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)

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…

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<tr>
<th>Event</th>
<th>Interpretation</th>
<th>Feeling, Decision, Behavior</th>
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Diagram: Event → Interpretation → Feeling, Decision, Behavior
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.

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, it’s easier to get money.

- If you can afford good healthcare, it’s easier to stay healthy and keep working into later adulthood.

- The opposite may also be true.
  - If poverty means your school system is failing, it’s 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 grown 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, pursing, 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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