-bbox="1862 1333 2232 1362">Now what do you feel? 0-100%</p>



REFLECT. REFUEL. RESET.

YOUR SOURCE FOR SECONDARY TRAUMATIC STRESS
RESOURCES AND TOOLS

RESILIENCE

is the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress.

It means "bouncing back" from difficult experiences.



Source : APA

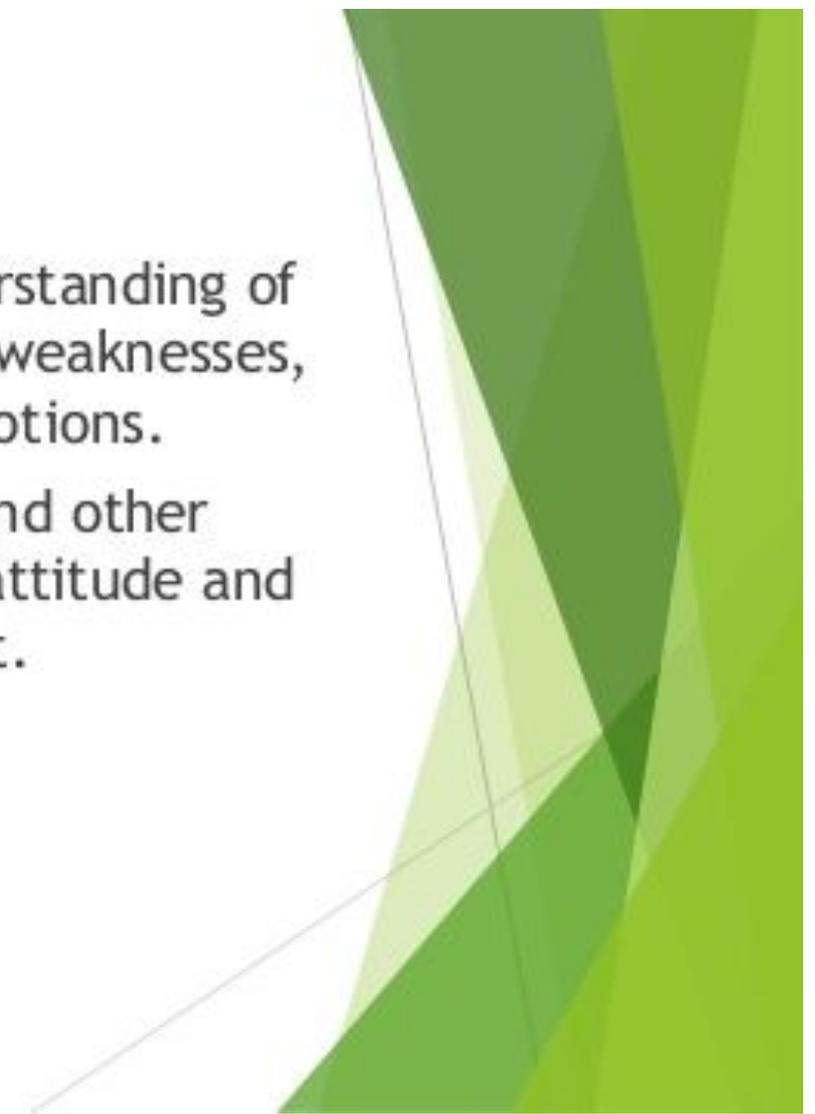
The 5 Pillars of Resilience

- 1. Self Awareness**
 - Know your own strength and weakness
- 2. Mindfulness**
 - Living in the moment
 - Awakening to experience
- 3. Self Care**
 - Ability to function effectively
- 4. Positive Relationships**
 - Supportive connection with others
- 5. Purpose**
 - Serve your faith, family and society



What is self awareness?

- ▶ **Self Awareness** is having a clear understanding of your personality; including strengths, weaknesses, thoughts, beliefs, motivation, and emotions.
- ▶ Self Awareness allows you to understand other people, how they perceive you, your attitude and your responses to them in the moment.





