

Recognizing, Understanding, Limiting, and Responding to Secondary Traumatization and Triggering in the Courts

Brian L. Meyer, Ph.D., LCP
Consultant and Trainer
Richmond, VA

Assistant Professor
Department of Psychiatry
Virginia Commonwealth Univ.

April 29, 2024



Disclaimer

The views expressed in this presentation are solely those of the presenters and do not represent those of the Veterans Administration or the United States government.



Copyright Notice

All materials, text, and organization of this presentation, except for photographs, graphics, and where otherwise noted, are © Brian L. Meyer



The Problem

The Survey

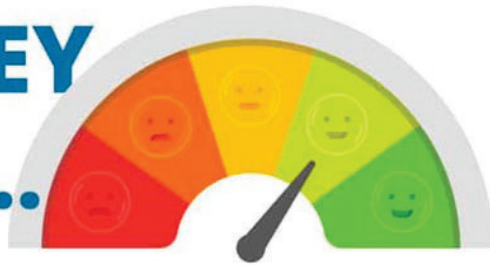
- A survey of drug court staff conducted with NADCP permission during 2018 NADCP conference
- A convenience sample from several audiences who came to Dr. Meyer's presentations
- 16 questions pertaining to traumatic exposures
- 403 out of 500 (80%) surveys returned



The Survey

- Have you have been exposed in your work to details of traumatic stories?

**AND THE
SURVEY
SAYS...**



98.5% said yes



What Do We Mean by “Trauma”? (i.e., primary traumatization)

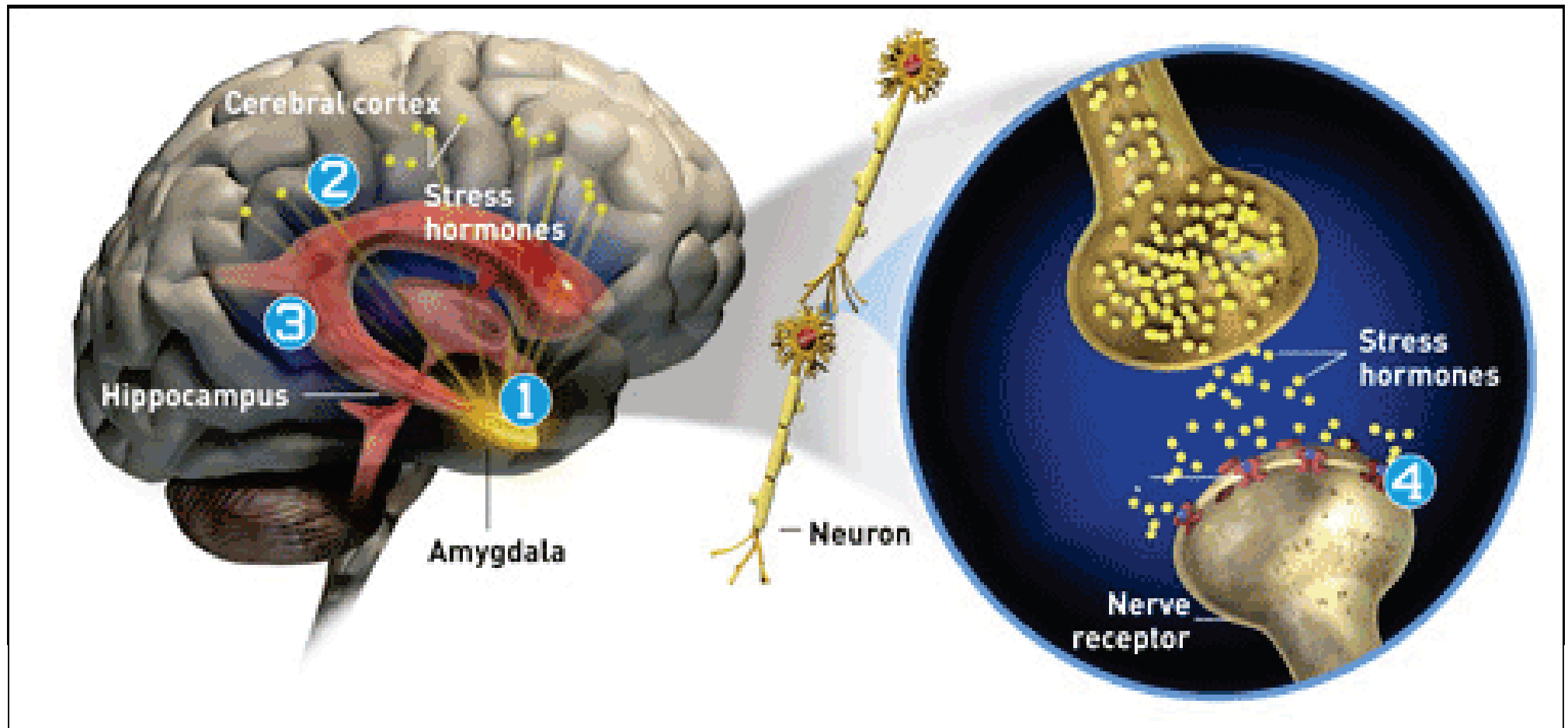
Trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening that has lasting adverse effects on the individual’s functioning and mental, social, emotional, or spiritual well-being.

