INTRODUCTION

As the title would indicate, self-care and wellness are two separate concepts. The concept of self-care is one that everyone should be aware of and work to achieve. However, people who work to support others, particularly in the area of trauma, need to include self-care within a larger context of wellness, and to expand self-care activities in their own daily lives.

This document intends to address both concepts: self-care and wellness and serves as a companion to the video *SELF-CARE AND RESILIENCY BUILDING*, hosted by Caring Hearts in Regina, Saskatchewan, Canada. Accordingly, this document follows that video's format. This document will provide the information necessary to promote Self-Care and expand the level of wellness in an individual's life.

Chapter One explains the difference between self-care and wellness, and discusses the importance of both. The chapter then discusses various types of trauma to which our clients may be exposed, and considers how we, as those providing support work, may also be exposed to a secondary trauma in our own lives. The chapter concludes with diagnosis criteria for Post-Traumatic Stress Disorder.

Chapter Two begins asking the question, "how does your work affect you?" The chapter presents the characteristics of a traumatic response, and defines secondary trauma and the many elements which cause it. The chapter goes on to show how trauma affects our brain and body, and also discusses the high-risk symptoms of secondary trauma.

Chapter Three expands the scope of secondary trauma. It considers a concept known as the "sensation seeking personality" often exhibited by people who are drawn to working with trauma. Then, the chapter presents the three emotions most often exhibited by persons experiencing secondary trauma: anger, guilt, and fear, before concluding with a discussion of the value of hope as an antidote to fear.

Chapter Four begins to focus on how to take care of ourselves by looking at the difference between stress management and resilience. Next is a discussion of how to engage in these activities. Concepts of a self-care check-in, plan, and activities—including mindfulness exercises—are presented to help individuals achieve self-care, and live in wellness.

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CHAPTER 1
Self-Care & Wellness

Very basically, self-care is the engagement in activities and practices that assist in living life in a healthy way. The focus of self-care is predominantly on the body and on activities often associated with stress management. Everyone should be engaged in self-care.

Wellness is the engagement of activities and practices that assist in maintaining well-being while an individual experiences or is exposed to an adverse or traumatic environment. While these are physical lifestyle activities, they look beyond the body and into mental, social, emotional, and spiritual supports. These activities are essential for persons who live or work in environments of trauma. The research on wellness focuses on the creative self, the coping self, the social self, the essential self, and the physical self.

So, when we talk about environments of trauma, what exactly are we talking about? A good starting point is the US Government's Substance Abuse and Mental Health Services Administration, which posted the following list of activities designated as "trauma" and "violence" on their website:

- Sexual Abuse or Assault
- Physical Abuse or Assault
- Emotional Abuse or Psychological Maltreatment
- Neglect
- Serious Accident, Illness, or Medical Procedure
- Victim or Witness to Domestic Violence
- Victim or Witness to Community Violence
- Historical Trauma
- School Violence
- Bullying
- Natural or Man-made Disasters
- Forced displacement
- War, Terrorism, or Political Violence
- Military Trauma
- Victim or Witness to Extreme Personal or Interpersonal Violence
- Traumatic Grief or Separation
- System-Induced Trauma and Retraumatization

It is important to expand on a few of these. We know, for example, that when a child is **neglected** in the first two years of life, physical development is affected in such a way that they will have attachment and other mental health issues throughout their life. Neglect may be defined as not having physical or emotional proximity to a care-giver.

The list above differentiates between **victim and witness** on certain entries. This reminds us that an individual's response to witnessing trauma may be just as strong as the individual experiencing trauma firsthand. We know, for example, that children up to the age of six will have a stronger traumatic response to seeing their primary care-giver harmed than if they were being harmed themselves.

Historical trauma, based on research in the field of epigenetics, shows that events which happen in our environment affect the way our genes use protein to build neurons in our brain. This effect then

becomes encoded in our genetics and is passed to the next generation. This "event" may be one that happens to just one individual—such as physical or sexual abuse—or it may apply to a group of people—Africans subject to slavery, Jewish people subject to the Holocaust, or Indigenous people subject to colonialization, for example. This traumatic event may even be experienced globally, like global warming or a pandemic.

The idea of **forced displacement** may be found in a variety of examples: a child being removed by protective services; eviction from a home for whatever reason; war refugees; or the relocation to reservations.

When working with members of the military, we must remember that military trauma may be different for men as compared to women. For men, the **trauma** is most often from the military activity itself, while for women, the trauma may be sexual harassment and/or abuse from fellow military members.