- **We can reflect and make choices because we are capable of self-awareness.**
- **Expanding our awareness in realizing that:**
 - **We are finite - time is limited**
 - **We have the potential, the choice, to act or not to act**
 - **Meaning is not automatic - we must seek it**
 - **We are subject to loneliness, meaninglessness, emptiness, guilt, and isolation**

WHAT IS MINDFULNESS?

1. DIRECTING OUR ATTENTION TO OUR EXPERIENCE AS IT UNFOLDS.
2. TRAINS US TO RESPOND SKILLFULLY TO WHATEVER IS HAPPENING; GOOD OR BAD.
3. IMPROVES OUR THOUGHT PROCESS, FEELINGS AND CONCERNS FOR OTHERS.
4. HELPS US PERFORM BETTER, FEEL CALMER AND LESS DEPRESSED.

7 Things Mindful People Do Differently

1

Approach everyday things with curiosity
—and savor them

Forgive their
mistakes—
big or small

2

Practice
compassion and
nurture connections

4

Embrace vulnerability
by trusting others—
and themselves

6

3

Show gratitude for
good moments—and
grace for bad ones

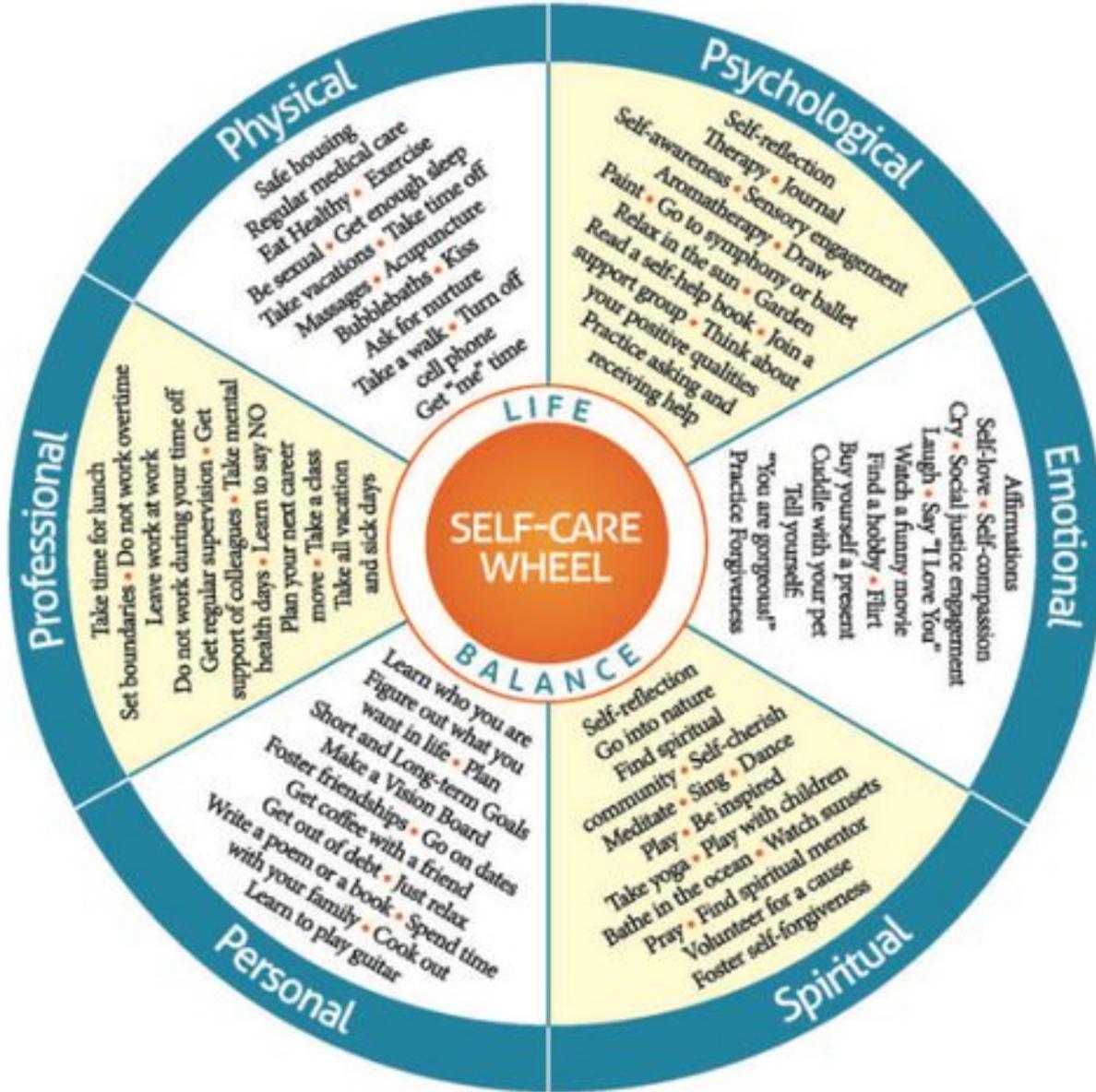
5

Make peace with
imperfection—
inside and out

7

Accept—and
appreciate—that
things come and go

SELF-CARE WHEEL



5 Reasons why Your **SELF-CARE ISN'T WORKING FOR YOU**



1. IT'S NOT RIGHT FOR YOU
2. IT FEELS LIKE ANOTHER TO-DO LIST ITEM
3. IT DOESN'T FEEL LIKE A TREAT
4. IT'S COMFORT NOT CARE
5. YOU'RE BEING TOO "PRECIOUS" WITH YOUR SELF-CARE

When Self Care is not working?

- Sometimes self care is not enough so we may need to get:
 - More education
 - Intervention
 - Formal Treatments

(Goff, 2014)



Positive Relationships Do The Following:

- Attracts the trust and respect of other people.
- Allows you to influence others.
- Changes your perspective about failure.
- Sustains you through difficult times or opposition.
- Improves your self-esteem, self-respect, and confidence.
- Creates a foundation for happy, healthy relationships.
- Helps you stay committed to your values and goals.
- Improves your chances of success in work and other endeavors.

Concept of Boundaries

