



EMOTIONAL TRAUMA, MORAL DISTRESS, COMPASSION FATIGUE

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Essential ideas

- Resiliency is vastly underestimated
- Trauma reactions at the time of the event **are not pathological**
 - (Still may not be helpful, but don't require diagnosis)
- Acute stress = reactions persist days to weeks
- PTSD = persist more than a month

- Current and historical psychological science rarely supports a medical model of mental illness.
- Unlike either having the flu or not, evolution, learning, culture, and stress are rarely either/or processes.

During the COVID19 Pandemic

- And other mass trauma situations
 - Safety (tests, antibodies, equipment)
 - Calm (emotion regulation tools)
 - Efficacy (focus on events you can influence, control, and/or master)
 - Connectedness (social, instrumental, informational, and emotional supports)
 - Hope (Willpower, waypower)
- Don't make things worse!
 - Debriefing and processing can make you over think things
- Stay engaged. Invite your colleagues and loved ones to remain engaged
- Avoid mindlessness shutting down. Avoidance tends to be healthier if it's a choice

What is PTSD?

- Strong, and normal reactions to **life or body threatening events (Criterion A)**
- They just don't return to normal.
 - **Reliving of the trauma (Criterion B)**
 - **Avoiding the trauma (Criterion C)**
 - **Negative mood and thinking (Criterion D)**
 - **Hyperarousal (Criterion E)**

American Psychiatric Association. (2014).
Diagnostic and Statistical Manual of Mental
Disorders, (DSM-5).

Challenges to the DSM

- Trauma defined as exposure to
 - Death
 - Physical Injury
 - Sexual Violence
- People develop PTSD-like symptoms after non-life-threatening events
 - Seeing your house after it burns down, and you weren't in it
 - Seeing your cattle floating in a flooded field
 - Learning of infidelity
- First recorded story *Gilgamesh* was about trauma, but PTSD was first diagnosed 40 years ago. We have a lot to learn.

Other Reactions

- Compassion Fatigue (Figley, 2002)
 - Secondary traumatic stress
 - Burnout – emotional exhaustion
 - Low Compassion Satisfaction – loss of enjoyment in work
- Moral Distress
 - Dissonance occurs when occupational behaviors conflict with personal values
 - E.g. painful, life-extending interventions at end of life
 - Threat to sense of self and morality

Learning Theory

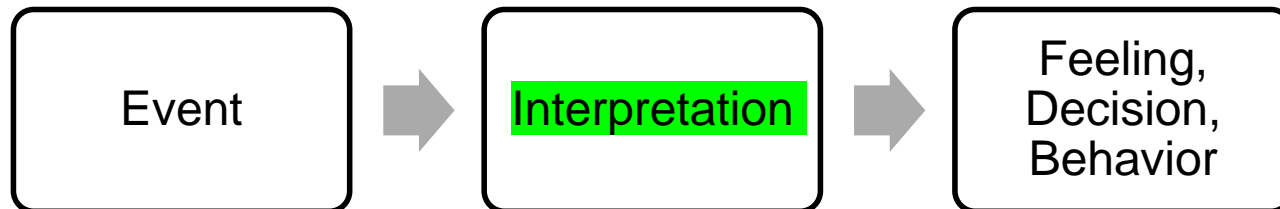
- Classical Conditioning
 - Exposure to life threatening events elicit
 - Strong emotions: fear, disgust, horror, dissociation, rage
 - Extreme behavior: freezing, fleeing, fighting
 - Situational factors are associated with the life-threatening event and serve as “warning signals”
 - Emotions and behavior generalize
- Avoidance and escaping safe situations prevent new learning
 - Including situations that are safe
 - Don't realize where we are safe
 - Start losing rewards and reinforcers

What does this mean during COVID-19?

- Healthcare providers may see new and unexpected events
- Strong emotions and instincts
- The mind may unconsciously pair instincts to arbitrary triggers
- Your expectations, values, and beliefs may be threatened
 - Or reinforced

Thinking and Trauma

- Problem: Most people are exposed to trauma (>90% over the lifetime). Why doesn't everyone have PTSD (7-9% over the lifetime) ?
- Cognitive Behavior Therapy: Well, it depends on how you look at the situation...



Cognitive Model

- In brief, the emotional and behavior impact of events depend on how we interpret them.
- Nearly 2,000 years ago Stoics recognized Illogical thinking causes suffering.
- Therefore, if someone is suffering they are thinking illogically?
 - Philosophy 101: Asserting the Consequent is a fallacy
- Cognitive-behavioral models provide a powerful explanation of trauma.
- Trauma treatments are informed by cognitive models.