Finally, **system induced trauma** is any activity sanctioned by a system that can produce a traumatic response. Here, we most often think of the "isms" (racism, sexism, ageism, homo/transphobia, etc.).

Looking at this list, it's clear that a large number of our clients have been exposed to at least one, if not a number of these traumas. It's also clear that we ourselves have probably been exposed to one or more of these traumas. This recognition is essential. We all must admit our own experience with trauma. Doing this empowers us to better tend to our own wellness while we working to support our clients.

From a US mental health perspective there is at this time only one accepted diagnosis of trauma: Post Traumatic Stress Disorder (PTSD). Through the lens of this diagnosis, our exposure to, our experience with trauma may vary. The traumatic event may happen to us, we may witness it happening to someone else, we may learn that an event happened to a loved one or significant other, or *we may be repeatedly exposed to the aversive details of a traumatic event*. It is this exposure that causes secondary trauma. After all, being exposed to the details of a traumatic event includes being repeatedly exposed to the stories of other people's trauma.

Are you exposed to stories of other people's trauma in your work?

As this happens repeatedly, over time, you may move closer and closer to satisfying the criteria for the diagnosis of PTSD. This is why it is so important to live in wellness. Remember that PTSD may be the result of a single event, or the exposure over time to the aversive details of trauma. In the latter circumstance, as you are being exposed, your body and brain are slowly being affected more and more as you approach PTSD. This change is referred to as a "traumatic response". Attention to self-care and wellness slow, and can even eliminate traumatic response.

CHAPTER 2
How Does Work Affect You?

At the end of the previous chapter traumatic response was defined as "the gradual change which occurs in your body and brain as a result of being repeatedly exposed to the aversive details of trauma". How is this measured? How does someone recognize this is happening to them?

From a broad perspective, there are a certain set of general behaviors/reactions that are indicators of traumatic response. First is burnout. **Burnout** can be defined as being physically, emotionally, and even spiritually exhausted, but where one keeps working anyway. This person is driven by their passion for the work. By following some self-care guidelines, individuals experiencing burnout can restore themselves to fully functioning.

Compassion fatigue occurs when an individual is fatigued beyond exhaustion to the point of being overwhelmed. An individual experiencing compassion fatigue has great difficulty staying on task, completing projects, and often becomes stagnant, not knowing what to do next. Still, they retain passion for their work. Utilizing wellness techniques and given a little time, this person will return to their fully functioning self.

Secondary Trauma *(formerly known as vicarious trauma)* finds the individual functioning as a robot, not thinking nor feeling anything about the work, and only accomplishing the bare minimum. They no longer have passion for the work and begin to exhibit resentment and a negative attitude towards the work and the client. This person could be doing more harm than good to themselves and the work at this stage. An individual experiencing secondary trauma should remove themselves from the work, seek out trauma counseling, and perhaps rethink their career path.

It is important to recognize that trauma affects us four ways: cognitively; mentally; emotionally; and physically. What this means is that trauma affects how we think about things, how our brain works, how we feel about things, and how our body works. A traumatic response is usually the result of an event where: we believe we have no control; we do not feel safe; and we do not believe that anyone hears us or understands what we are experiencing. These are the three core issues of trauma.

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Secondary trauma occurs when we are exposed to someone else's trauma or traumatic event through our contact with them. This may happen in a variety of ways: the victim of the trauma tells us of the event, we read about the event, or we see images of the event, to name a few examples. As a result of this exposure to someone else's trauma, we begin to have a traumatic response. We begin to experience the victim's feelings of having no control over the situation, of feeling unsafe, and of not being understood or heard. This then begins to affect the way our body and brain respond, which in turn affects the way we think and feel.

Our brain is wired to pick up on the feelings of others and to create a similar feeling within us based on our memories. This is accomplished through mirror neurons. It is believed that as humankind began to learn they could not survive as well on their own as they could with others, mirror neurons were developed so we could understand the experiences and feelings of others and, therefore, be able to fit in with others. Mirror neurons are the basis of empathy.

There are three levels of empathy: cognitive, emotional and compassionate. Cognitive empathy is when we recognize intellectually that the experience of another was outside the norm, and that they are strongly affected as a result. Emotional empathy is when the mirror neurons kick in and we begin to feel, based on our own experience, what the other person is feeling as a result of their experience. Compassionate empathy is a result of us feeling so strongly what the other person is feeling that we are driven to act in hopes of alleviating their pain.

