Responding to Yountville: Taking Care of Yourself and Your Patients

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Taking Care of Yourself

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What are risk factors in mass shootings?

**Event-Related Factors:**
- Level of exposure
- The perception that the incident:
  - Level of threat
  - Caused a great deal of harm
  - Was very upsetting
  - Created longitudinal problems
- Was not accompanied by effective early support

**Pre-Existing Factors:**
- Anxiety sensitivity
- Lack of social support
- Ruminative /avoidant coping
- Punitive attitudes toward crime
- Female gender
- Psychopathology

**Emotional Reactions:**
- Guilt
- Resentment
- Insecurity

Johnson et al., 2002; Lowe & Galea, 2015; Murtonen, Suomalainen, Haravuori, and Marttunen, 2012; Schwarz & Kowalski, 1992a; Stephenson, Valentiner, Kumpula, & Orcutt, 2009; Littleton et al., 2012; Smith et al., 2014; Vuori, Hawdon, Atte, & Ra`sa`nen, 2013
Post-Shooting Social Risk Factors

- Community fear of another shooting
- “We should have predicted or prevented the shooting or it’s impact”
- Community identity becoming linked with the shooting
- Viewing others with distrust
- Differences:
  - Willingness to participate
  - Coping strategies
  - Readiness to “move on”
  - Directly affected and indirectly affected

Littleton, Dodd, and Roland, 2017
## Clinical Work: Double-Edged Sword of Values

<table>
<thead>
<tr>
<th>Strength</th>
<th>Guiding Ideal</th>
<th>Vulnerability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placing the welfare of others above one’s own welfare</td>
<td>Selflessness</td>
<td>Not seeking help for health problems because personal health is not a priority</td>
</tr>
<tr>
<td>Commitment to accomplishing missions and protecting others</td>
<td>Loyalty</td>
<td>Survivor guilt and complicated bereavement after loss of friends</td>
</tr>
<tr>
<td>Toughness and ability to endure hardships without complaint</td>
<td>Stoicism</td>
<td>Not acknowledging significant symptoms, and suffering after returning home</td>
</tr>
<tr>
<td>Following an internal moral compass to choose “right” over “wrong”</td>
<td>Moral Code</td>
<td>Feeling frustrated and betrayed when others fail to follow a moral code</td>
</tr>
<tr>
<td>Becoming the best and most effective professional possible</td>
<td>Excellence</td>
<td>Feeling ashamed of (denial or minimization) imperfections</td>
</tr>
</tbody>
</table>
Cynefin: The Chaotic Context of Critical Incidents

Wellbeing is both a learning and leadership challenge:

- It requires us to make sense of, and respond to, the ever-changing contexts in which we find ourselves.
- Enhanced communication, flexibility, respect, and care for each other are critical.
- The challenge builds our capacity to stay present, centered and grounded in fluid conditions where some things are guaranteed and others are not.
- It demands our willingness to continuously re-assess, communicate, experiment, fail early and often, and remain creative in our vulnerability.

Factors in Recovery From Adversity and Stress

Five Essential Elements of Immediate/Mid-Term Intervention:

1. Promote sense of safety
2. Promote calming
3. Promote connectedness
4. Promote sense of self and collective efficacy
5. Promote hope
Stress First Aid Model

Seven Cs of Stress First Aid:

1. CHECK
   Assess: observe and listen
2. COORDINATE
   Get help, refer as needed
3. COVER
   Get to safety ASAP
4. CALM
   Relax, slow down, refocus
5. CONNECT
   Get support from others
6. COMPETENCE
   Restore effectiveness
7. CONFIDENCE
   Restore self-esteem and hope
# Stress Continuum Model

<table>
<thead>
<tr>
<th>READY</th>
<th>REACTING</th>
<th>INJURED</th>
<th>ILL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN</strong></td>
<td><strong>YELLOW</strong></td>
<td><strong>ORANGE</strong></td>
<td><strong>RED</strong></td>
</tr>
</tbody>
</table>

**DEFINITION**
- Optimal functioning
- Adaptive growth
- Wellness

**FEATURES**
- At one’s best
- Well-trained and prepared
- In control
- Physically, mentally and spiritually fit
- Mission-focused
- Motivated
- Calm and steady
- Having fun
- Behaving ethically

**DEFINITION**
- Mild and transient distress or impairment
- Always goes away
- Low risk

**CAUSES**
- Any stressor

**FEATURES**
- Feeling irritable, anxious or down
- Loss of motivation
- Loss of focus
- Difficulty sleeping
- Muscle tension or other physical changes
- Not having fun