- A sense of personal identity and self definition that has consistency and cohesion over time.
- This remains constant regardless of emotional ups and downs or external pressures.
- The framework within which the worker-client relationship occurs.
- Provides a system of limit setting
- The line between the self of client and self of worker



The Boundary Types

Boundaries: a personal clear limit for how people behave toward us

Time Boundaries



how much time you spend with someone, doing something, or time boundaries at work

Physical Boundaries



boundaries around physical proximity, sexuality, & how much space you share with others

Conversational Boundaries



topics you're open to discussing and not discussing

Relationship Boundaries



boundaries mutually agreed upon with your close friends & partner

Personal Boundaries



boundaries you have place with yourself based on awareness of your own unique needs

Content Boundaries



things you will and will not consume (or will have monitored consumption) on social media, TV, etc

4 STEPS TO AVOID Counselor Burnout

01

Maintain a healthy work-life balance

Make sure the number of hours spent at work (regardless of if those hours are in therapy or not) is balanced with an equal number of hours spent in meaningful relaxation.

02

Seek out and utilize sources of support

These can include material sources such as training in self-care and human resources such as friends, family, and personal counseling. Professional supervision can also be a great place for receiving feedback on the signs of burnout.

03

Set limits and know your boundaries

Know when it is time to let work go and take a break.

04

Utilize personal therapy as needed

Don't think that because you are a counselor, you shouldn't need counseling yourself. Counselors are people too!

Questions or Comments?

Lisa King, MS, NCC, LPC
Certified Clinical Trauma Professional
Outpatient Therapist
Santé Center For Healing
940-293-7117
lisak@santecenter.com