SAMHSA, 2014



Results of Exposure: Post-Traumatic Stress

Traumatic Stress and the Brain



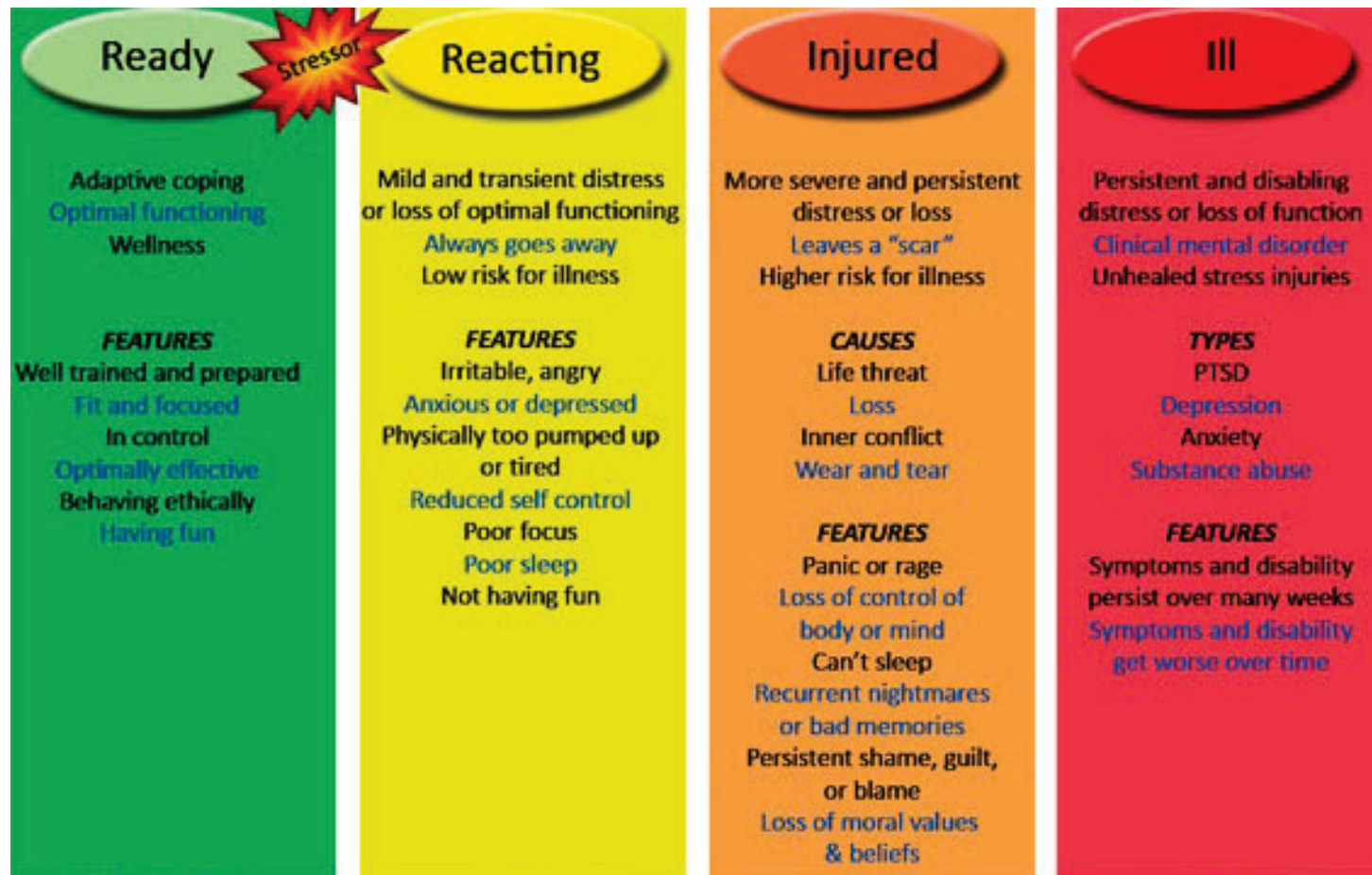
The Trauma Exposure Response

A trauma exposure response may be defined as **the transformation that takes place within us** as a result of exposure to the suffering of other living beings or the planet.

Laura van Dernoot Lipsky, 2010



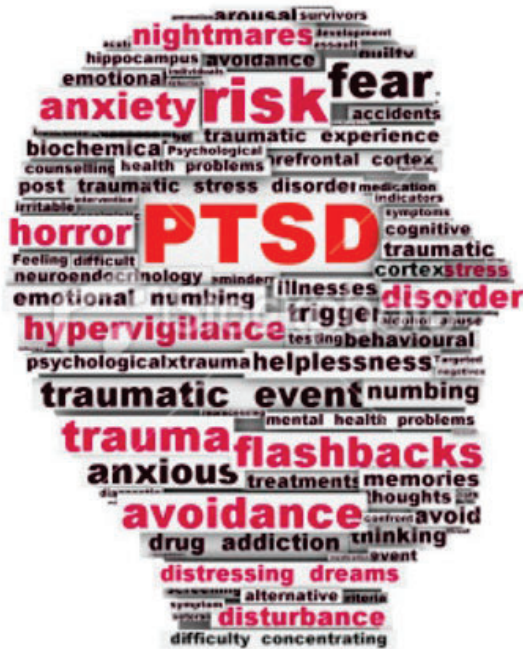
Post-Traumatic Responses Occur on a Continuum



Post-Traumatic Stress Disorder in DSM 5

PTSD is characterized by:

- Exposure to a severe life-threatening event
- Repetitive re-experiencing of the event
- Avoidance of stimuli associated with trauma
- Negative moods and cognitions
- Increased arousal



DSM 5 Criteria for PTSD

Criterion A:

The person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence, as follows: (one required)

- Direct exposure.
- Witnessing the trauma, in person.
- Indirectly, by learning that a close relative or close friend was exposed to trauma.
- Indirect exposure to aversive details of the event(s), usually in the course of professional duties (e.g., first responders, collecting body parts; professionals repeatedly exposed to details of child abuse).

Other Forms of Post-Traumatic Responses

Adjustment Disorder

- With or without anxious and/or depressed mood

Acute Stress Disorder

- Looks like PTSD, but lasts less than 30 days

Other Trauma or Stressor-Related Disorder

- Used to be called sub-clinical PTSD
- Has many of the features of PTSD, but not all

Complex PTSD

- Multiple traumas experienced over time, usually starting in childhood



Results of Exposure: Being Triggered

DSM 5 Criteria for PTSD

Criterion B:

Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).
2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).
3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)
4. Intense or prolonged psychological distress at exposure to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).
5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

What Does Being Triggered Mean?