**DEFINITION**
- More severe and persistent distress or impairment
- Leaves a scar
- Higher risk

**CAUSES**
- Life threat
- Loss
- Moral injury
- Wear and tear

**FEATURES**
- Loss of control
- Panic, rage or depression
- No longer feeling like normal self
- Excessive guilt, shame or blame

**DEFINITION**
- Clinical mental disorder
- Unhealed stress injury causing life impairment

**TYPES**
- PTSD
- Depression
- Anxiety
- Substance abuse

**FEATURES**
- Symptoms persist and worsen over time
- Severe distress or social or occupational impairment
Context Sensitivity in Self Care: Yellow Zone Versus Orange Stress

**Stress Reactions**
- Bending from stress
- Very common
- Normal
- Always go away

**Stress Injuries**
- Damage from stress
- Less common
- Risk for role failure
- Risk for stress illness
Self-Care Strategies Should be Flexible

Levy-Gigi et al. (2016)

PTSD

Distraction

Reappraisal

High Emotionally Intense Contexts

Low Emotionally Intense Contexts

Distress

Levy-Gigi et al. (2016)

PTSD

Distraction
## Self-Care Strategies Should be Flexible

<table>
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<tr>
<th>Distraction:</th>
<th>Trauma Focus Reappraisal:</th>
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<tbody>
<tr>
<td>• Disengaging attention from emotional processing</td>
<td>• Fully experiencing the event’s cognitive and emotional significance</td>
</tr>
<tr>
<td>• Directing attention away from emotional information with neutral thoughts</td>
<td>• Making meaning of what happened</td>
</tr>
<tr>
<td></td>
<td>• Integrating the event into their self-concept</td>
</tr>
<tr>
<td></td>
<td>• Reminding themselves why they do the work even if it is hard</td>
</tr>
<tr>
<td></td>
<td>• Focusing on the fact that even if one was in a life-threatening situation, when they get triggered by reminders, they are now safe.</td>
</tr>
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Check: Why is it Needed?

- Those affected by stress may be the last to recognize it.
- Stigma can be an obstacle to asking for help.
- Stress zones and needs change over time.
- Risks from stress may last a long time.

“I have made a very conscious effort to keep tabs on myself. The big stress indicators for me are fatigue, having a hard time focusing, being short on the fuse, not exercising, and not doing the things I like, but instead staying in and watching television.”
Self-Care Red Flags

| Change in eating habits | Loss of control |
| Change in weight       | No longer feeling like self |
| Loss of will power     | Can’t get tasks done |
| Losing interest / apathy | Can’t think clearly |
| Can’t hold a conversation | Things excessively piling up |
| Excessive guilt        | Isolating self |
| Taking lots of time off | Feeling overly busy, hurried |
| Drinking more          | Physical changes |
| Conflict in relationships | Going through the motions |
| Fatigue / more sleep   | Memory problems |
| Don’t give self break (leaders) | PTSD |
| Changes in relationships |                |

National Center for PTSD
Checking on Others

- Pick the right place and time to talk
- Begin with a casual two-way communication to get someone talking
- Find the right way to check on someone without annoying them (i.e., writing/texting versus calling)
- Check in on anniversaries or reminders of events that were particularly hard
Checking on Others

“One of the key points of check is knowing your people, and spending time with them. Then you can recognize those subtle changes. What I've done is to start a conversation about anything except what I think might be bugging them, and then I actively listen. And once again I'm talking the floodgates open, and it goes well.”
Cover / Safety Actions

- Self care:
  - Making contingency plans for different scenarios
  - Being aware of warning signs and change things before safety is needed

- Organizational:
  - Providing information on how the organization is working to keep employees safe
  - Elicit employee needs and suggestions
  - Provide information on keeping oneself safe
Cover / Safety Actions

Email from Facility Director:

“The recent tragic events are continuous reminders of the security threats we face in our country and our facility. There are no easy answers to the current societal forces that perpetuate these threats, but we can take local action to deter, mitigate and lessen the risk. I want to highlight some of the initiatives we have put in place to make this a safer campus for our Veterans, Employees and visitors. These initiatives target limiting after hours building access, deterring people from bringing weapons and drugs into the facility, improving surveillance and providing more effective response to emergencies and threats.

