



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

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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:



Cortical Inhibition

The most common acute psychological reaction in a crisis may be acute cognitive impairment, that is, brief “dumbing down:”

- Disorientation
- Panic
- Temporary “Freeze”



We don't need to be there!

- 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.

Sharon Rae Jenkins and Stephanie Baird. Secondary Traumatic Stress and Vicarious Trauma: A Validation Study. *Journal of Traumatic Stress*, Vol. 15. No. 5. October 2002. pp. 423-432

What can happen?

- 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

Michelle M. Lilly and Christy E. Allen. Psychological Inflexibility and Psychopathology in 9-1-1 Telecommunicators. *Journal of Traumatic Stress*. Vol. 28 No. 3. June, 2015. pp. 262-266.

What to remember:

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

Spirituality of Traumatic Injury

- 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!”

Spirituality of Trauma (Cont’d)

- 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.

Psychological Manifestations

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

Physical Manifestations

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

Spiritual Manifestations

- 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

Things to remember in the thick of a crisis:

- 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.

How To Take Care of Ourselves



Self-Care: The S.T.R.E.S.S. Model

- S: 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.

Kim Rigden. Stress Management and the 911 Dispatcher *Annals of Emergency Dispatch and Response*. December 19, 2017. Reprinted from the August, 2009 issue of *Emergency Number Professional Magazine*.

S.T.R.E.S.S. (Continued)

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

S.T.R.E.S.S. (Continued)

- R: Rest and Relaxation
 - 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.

More S.T.R.E.S.S.

- E: Exercise and Education
 - 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*