- Being triggered specifically refers to exposure to something that reminds a person of a traumatic event
 - It results in the person having a strong emotional and/or physical reactions reminiscent of the traumatic event
 - It worsens their post-traumatic symptoms
- When a person is triggered, their brain and/or body reacts as if the trauma is happening again
- Most triggers are unexpected
 - Reactions to triggers are involuntary



Types of Triggers

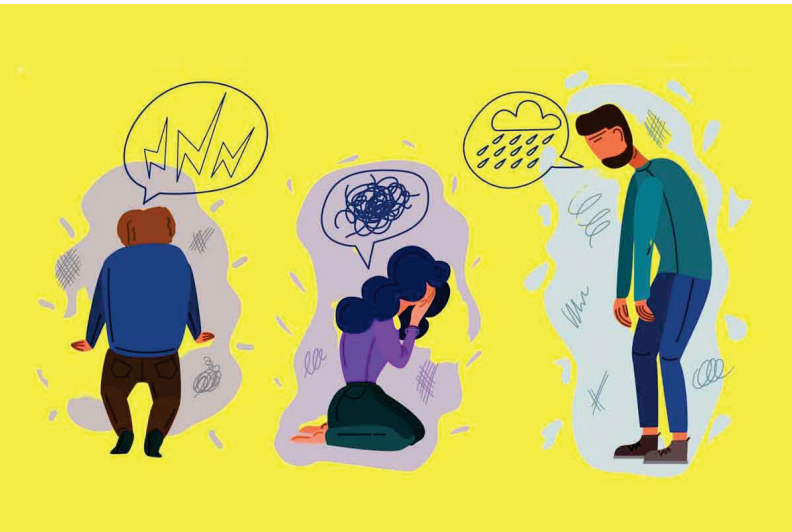
External

- A movie, book, or news article
- A person talking about details of their trauma(s)
- Anniversaries of traumatic events
- The sound of a car backfiring, a jackhammer, or a balloon popping
- Passing by the site of a traumatic experience, or a reminder of one
- Smells that remind the survivor of the trauma

Internal

- Emotions like anger, fear, anxiety, guilt, and shame
- Feeling helpless or vulnerable
- Involuntary intrusive images or memories
- Negative thoughts about oneself, others, or the world
- Physical pain
- Muscle tension

Reactions to Triggers



- Fear
- Rage
- Shame
- Helplessness
- Depression
- Anxiety
- Running away, raised heartbeat
- Threats, verbal outbursts, increased heartbeat
- Shutdown, hide
- Dissociation
- Freezing
- Body tension, jumpiness

Getting Upset about Something Does Not Mean You Are Triggered

NOT A TRIGGER

It's normal to feel upset, anxious, or extremely uncomfortable when we encounter difficult content. Having these strong reaction is normal and learning to regulate them is part of healthy emotional development



TRIGGER

Trauma triggers are different. They often include a loss of a person's sense of time, space, and/or self. Emotion is amplified, completely muffled, or sometimes seemingly unrelated to a situation. Triggers are like a TRAPDOOR in the brain.





Results of Exposure: Secondary Traumatic Stress

What Is Secondary Traumatic Stress?

Secondary traumatic stress is the emotional duress that results when an individual hears about the firsthand trauma experiences of another. Its symptoms mimic those of post-traumatic stress disorder (PTSD).

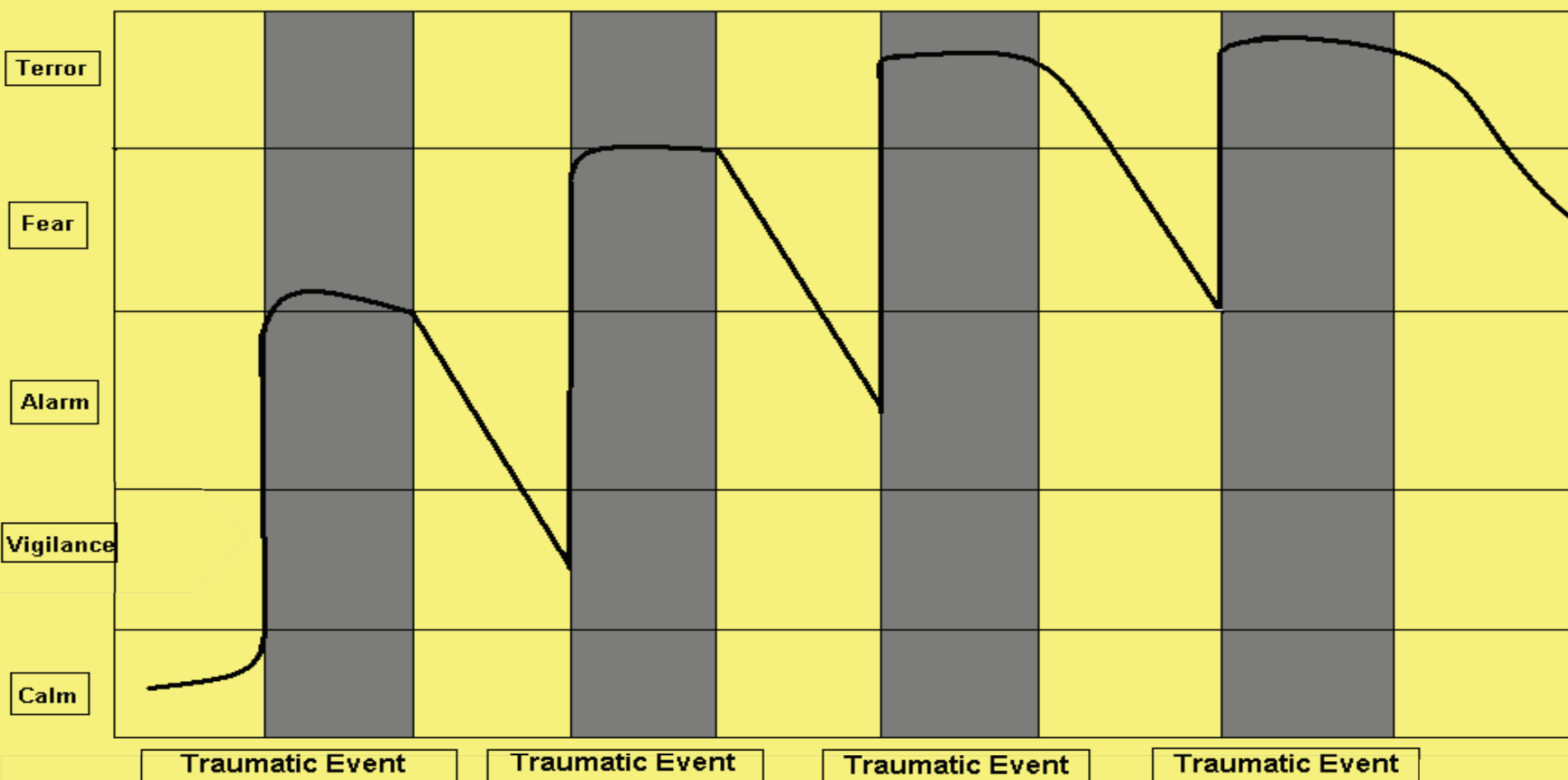
NCTSN, 2017

What Happens When You Are Exposed to Multiple Traumas?