Security is everyone’s responsibility. Let us know what is or isn’t working. Thanks for all you do every day to serve our Veterans.”
Calm Self-Care Actions

- Small
- Simple
- Physical
- Daily
Calm Strategies: Organizational / Peer Support

• Mentor
• Give information
• Communicate calmly
• Remind
• Distract
• Acknowledge
• Case-by-case management
Calm Actions: Loss

- If you don’t know what to say, stay present, stay quiet and listen
- Be authentic
- Don’t try to make a grieving person feel better
- Take other things off their plate so they have time to grieve
- If the loss affected more than one person, foster a sense of communal grieving
- Provide ways to honor the loss, such as memorial funds or scholarships
- Check in over the next few months
Calm Actions: Loss

“Our staff experienced a workplace violence fatality, and the staff was allowed to stay. Others were allowed to go home. Sometimes it helps for people to stay around and see what normal looks like, to see someone who is coping well. For some people it's very comforting to see other people who were involved in the situation, and be able to huddle and see how they are. For other people, they can actually make them feel worse if they were severely affected. I really think it is to be a case-by-case.

Usually the person has a sense if they need to go home, but if they don't and you see them really struggling, know the person well enough to know that they need a task or something to do away from the situation or tell him or her to go home to get well rested sure what's coming. For some people it may be the fifth thing that's happened that year, as well as things that happened in their childhood. There may be a whole historical background contributing to how they're reacting today.”
Connect Actions: Self-Care

- Seek out contact
- Be open to different types of support
- Help others
- Maintain normalcy/routine in social activities
- Connect with others around:
  - Honoring a critical incident
  - Moving forward and resilience
- Discipline yourself to have conversations
- Reprioritize your schedule
Connect Actions: Organizational / Peer Support

- Open communication with co-workers
- Staff down-time which facilitates mutual support
- Confidence in staff abilities from managers
- Resilience building training / actions
- If someone has retreated, find ways to indirectly include them
- Keep calling, texting, and talking with co-workers involved in a significant loss or traumatic work event.
Connect Actions: Organizational / Peer Support

“There was a workplace violence issue on the ward, and one of the staff felt irrationally responsible for not doing more to stop the death that happened. We rallied around him as much as he would let us. He was a solitary kind of guy before the incident, so it would be normal for his reaction to be one of retreat. A year ago, I would have let him retreat, but because I was introduced to the SFA model, I rallied an effort to help. I included him in discussions and team projects for which I would not have in the past. They benefitted from his expertise, and created collaborative opportunities with peers. It gave us the opportunity to include him, take his temperature from time to time. It redirected his energy to get him back to a sense of competence, confidence and connection, to get him back into doing something that was in his wheelhouse professionally. These actions have all the appearances of being effective.”
Competence / Self Efficacy Personal Actions

**Personal:**

- Focus on what is most needed
- Stay above the fray
- Learn from others
- Be purposeful in self-care
- Have different methods to take care of your needs
- Be flexible
- Delegate
Competence / Self-Efficacy Organizational Actions

- Morning check in
- Debrief regularly
- Encourage more wellness breaks / time off
- Regular trainings or “lunch and learns”
- More flexibility on scheduling
- Sensitively address staff concerns
- Regularly inform staff about organizational actions
- Continual sharing of resources
Competence / Self-Efficacy Organizational Actions

“I think it goes back to that notion of how important it is to ask people what it is they need. And not just after critical incidents ... I think that managers are key role models and influencers. I can’t highlight enough the importance of paying attention to and encouraging mentorship for those leaders as well.”
Confidence / Hope Self-Care Actions

• Use small triumphs to build confidence.

• If you have self-doubt, talk with mentors, friends, or spiritual guides, or read more self-help books or articles

• After particularly traumatic situations or losses, don’t push yourself to “process” the situation in any particular time frame, but if something triggers you, give yourself time and space

• Use the wisdom gained from hard experiences to reconfirm your values, make changes in your life, appreciate what you value, or help others
Confidence / Hope Organizational / Peer Support Actions

- Support each other and remind each other of strengths
- Focus on core values, priorities
- Look to learn from each situation
- Look for any hopeful or meaningful elements of the situation
- Remind of good days ahead
- Mentor or recommend seeking out mentoring
Confidence / Hope Actions

“One of our clients took his own life, and one of the staff felt irrationally responsible for not doing more to stop the death. We rallied around her as much as she would let us. She was introverted before the incident, so it would be normal for her reaction to be one of retreat.