Cognitive Models

- Survival is core to human experience and our evolutionary motives
- Dangerous events augment our core assumptions
- Trauma can shatter prior healthy beliefs
 - (I'm am competent, intelligent, courageous, generous)
- Or reinforce prior unhealthy beliefs
 - I'm unlovable
 - People can't be trusted

Sometimes reactions to trauma are honest, logical and/or adaptive

- *I'm never safe* (because I live in a Chicago neighborhood that is as dangerous if not more dangerous than Iraq, see Chi-Raq).
- *I haven't met anyone I can trust* (because literally everyone in my family has abused me in some way).
 - Therapist: But certainly not *everyone* has abused you. Today we're going to talk about cognitive restructuring, and correcting your maladaptive beliefs.
 - Patient: How can I trust *another* therapist that doesn't believe me?
 - *You've just accidentally reinforced the belief by challenging it.*

COVID19 Is not just in your head

- Tangible threat to things we hold most dear
 - Connectedness
 - Safety
 - Efficacy
 - Careers
- Can't just hope and think our way out of this.
 - Might make it worse if that's all we did

Conservation of Resources theory

- **Main idea:** Staying alive takes resources
- Most of life is working to grow our resources to survive.
- **Stress** happens when we
 - 1) lose resources
 - 2) think we'll lose resources
 - 3) our investments don't pay off
- **Trauma** happens when these losses are rapid, extreme, and involve essential resources and relationships
- Our stress responses are meant to keep us alive by helping us protect our resources.

Hobfoll, S. (2014). Resource caravans and resource caravan passageways: a new paradigm for trauma responding. *Intervention, 12*, 21-32.

COR Principles

- **1) Losses tend to be more impactful than gains.**
 - How well do you remember a bad date versus a good one?
- 2) To cope with stress, people invest resources to protect against further losses.
- A few corollaries
 - 1) Those with more resources have an easier time getting even more (rich get richer)
 - 2) Losses tend to lead to further losses
 - 3) Gains tend to lead to further gains
 - 4) People are more afraid to invest (more defensive) when their resources are low

Dimensions of resources

- Primary: Food, shelter
- Secondary: Relationships, occupations
- Tertiary: Credit

- Interpersonal and Intrapersonal

Humans Thrive, Survive, or Suffer Through Our connectedness

- We don't just save up resources on our own. We share them in various groups:
 - Family (shelter, food, caregiving, protection)
 - Friends (food, loans, childcare, recreation)
 - Community (schools, sanitation, policing, fire protection)
 - Culture (social security, military defense, healthcare, disaster relief)

Resource Caravans

- Packages of resources that we build in groups and that travel with us overtime.
- Think couples: Coordinate childcare, invest money together, supported children's education, support each other through periodic medical crises, attend the same places of worship, and have the same friends.
 - Threatening the relationship (infidelity, divorce, distance) threatens the whole caravan

Resource Caravans

- If you measured resources like education, money, health, and mental health, you'd probably find they are correlated in many samples.
- If you have access to education, its easier to get money.
- If you can afford good healthcare, its easier to stay healthy and keep working into later adulthood.
- The opposite may also be true.
 - If poverty means your school system is failing, its harder to get good test scores, into college, and to reap the benefits. You may not have a school counselor or social worker to discuss the violence in your household with. Your band or sports team might be underfunded.

What Does this mean for your work?

- If we really want to prevent trauma and support recovery, we need to protect and grow resources for ourselves, loved ones, peers and patients.
- Yes, therapy and counseling are resources, but we may need pathways to build and preserve
 - Physical safety
 - Relationship safety
 - Sexual safety
 - Education
 - Money
 - Healthy relationships
 - Job skills
 - Hobbies
 - Treatments for the physical trauma that came with the mental trauma

In the short-term

- Clarify your resources, goals, and values
- Direct actions toward preserving, pursuing, and mastering them
- Maximize safety
 - Hygiene, Social Distance, Equipment are powerful safety cues
- Accept thoughts and emotions as normal
- Use your coping skills you trust as healthy and useful
- Remain engaged with and for others
- Commit to pleasant events, maintain your “rewards and reinforcers”
- Limit contact with unnecessary unpleasant events

In the long-term

- If emotional concerns persist seek psychotherapy
- Broadly, psychotherapy works
 - Your motivation is your greatest resources
 - Next is your relationship with your therapist
- If you think you have PTSD symptoms evidence-based interventions matter
 - Prolonged Exposure
 - Cognitive Processing Therapy



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