As helping professionals we function best in the realm of cognitive empathy, as we are able to utilize all our mental resources to assist the client. If we move into emotional empathy, we begin to experience a traumatic reaction, and our brain's ability to function is compromised. If this continues for an extended period of time we will experience compassion fatigue. Acting out of compassionate empathy exposes us to secondary trauma, where we function largely from an instinctual "fight-flight-freeze" perspective. If we function at this level for an extended period of time our emotions will shut down, we become robotic, and we lose our passion.

Research suggests, however, that helping professionals believe they must allow themselves to connect to their client to some degree on the emotional empathy level, or they are not being as effective as they could be with their client. The research went on to suggest that the degree to which these professionals connected to the feelings of their client was used by these professionals to measure how effective they were in meeting their client's needs. If there is no emotional connection, the professionals felt they were not serving the client well and they should refer the client to someone else. To note, however, this research was conducted on professionals who had been working for a number of years, who had healthy and clear boundaries, and who had self-care skills in place.

These helping professionals also discussed engaging in Vicarious Post Traumatic Growth (VPTG). In short, the concept of VPTG states that if we as professionals connect with the traumatic feelings and pain of the client, we must also connect with the feelings of joy for their successes and recovery. To do this we must look for the indications of our client's improvement in relating to others, their ability to see new possibilities as a result of the traumatic event, to recognize their personal strength as they move through their trauma, to acknowledge any spiritual change they have experienced as a result of this event, and to verbalize the change in their priorities in life. As the client shows indication of improvement in these areas, we should allow ourselves to feel a sense of accomplishment in having walked with them through this process.

We have talked a great deal about traumatic response to this point, and it is time that we clarify exactly what that means. As discussed, the US currently recognizes only one trauma diagnosis: PTSD. If a client meets the diagnostic criteria for PTSD, they are considered to have experienced the most intense level of traumatization. However, as we discussed previously, the repeated exposure to the aversive details of trauma over time may lead to a diagnosis of PTSD. This would indicate that our physical, emotional, mental and cognitive reactions to this exposure is building over time, but has not yet met the criteria for a diagnosis of PTSD. So, this building reaction from "normal" to PTSD over time is referred to as the "traumatic response".

How do we know that we are experiencing a traumatic response? How is it measured? **One of the physiological reactions to a traumatic response is the increase of the hormone cortisol**

in the system. There are blood and saliva tests for cortisol levels, but they tend to be expensive. The presence of cortisol in the system does result in specific symptoms, which are excellent indicators of a traumatic response. Typically, traumatic response negatively affects:

- CONCENTRATION
- MEMORY
- LEARNING
- REPETITIVE THINKING
- ANGER
- NEGATIVITY
- HYPERVIGILANCE
- SLEEP
- IMMUNE SYSTEM
- DISSOCIATION
- DETACHMENT
- DEPRESSION

A traumatic response, resulting in the release of cortisol into the system results in difficulty concentrating and learning, and with memory. A person may also become caught in memory or thinking loops, particularly about the trauma. One may become angry more often, with the anger response being greater than the situation might require.

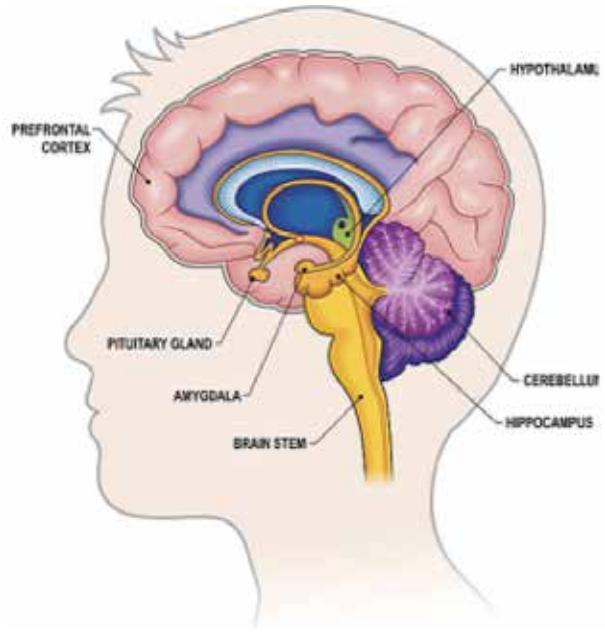
A person experiencing trauma also take adopt a pessimistic view of the world, expecting bad, negative, or even the worst possible things to happen. This response can negatively affect our ability to sleep. It can also compromise our immune system. We may find that we feel like we don't fit in our environment, we begin to withdraw our feelings, and experience depression. (Note: the depression associated with trauma is not similar to clinical depression. Depression in this case is about a lack of motivation—about not being able to find motivation to do what is necessary, like attendance or participation in events, even when we have a great desire to engage.) The stronger our reaction to the trauma, the more cortisol is released into the system. The greater the amount of cortisol in the system, the stronger and more pronounced these symptoms will become.