A year ago, I would have let her retreat, but because I was introduced to the SFA model, I rallied an effort to help. I included her in discussions and team projects for which I would not have in the past. They benefitted from her expertise, and created collaborative opportunities with peers. It gave us the opportunity to include her, to better take her “well-being temperature” from time to time. It redirected her energy to get her back to a sense of competence, confidence and connection, to get her back into doing something that she felt good about. These actions have all the appearances of being effective.”
Stress First Aid Model

Seven Cs of Stress First Aid:

1. CHECK
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Potential Resources

The following resources may be helpful:

• NCPTSD PTSD Provider Resilience Toolkit
• NCPTSD PTSD Coach mobile app
• NCPTSD Mindfulness Coach mobile app
• NCPTSD PTSD Coach online
• VA’s Moving Forward Problem Solving mobile app
Taking Care of Your Patients

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Professor, UCSD Department of Psychiatry
Agenda

• Considerations with patients in mental health treatment
• Considerations with patients in PTSD treatment
• Considerations for you in your role as a clinician
• Risk of violence – prevalence, assessment, intervention
Considerations with patients in mental health treatment

• Patients will have different reactions
  – None
  – Safety issues
  – Concerns about stigma
    • E.g., “Veterans and PTSD are blamed for everything”
  – Anger at shooter? Empathizing with the shooter?
  – Wanting to take care of you
• Range from no reaction to very strong reaction
• Some will want to talk about it, some will not
Some strategies

- **Listen**
  - Just like our staff, our patients want to feel heard, safe, and cared for
  - Clinical judgment in whether to bring event up yourself or see if patient(s) brings it up
- **Address concerns about safety**
- **Help patients put the event and their own safety in perspective**
- **Share facts about link between MH and violence**
- **Encourage seeking support**
- **Encourage coping skills, self-care (stress mgmt, positive activities)**
- **Remind patients you can take care of yourself**
- **Help patients feel cared for**
- **Do your patient need additional services? Another level of care?**
- **Does the patient need crisis line info?**
Consideration with patients in PTSD treatment

- May see an increase in symptoms such as hyperarousal and avoidance
- Unwillingness to do activities previously able or willing to do
- Extreme reactions (“I’m going to home school my children.”)

- Help patients use tools they know from treatment
  - Worksheet? In-vivo hierarchy?
  - Ask them to consider factors such as recency of the event, whether likelihood has changed, are they in more danger in this particular setting than others?
Considerations for you in your role as a clinician

• Checking your own reaction
  – You and the Veteran may both be impacted but reacting in different ways – how to give Veteran space for their processing?
  – Is the patient pulling for your reaction?

• Trusting our instincts and red flags
  – Consult
  – Report threats, weapons, red flags to Disruptive Behaviors Committee
    • Creates flag, identifies pattern, not a CPRS note
The vast majority of people with PTSD, other MH problems, and Veterans are not violent
www.ptsd.va.gov/professional/co-occurring/research_on_ptsd_and_violence.asp

• Violence is different than aggression
  – Violence: Inflicting or threatening to inflict serious harm
• 7.5% in general population, 19.5% among OEF/OIF/OND
  – But... 32.7% among general population of men aged 25-34
• When other factors are considered, relationship between violence and PTSD is diminished
  – Substance misuse, comorbidities, financial/housing difficulties
• Risk of violence in PTSD comparable to risk in people with depression and anxiety disorders (5 – 11.7%)
• Consider clinical experience – rarely see violence and generally Veteran status and PTSD not primary factors
How do you assess and address risk of violence?

www.ptsd.va.gov/professional/co-occurring/assessing_risk_violence_ptsd.asp

- Important to look beyond PTSD or other diagnosis and instead conduct comprehensive risk assessment
  - Includes both individual characteristics and contextual factors (e.g., social environment, employment, financial stability)
- Consider use of validated risk assessment tools
- Consider gathering information from multiple sources
- Reducing risk:
  - Thorough, comprehensive assessment
  - Addressing modifiable factors
  - Treat mental health problems using evidence based approaches
  - Bolster protective factors (e.g., social support)
  - Use collaborative approaches to treatment and safety planning
PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

About the Consultants

- Experienced senior psychologists, psychiatrists, pharmacists, and other health professionals who treat Veterans with PTSD
- Available to consult on everything from toughest clinical scenarios to general PTSD questions

Ask about:

- Evidence-based treatment
- Medications
- Clinical management
- Resources
- Assessment
- Referrals
- Collaborating with VA on Veterans’ care
- Developing a PTSD treatment program

Available Resources www ptsd va gov/consult

- Free continuing education
- Videos, educational handouts, and manuals
- PTSD-related publications
- PTSD and trauma assessment and screening tools
- Mobile apps, and more
PTSD Consultation Program
FOR PROVIDERS WHO TREAT VETERANS

PTSDconsult@va.gov
(866) 948-7880
www.ptsd.va.gov/consult