Self-Care in Catastrophic Events: How to Maintain Emotional and Spiritual Health

Charles Barnes, SJ, BCC, CCISM
Catholic Chaplain, VA Puget Sound Healthcare System

Image: Part of the photo series Broken Mirror/Evening Sky by Bing Wright

Objectives
- Identify the mechanisms of trauma and how they impact individuals working in crisis communications.
- Understand the neurological, psychological and spiritual effects of trauma.
- Recognizing impairments people experience as a result of repeated exposure to trauma.
- Determine strategies for dealing with traumatic stress.

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What Happens to Us During a Traumatic Event?

Definition of Trauma
- Trauma: “An event outside the usual realm of human experience that would be markedly distressing to those who experience it.” (Everly, et al., 2002)
- The experience causes an amount of stress which overwhelms our normal coping skills.
- Can be due to:
  - Suffering a major injury or event
  - Caring for someone who suffered this trauma
  - Witnessing a trauma take place
  - The "ripple effect"

When Trauma Happens:
- In the early stages of a reaction to trauma our instinct for self-preservation is what we experience first.
- We react in one of three ways:
The most common acute psychological reaction in a crisis may be acute cognitive impairment, that is, brief “dumbing down:”

- Disorientation
- Panic
- Temporary “Freeze”

Secondary Trauma/Compassion Fatigue:
Sudden Adverse Reactions people have when working with victims of trauma.

Vicarious Trauma:
Transformation in the inner experience of the helper that comes about as a result of empathic engagement with an individual’s trauma

Burnout:
Exhaustion associated with providing ongoing support to primary victims.

A study of 911 dispatchers published in 2015 showed:
- Out of 808 people surveyed:
  - Between 18 and 24% of people surveyed had probable PTSD
  - 24% suffered probable major depression

Traumatic stress is cumulative.
“We are made of glue, not Teflon.”

Human beings naturally construct a world for ourselves that is safe, secure and predictable.
- Our conception of Spirituality stems from this “Assumptive world.”
- We also derive our sense of meaning or purpose in life from this conception.
- We take for granted the ability to control our bodies.
- “I know the world is a violent place, but it can’t effect me!”

A traumatic event explodes this assumptive world and leaves us feeling exposed and vulnerable.
We experience the danger we thought we were immune from in a sudden and catastrophic way.

- Anxiety
- “Coulda, woulda, shoulda”
- Denial
- Fear
- Catharsis
- Anger; sometimes displaced
- Withdrawal
- Numbness
- Depression
- PTSD (>30 days post trauma)

Depressed mood
Loss of appetite
Sleep Disturbances/flashbacks/nightmares
Decreased Libido
Loss of energy
Panic Attacks

Abandonment
Existential questioning (Theodicy)
Anger towards God
Loss of faith
Inability to pray
Loss of hope
Loss of gratitude
Fear the trauma is divine punishment
People are not thinking—they are reacting
They may either feel exposed and vulnerable or shut down or in denial—This is normal.
They may be unsure what to do, whom to talk to or where to go.
Loss of memory is common when people suffer physical or emotional trauma.
They are unable to “take anything in” and may forget what is said.

Sensible Eating
- Avoid alcohol
- Lower caffeine consumption
- Avoid unhealthy fats, processed foods and excessive sodium.
- Increase your intake of fruits and vegetables
- Drink plenty of water.

Take time for hobbies and leisure activities.
Think twice about returning to work immediately after an event.
Staying home not always the best option

REM sleep helps us process traumatic stress
- Caffeine and alcohol suppress it.
- Some sleeplessness is normal.
- Practice good sleep hygiene
- Some sleep disturbances are normal and frequently subside after a week or so after the event.

Exercise is a very effective stress reliever
- Get some good exercise within 24 hours of the event.
- Continue to stay active.
The reactions experienced in the immediate aftermath of an event are a NORMAL reaction to an ABNORMAL event.
- Usually symptoms subside within a week or two.
- Seek help if they go on longer or if you feel “Stuck” after a couple weeks.
- The threshold for PTSD is about 30 days post trauma.
Continued S.T.R.E.S.S.

S: Social Support
- Friends, family, colleagues.
- Avoid isolating for prolonged periods.
- Children:
  - Children may become concerned if their parents withdraw.
  - Can lead to thought they have done something wrong.
  - Tell them they have done nothing wrong and that you just need a little time to yourself.

Last of the S.T.R.E.S.S.

S: Self and Spirituality
- Try and continue any spiritual or religious practice that you found helpful in the past.
  - Meditation
  - Prayer
  - Worship
  - Mindfulness
  - May feel a little dry or unable to focus.
  - Talk to your clergyperson or spiritual support person

Helps for good coping

- Don’t suppress feelings
- Talk about it
- Rest
- Eat a balanced diet high in fruits and vegetables
- Cut alcohol and caffeine consumption in half
- Exercise
- Go easy
  - Avoid making major decisions for a couple days
  - Keep a normal routine

Things to watch for

- PTSD Symptoms
- Risk-taking behavior
- Addictive behavior
  - Not just alcohol/drugs
  - Can also be shopping, pornography/sex, gambling, etc.
- Aggression/angry outbursts
- Depression and suicidal ideation
- All of the above require referral

The Goal: Resiliency

- We can—and do—draw strength and meaning from our experiences.
- There is no growth without pain.
  - We become a better self as a result of struggles.
  - What does not kill me shall make me stronger.
  - Friedrich Nietzsche