Traumatic responses differ depending on the person because these responses are based on our own perception of the world. Our perception, in turn, is based on our experience, education, culture, up-bringing, etc., on everything that makes us the individual we are. With that in mind, I encourage you to look at each of the symptoms mentioned above and think back to two years ago. For how many of these symptoms were you functioning better two years ago than you are today? If your answer is 1-2, that would be pretty normal for a human being. However, if your answer is 3 or more, there is a good chance you are experiencing a traumatic response based on your life, work environment, or both. But not to worry, you can reduce, even eliminate, your traumatic response before it reaches the level of PTSD. We will discuss how to do this shortly.

Now that we understand the physiological result of a traumatic reaction, let's look at how a traumatic reaction affects the way the brain functions. In the illustration, we see that the amygdala is attached to the hippocampus. What the illustration does not indicate is that we have two amygdalae and two hippocampi—one located in each hemisphere of the brain.

The amygdala is our fear and anger center. It is responsible for initiating a traumatic response and the fight-flight-freeze response. The amygdalae are constantly at work scanning all information coming into the brain from our senses, our feelings, and our thoughts. The amygdalae scan for danger

based on previous information stored in the brain. So, as new information comes in, if the amygdala can find anything stored in the brain to associate danger to this new information, it will make that association and immediately react.



The hippocampus is the area of the brain associated with concentration, learning, and memory, and it serves as a sort of governor over the reaction of the amygdala. As an example, let's say you find yourself at a deserted lake late at night, and it reminds you of a scene in a horror movie you once saw (the amygdala scanned the new information and associated it with stored information and raised the danger alarm). You begin to feel fear and unease. Your hippocampus is then activated and reminds you that your memory is of a movie, and it wasn't real. Governing the amygdala's action, your hippocampus reminds you to calm back down.

Let's look more deeply at what just happened. When the amygdala made the connection with memory of the movie, it released a hormone to stimulate the hypothalamus, which released a hormone to stimulate the pituitary gland, which released a hormone into the blood stream to stimulate the adrenal gland, which released adrenalin and cortisol into the system. This process of the hypothalamus-pituitary-adrenal gland is referred to as the "HPA Axis". This is how cortisol is released into the system. The more the amygdala sounds the warning, the more cortisol is released into the system.

While this process occurs, the hippocampus is trying to modulate the amygdala, but as we have seen, once cortisol is in the system it begins to interfere with the hippocampus and affect the ability to concentrate, learn, remember, etc. The hippocampus has regulators that only allow a certain amount of cortisol to affect its functioning. When cortisol reaches this amount, the hippocampus can stop the HPA Axis from releasing any more cortisol into the system. However, if the amygdala connects with information that indicates the person's life is in danger, it can over-ride and shut down the hippocampus. This is referred to as the fight-flight-freeze response—the person is now running on survival instinct (amygdala), without the interference of reasoning (hippocampus).

The above explains how the brain functions in a single traumatic event. It also helps us to understand how we are affected in our work when we are exposed to aversive details of someone else's trauma over time. As the amygdala connects our client's story with our own memories of danger, a lesser amount of cortisol is released. However, if we repeatedly hear stories, see images, or read reports of trauma, small amounts of cortisol continue to be released into our system, becoming more concentrated. The result: stronger and more

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profound symptoms, which we discussed earlier. As time passes, cortisol levels increase and symptoms become stronger until we eventually reach a place where we may qualify for a diagnosis of PTSD. Due to the fact that our exposure to secondary trauma results in a slow rise in the cortisol levels, we are able to exert our influence over those same levels. Cortisol levels can be reduced by the release of endorphins into the system. There are several things we can actively do to release endorphins. Exercise is one.

The general rule for exercise is to do it a minimum of three times a week for a minimum of twenty minutes, breaking a sweat. The more you exercise, the more endorphins are released, the more cortisol is reduced, and the more the symptoms are modulated or eliminated. Feeling good about yourself is another way to release endorphins. Set achievable goals for yourself and congratulate or reward yourself when they have been accomplished.