- We all have a certain amount of resilience
- It can be increased or it can be worn down
- With too much trauma exposure, our cup fills up
- We can only handle so much



RESPONSE TO MULTIPLE TRAUMAS



After Bruce D. Perry, 1999

How Does Repeated Traumatic Exposure Affect Court Staff?

It hurts.

It can consume their thoughts.

It creates images they can't forget.

It wears away at their resilience.

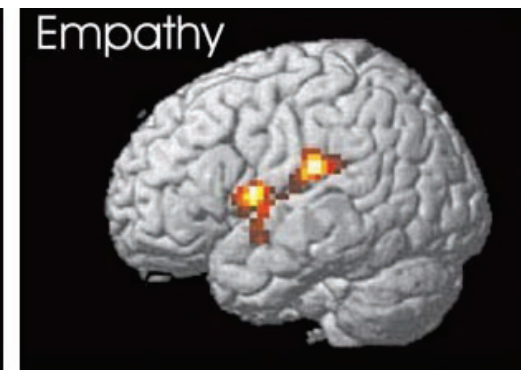
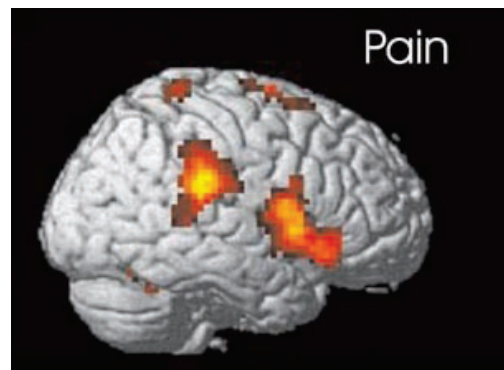
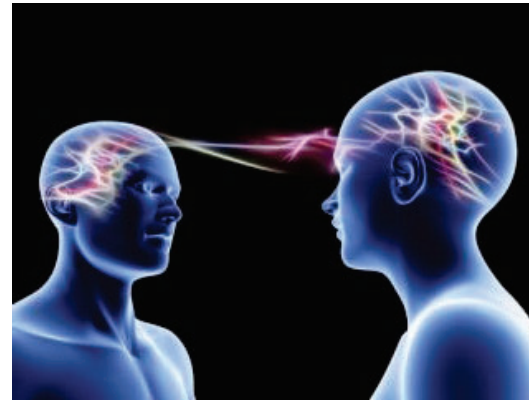
It can make them pull away from friends and family.

It can make them question their faith.

It may result in secondary traumatization.

Mirror Neurons

- Mirror neurons allow us to imitate each other
- They make up 10-20% of the neurons in certain areas of the brain (Keysers et al., 2011)
- They are responsible for empathy (Rizzolatti and Craighero, 2005)




What Is Secondary Traumatic Stress?

Unfortunately, we are not able to unhear or unsee the things we see and hear in the courtroom. There is no button to turn off the effects of this when you go to bed at night.

I will be out running, and suddenly I see the burned-off face of a 5-year-old child in my head, and it won't go away.

Anonymous judges, quoted in *Judicial Edge*, October 20, 2017



Secondary Traumatization is a normal response to an abnormal level of exposure to traumatic events.

Risk Factors for STS



- Personal history of trauma or something related to the case
- Overidentification with court participants
- Empathic style
- Insufficient recovery time between trauma exposures
- Reactive to children's vulnerability
- Isolation at work
- Lack of systemic resources

Symptoms of STS

Re-experiencing

- Intrusive images
- Nightmares
- Flashbacks
- Being triggered by reminders

Avoidance

- Trying not to talk about it
- Withdrawal and isolation
- Being late
- Missing work
- Not going out in public
- Increased alcohol and drug use

Symptoms of STS

Negative Thoughts and Moods

- Numbness
- Anxiety
- Depression
- Helplessness
- Cessation of previously enjoyed activities

Arousal

- Irritability
- Anger
- Hypervigilance
- Startle responses
- Insomnia

Other Common Symptoms of STS



- Worsening eating habits (overeating, junk food)
- Ruminative thinking
- Thoughts of retribution
- Fears for own safety and that of loved ones
- Preoccupation with work/working longer hours
- Engaging in excessive screen time (phones, tablets, computers, televisions)
- Feeling cut off from or distrustful of others

Important Note

It is not unusual to experience one or more of these symptoms from time to time.

Normally, these periods do not last more than two weeks.

It's only
TEMPORARY

Preventing Traumatization: Developing Resilience



SAMHSA's Four R's of Trauma-Informed Courts

Realize the widespread impact of trauma and understand potential paths for recovery

Recognize the signs and symptoms of trauma in participants, families, and staff

Respond by integrating knowledge about trauma into policies, procedures, and practices

Actively **resist re-traumatization**

Never ask for or allow the participant to share details of their trauma in court

1. It violates their boundaries
2. It shames them
3. It can retraumatize them
4. It can trigger other participants
5. It can trigger other members of the treatment team
6. When we prevent the sharing of traumatic details, we decrease secondary traumatization, triggering, compassion fatigue, and burnout.



What is Resilience?

