



# 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

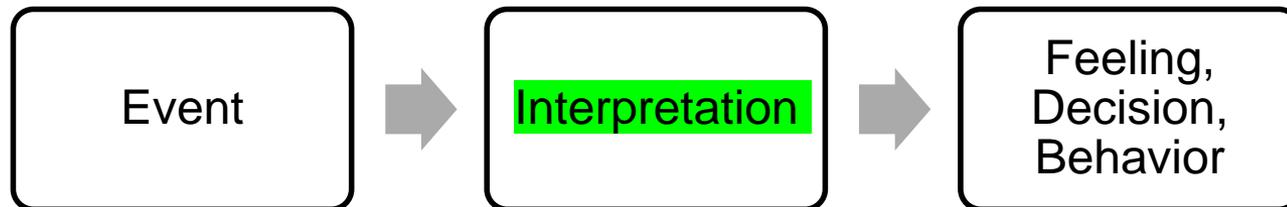
- Classical Conditioning
  - Exposure to life threatening events elicit
    - Strong emotions: fear, disgust, horror, dissociation, rage
    - Extreme behavior: freezing, fleeing, fighting
  - Situational factors are associated with the life-threatening event and serve as “warning signals”
  - Emotions 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



[colemanpalliative.org](http://colemanpalliative.org)