We also release endorphins when we feel nurtured, so having nurturing relationships are important. Finally, laughing releases endorphins. Actually, even pretending to laugh releases endorphins. Watching a video of puppies and babies, watching a silly slapstick comedy, or listening to a recording of people laughing may help you laugh as well.

By participating regularly in activities that release endorphins and reduce cortisol, you are mitigating the symptoms of the traumatic response and managing your secondary trauma. But there is another way the brain is affected by trauma. The brain is divided into two hemispheres. The left hemisphere is considered the "logical" side which provides for linear, step-by-step, logical thinking. It is the side of the brain that engages for mathematical calculation, planning, and strategy. The right hemipshere is associated with creativity, imagination, and is generally associated with being artistic or a visionary. When a person is exposed to trauma, the processing across the two hemispheres of the brain is affected, and functioning tends to become fixed in the right brain. Your response to that might be "well that's not so bad, that's the creative side of the brain". That is correct. It is also the side of the brain associated with images and the imagination. If a trauma has caused the brain to become stuck in the right hemisphere, what do you think the images are that the person is fixated on? What do you think the imagination is focusing on? The answer is traumatic images.

When a person's brain is fixed in right hemisphere, they experience flashbacks. They can't get rid of the traumatic images in their head. It's the person's job to un-stick the brain so that information will flow freely between both hemispheres via the corpus callosum. (In the drawing of the brain above, the corpus callosum is in the very middle of the brain, light blue, in the shape of a fish hook laying on its side.) The processing of information across the corpus callosum is known as "bi-lateral processing", and can be stimulated by the body's activity. Activity on the right side of the body activates the left hemisphere; activity on the left side of the body stimulates the right hemisphere. So, any activity that utilizes both sides of the body in opposition causes the hemispheres to activate as they should. Activity such as running, swimming, riding a bike, walking, or using the elliptical exercise machine are examples of activities that will stimulate the hemispheres to function correctly, and unfreeze fixation of thought in the right hemisphere. This type of exercise, therefore, not only releases endorphins, bringing down cortisol levels, but also helps the brain to engage in bi-lateral processing.

We have previously discussed some of the symptoms indicating a traumatic response. I would like to end this chapter by presenting the high-risk symptoms of trauma. If the following symptoms are present, immediate mental health intervention is necessary:

- PERSISTENT IMAGES
- SEXUAL DYSFUNCTION
- DREAMS / NIGHTMARES
- RE-OCCURRING DREAMS/ NIGHTMARES INCREASE THE LEVEL OF RISK
- IMAGES INTERRUPT CONCENTRATED THOUGHT

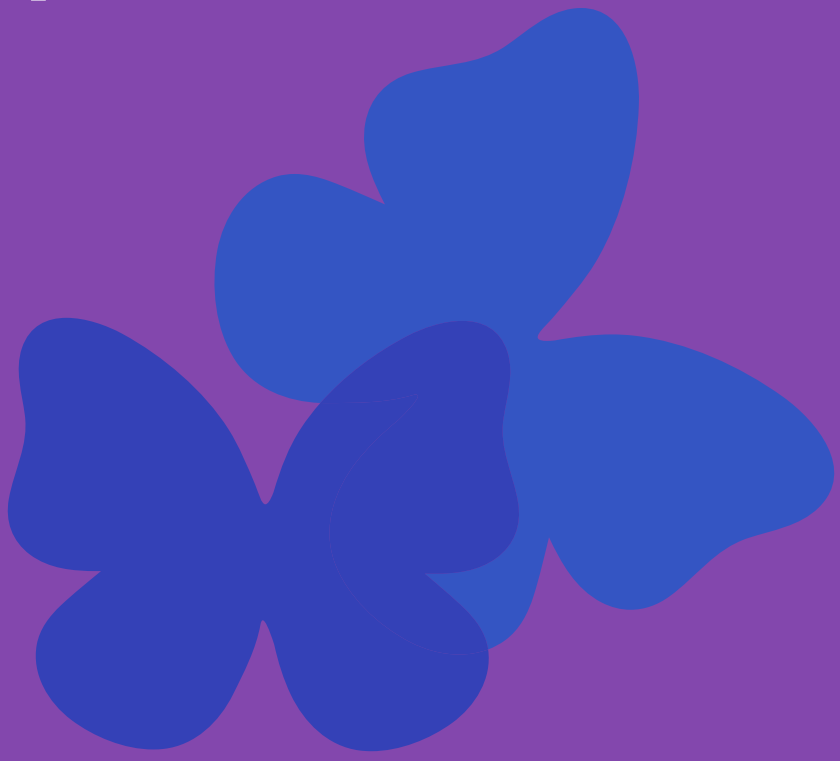
Traumatic images that are on someone's mind constantly and which don't lose intensity over a 24-hour period need to be addressed. Talking to someone who can help you identify why you are holding these images and who can help you change the meaning and value you give these images is crucial.