- “Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress...”
 - Ordinary not extraordinary
 - It does not mean the absence of distress or emotional symptoms
 - Not a “trait” - involves thoughts, behaviors, and actions



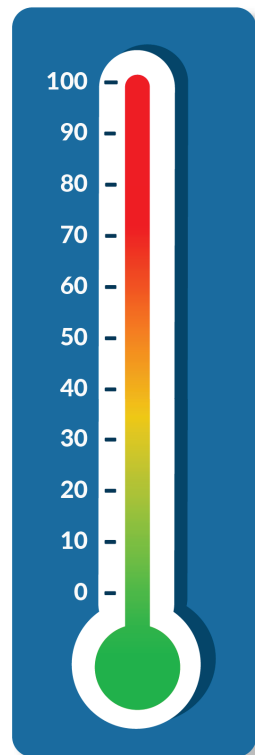
American Psychological Association

Factors Involved in Resilience

1. Supportive relationships inside and outside of one's family
2. The capacity to make realistic plans and take steps to carry them out
3. A positive view of yourself and the confidence in your strengths and abilities
4. Skills in communication and problem solving
5. The capacity to manage strong feelings and impulses (i.e., distress tolerance)
6. Engaging in self-care

...In other words, these are **all things someone can cultivate** within themselves....

Self-Assessment: Subjective Units of Distress



- 100 Highest anxiety/distress that you have ever felt.
- 90 Extremely anxious/distressed.
- 80 Very anxious/distressed; can't concentrate. Physiological signs present.
- 70 Quite anxious/distressed; interfering with functioning. Physiological signs may be present.
- 60 Moderate-to-strong anxiety or distress.
- 50 Moderate anxiety/distress; uncomfortable, but can continue to function.
- 40 Mild-to-moderate anxiety or distress. ***Intervene here
- 30 Mild anxiety/distress; no interference with functioning.
- 20 Minimal anxiety/distress.
- 10 Alert and awake; concentrating well.
- 0 No distress; totally relaxed.

High Distress

Moderate Distress

Low Distress

Professional Quality of Life

Compassion
Satisfaction

Compassion
Fatigue

Burnout

Secondary
Trauma

Assess for STS

- Conduct periodic self-assessments
- Use evidence-based assessment instruments:
 - Professional Quality of Life Scale
 - Secondary Traumatic Stress Scale



Assess for STS

- Helpers tend to underestimate their secondary traumatic stress
- The best evaluators tend to be their spouses/partners (Jaffe et al., 2003)
 - Also close family members and close friends
 - Ask them if you've changed/if you show signs of STS

Secondary Traumatic Stress and Related Conditions: Sorting One from Another

Secondary Traumatic Stress refers to the presence of PTSD symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

Compassion fatigue, a less stigmatizing way to describe secondary traumatic stress, has been used interchangeably with the term.

Vicarious trauma refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another person's traumatic material.

Compassion satisfaction refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues, and the conviction that one's work makes a meaningful contribution to clients and society.

Burnout is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops as a result of general occupational stress; the term is not used to describe the effects of indirect trauma exposure specifically.

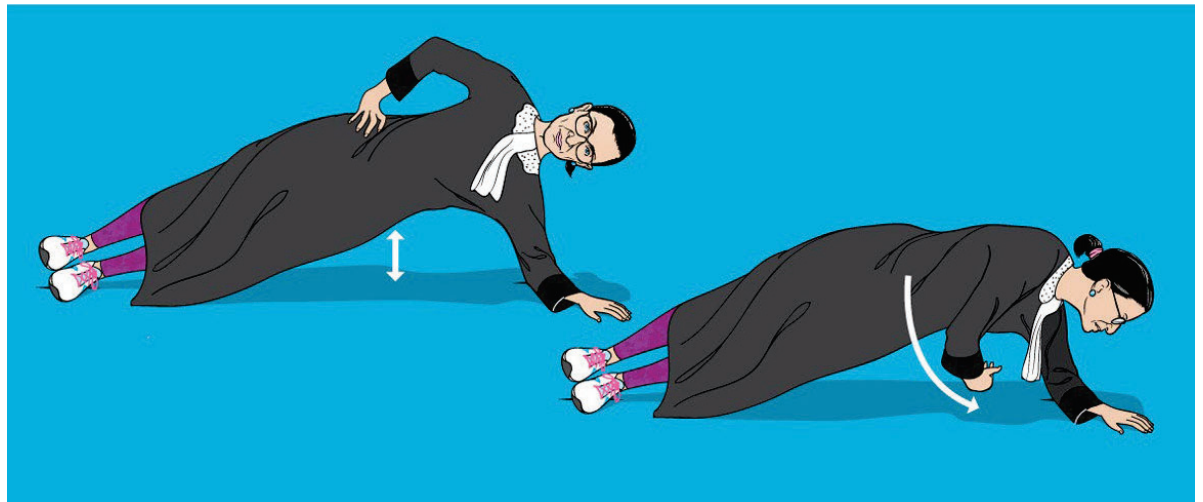
Address Systemic Safety Concerns

- Trauma-related symptoms may be the result of feeling unsafe with offenders
- Address practical concerns with practical solutions wherever possible
- Review best practices for courtroom safety
 - <https://cdm16501.contentdm.oclc.org/digital/collection/facilities/id/170>
- If your court does not have an emergency management plan, create one



Preventing Secondary Traumatization

1. Know the signs and symptoms of STS
2. Assess yourself annually
3. Take breaks at work
4. Ensure 6.5-7.5 hours of sleep/night
5. Eat healthy foods in healthy amounts
6. Exercise regularly





Preventing Secondary Traumatization

7. Engage in a spiritual life
8. Engage in a hobby that has nothing to do with work
9. Set boundaries between work and home
10. Schedule and accumulate pleasant activities
11. Deal with your personal history
12. Obtain regular training on trauma and its effects

Responding to Traumatization



Intervening When You Experience STS

1. Engage or re-engage your support network
2. Re-balance work and life
3. Reduce exposure to work-related and trauma-related books, movies, internet content, and news



Intervening When You Experience STS



4. Practice self-soothing: baths, music, massages, etc.
5. Take vacations
6. Start a gratitude journal
7. Be creative: sing, dance, write, draw, sculpt
8. Spend time with healthy children
9. Practice self-compassion

Intervening When You Experience STS

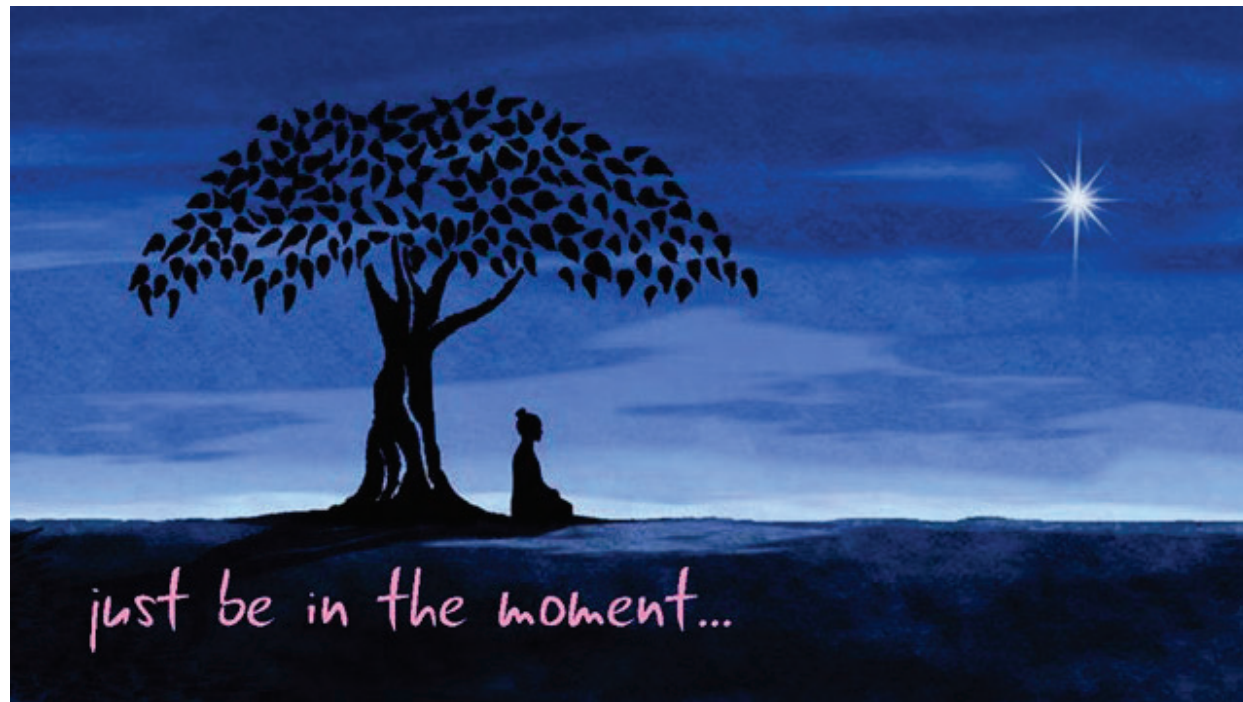
10. Practice mindfulness meditation

11. Engage in regular yoga



Mindfulness Meditation

- Mindfulness shifts the brain into a state of calm
- Regular practice shifts the nervous system baseline



THE BENEFITS OF MINDFULNESS

Physical



Boost energy levels



Improves sleep



Reduces chronic pain



Improves heart function



Helps with digestive problems

Mental



Relieves stress



Reduces anxiety



Improves mood and happiness



Boosts concentration and focus



Improves self-esteem

Mental Health

Benefits of Yoga

Decreases Stress & Anxiety

Helps You Focus

Creates Mindfulness

Increases Self-Esteem

Boosts Confidence

Increases Awareness


Encourages Self Care

Improves Meditation

Increases Happiness

Promotes Well-Being





Q: How do you know when primary trauma and/or secondary traumatic stress becomes a significant problem?

A: When your symptoms become constant and/or pervasive.



**Know when your
cup is running over.**

Self-Soothing

Self-Soothing

(Comforting yourself through
your five senses)

1. Something to touch
(ex: stuffed animal, stress ball)
2. Something to hear
(ex: music, meditation guides)
3. Something to see
(ex: snowglobe, happy pictures)
4. Something to taste
(ex: mints, tea, sour candy)
5. Something to smell
(ex: lotion, candles, perfume)



Everyone Needs One Person in Whom to Confide



- Trauma dissipates in waves
- Each of us needs one person to talk with:
 - A partner or spouse
 - A close friend
 - A family member
 - A minister/pastor/priest/rabbi
 - A therapist

SAMHSA's Four R's of Trauma-Informed Courts

01

Realize the widespread impact of trauma and understand potential paths for recovery

02

Recognize the signs and symptoms of trauma in participants, families, and staff

03

Respond by integrating knowledge about trauma into policies, procedures, and practices





04

Actively resist re-traumatization

Develop a Self-Care Action Plan

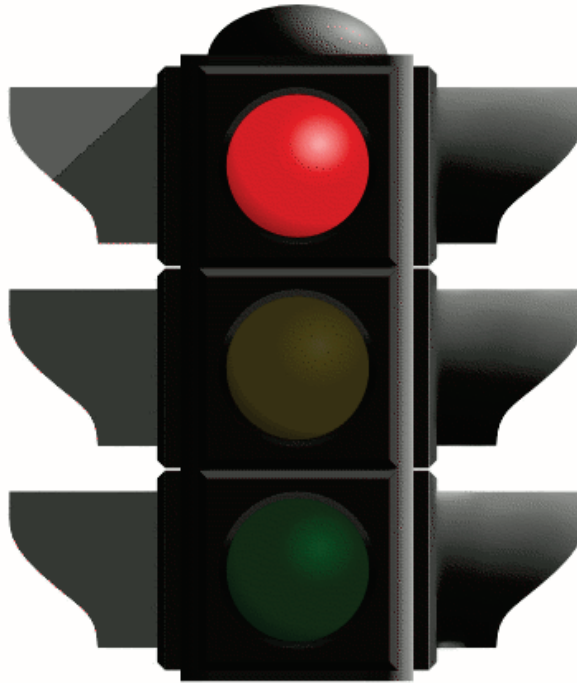
- Use the ideas above, and add your own
- Make a plan how you will leave work at work
- Identify your triggers and how you will handle them
- Set aside at least one hour daily for self-care
- What gives you joy?
- What gives you meaning?

_____ 's Self Care Plan

 Mental	 Physical
 Emotional	 Spiritual

***Start a plan
within the next week***

Recognizing When You Need Outside Help



Signs of Deepening Problems

- Drinking more than two standard drinks/day
- Misusing prescription medication
- Using illicit drugs



Signs of Deepening Problems



- Becoming a couch potato
- Insomnia lasting more than two weeks
- Panic attacks
- Isolation from family and friends
- Despair about the world
- Loss of faith
- Thoughts of suicide

Deepening Problems in Court

- Inability to balance compassion and impartiality
- Numbness
- Unstable moods
- Emotional acting out towards participants
- Spacing out/dissociation



Deepening Problems in Court

- Decreased motivation
- Decreased productivity
- Decline in quality of work
- Avoiding or becoming less responsive to others
- Impaired role functioning



When STS Becomes a Serious Problem

- Seek consultation from a peer
- Use state assistance programs for attorneys or clinicians
- Use the employee assistance program
- Engage in psychotherapy





Signs of Burnout

- Chronic exhaustion
- Problems with attention and focus
- Headaches, stomach aches, chest tightening, dizziness, etc.
- Increased illness
- Loss of appetite or heavy overeating
- Cynicism and detachment
- Feeling ineffective



Three Final Thoughts

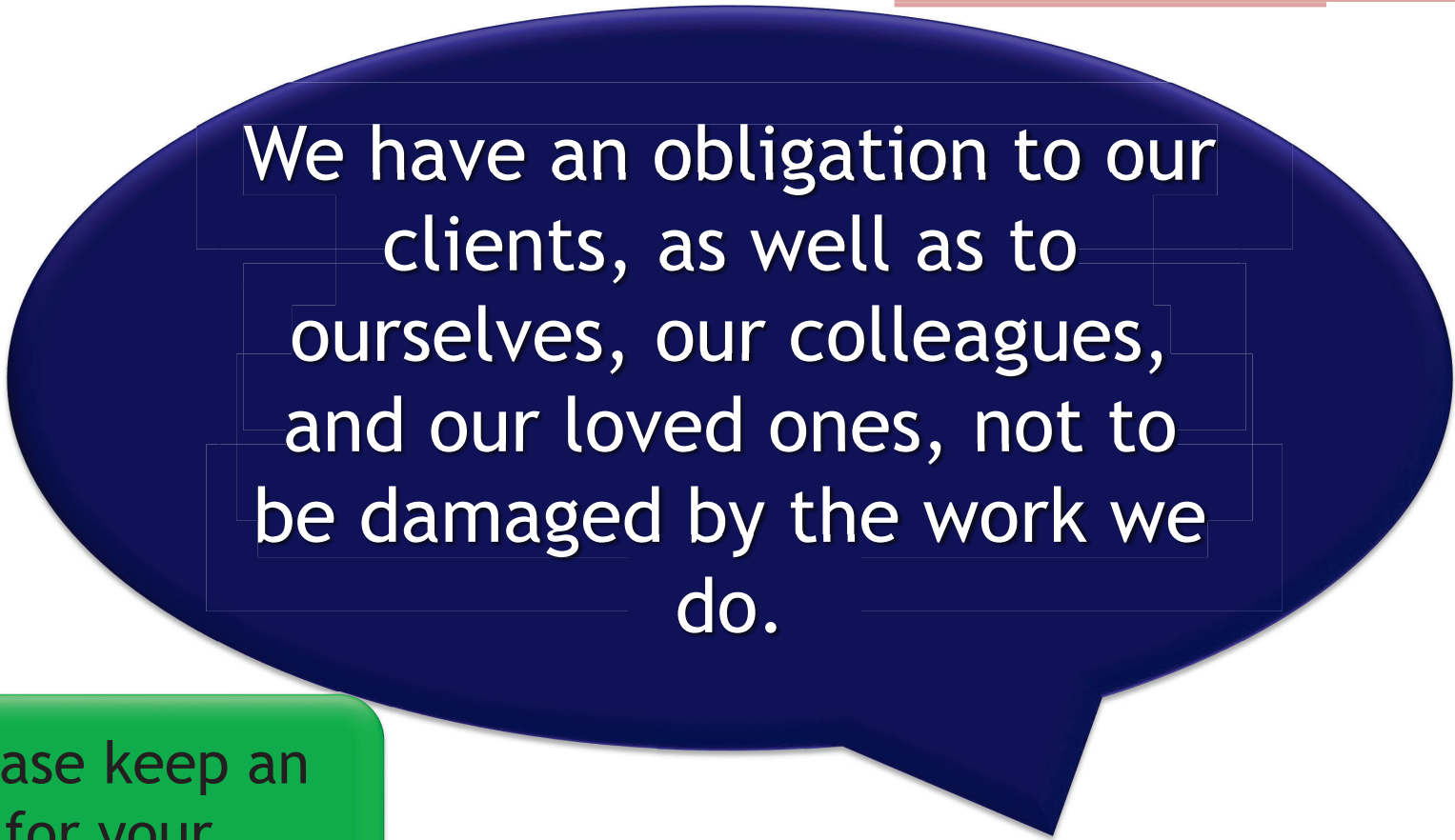
YOU WOULDN'T LET
THIS HAPPEN TO
YOUR PHONE.



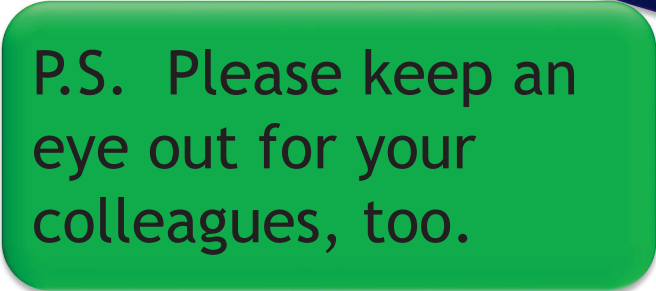
DON'T LET THIS
HAPPEN TO
YOU EITHER.



SELF-CARE IS A PRIORITY.
NOT A LUXURY.



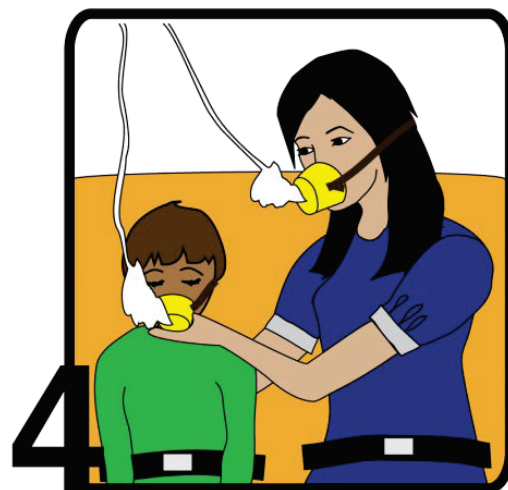
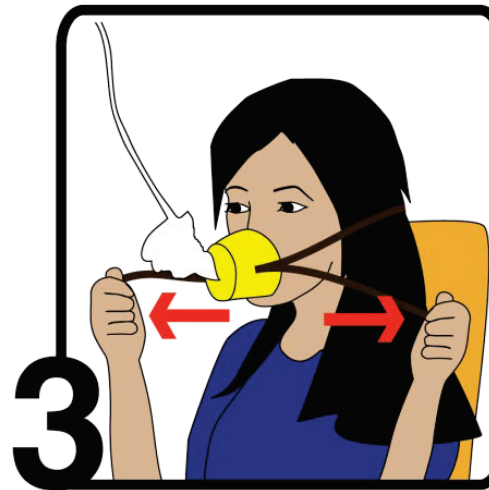
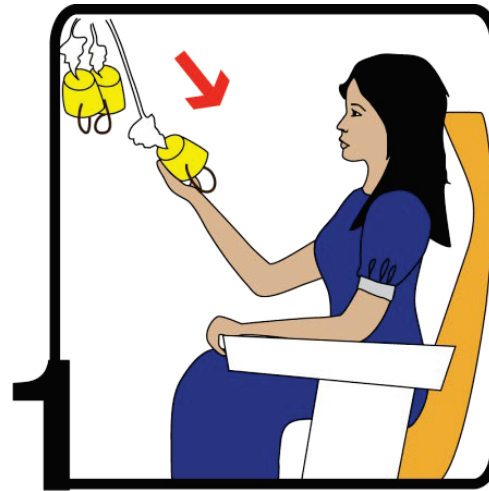
We have an obligation to our
clients, as well as to
ourselves, our colleagues,
and our loved ones, not to
be damaged by the work we
do.



P.S. Please keep an
eye out for your
colleagues, too.

Karen Saakvitne and Laurie Pearlman, 1996

Put Your Oxygen Mask on First





Resources

Self-Screening Tools

- Secondary Traumatic Stress Scale:

https://www.naadac.org/assets/2416/sharon_foley_ac15_militarycultureho2.pdf

- Professional Quality of Life Scale

http://proqol.org/uploads/ProQOL_5_English_Self-Score_7_2011.pdf

Dealing with Trauma Exposure

- *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others* by Laura van Dernoot Lipsky
- *Transforming the Pain: A Workbook on Vicarious Traumatization* by Karen Saakvitne and Laurie Pearlman
- *The Resilient Practitioner: Burnout and Compassion Fatigue Prevention and Self-Care Strategies for the Helping Professions, 3rd Edition* by Thomas Skovholt and Michelle Trotter-Mathison

Dealing with Trauma Exposure

- Self-Care Workbook:

http://www.figleyinstitute.com/documents/Workbook_AMEDD_SanAntonio_2012July20_RevAugust2013.pdf

- When Compassion Hurts:

https://www.beststart.org/resources/howto/pdf/Compassion_14MY01_Final.pdf

- Secondary Traumatic Stress in child-serving systems:

http://www.nctsn.org/sites/default/files/assets/pdfs/secondary_traumatic_tress.pdf

Mindfulness Books

- *Mindfulness for Beginners: Reclaiming the Present Moment - and Your Life* (2011), Jon Kabat-Zinn
- *Radical Acceptance* (2012), Tara Brach
- *The Miracle of Mindfulness* (1999), Thich Nhat Hanh
- *Meditation for Beginners* (2008), Jack Kornfield
- *How to Meditate* (2013), Pema Chodron

Online MBSR Courses

- **FREE** online MBSR course:
<http://palousemindfulness.com/selfguidedMBSR.html>
- Online video course:
<http://www.soundstrue.com/store/the-mbsr-online-course-3226.html>

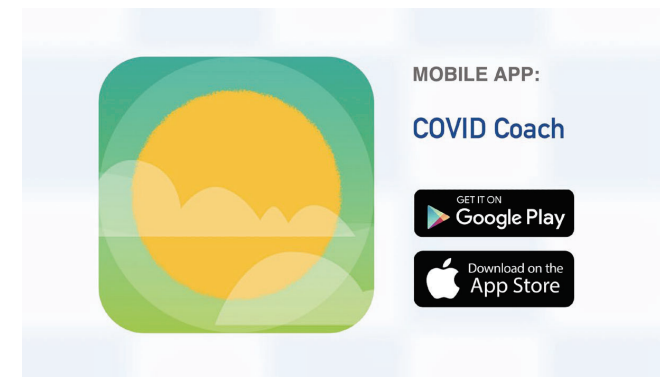
Guided Mindfulness Meditations

- <http://www.va.gov/PATIENTCENTEREDCARE/resources/multimedia/index.asp>
- <http://www.fammed.wisc.edu/mindfulness-meditation-podcast-series/>
- <http://health.ucsd.edu/specialties/mindfulness/programs/mbsr/Pages/audio.aspx>
- <http://marc.ucla.edu/body.cfm?id=22>

Self-Help Mobile Applications

<http://www.t2health.org/mobile-apps>

- Breathe 2 Relax
- Mindfulness Coach
- COVID Coach



Self-Help Mobile Applications

<http://www.militarymentalhealth.org/articles/media>

- Positive Activity Jackpot
- Virtual Hope Box
- Provider Resilience





Contact:

Brian L. Meyer, Ph.D.

brianlmeyerphd@gmail.com