If the work you do has a focus on sexual abuse or exploitation for example, exposure to the images and materials of that work may affect your libido, and bring about sexual dysfunction. As stated, talking to someone to help you alter the meaning and value you are giving those images is necessary. (Note: if you work with these types of cases, it would be helpful to talk to any intimate partner you may have. Inform them that dysfunction is a possible bi-product of your work, not a result of your intimacy. This is an excellent pro-active step to take.)

Dreams or nightmares about your client or their trauma reoccurring two or more nights needs to be addressed as described above. Finally, should you be concentrating on something unrelated to your client or their trauma and an image of the trauma interrupts your concentration, seek help. Following these guidelines as soon as possible will help keep you mentally healthy and mitigate the possibility of acquiring a trauma-related diagnosis.

"Sensation-seeking is a trait defined by the seeking of varied, novel, complex, and intense sensations and experiences & the willingness to take physical, social, legal, and financial risks for the sake of such experiences."

Marvin Zuckerman



CHAPTER 3
Other Trauma-Related Reactions

Some of you, after reading Chapter 2, might say, "I don't have any of these reactions when working with trauma. In fact, I seem to do my best work when I'm dealing with traumatic situations". This is very true for many people who find themselves drawn to working with trauma. As such, you may have what is known as a "Sensation Seeking Personality" (SSP). People with SSP are drawn to trauma-related work.

There are four types of SSP: thrill and adventure-seeking; experience-seeking; disinhibition; and boredom susceptibility.

The thrill/adventure-seeker looks for places them in activities that are dangerous and have a high level of personal risk. These folks are loyal to their jobs and stay in them for a long time. They are focused on improving their personal best. These folks often work in special operations units of the military and in law enforcement.

Experience-seekers want to experience every kind of trauma-related work available. They are very good at the work and move up the ranks quickly, but only hold the job for 2-4 years before deciding to move on. These folks do not look for dangerous or risky jobs, but if a job they want includes danger they will not turn it down.

Folks in the disinhibition category are also very good at the work directly associated to trauma. However, they find administrative tasks and rules that are not pertinent to the work as valueless. Accordingly, they do not participate in those activities. Because of their good work with the direct trauma, supervisors sometimes overlook the fact that this staff member is not doing their paperwork, for example, but eventually this person is held to task. Before this employee is disciplined via firing, they move on to a similar job in another agency.

Boredom susceptibility folks don't hold jobs for very long. These folks are drawn to working with trauma because they are afraid of boredom, and are constantly stirring things up to avoid it. They are often seen as jokesters or trouble makers.

In the past we have often referred to folks with SSP as adrenaline junkies", particularly the thrill/adventure-seeker. What research has discovered, however, is that folks in this category have much lower levels or cortisol and adrenaline in situations of trauma than normal people. In addition, they have much higher levels of dopamine. This suggests that SSP folks are functioning at their peak performance when they are in situations of trauma, and are not having a traumatic reaction in the work. In fact, with the increase of dopamine, they are drawn to the experience because of the feeling of satisfaction it brings .

Further research has shown that people with SSP start to show a traumatic response after the exposure to trauma is over, when they become bored. These folks have a hard time relaxing in the traditional sense and often spend their down-time on activities involving risk, or on novelty or new experiences to compensate for their boredom. As a result, they are a higher risk for addictive disorders as they are drawn to activities which give them the same "pleasure" as the dopamine they experience while doing the work. As children they were often disruptive, or a teacher's pet in the classroom and hellions outside. SSP folks often have difficulty exhibiting empathy off the job, and may have emotional regulation problems when not engaged in the work. Boredom is an SSP's worst enemy.

The Sensation Seeking Personality ranges in intensity. If you do not experience a traumatic response in doing the work, I invite you to explore the possibility that you may be an SSP, to some degree. You may even see a bit of yourself in more

than one type of SSP. If so, understand that you are drawn to the work because it is what you do best, and good self-care and wellness for you needs to focus on the time in your life when you are not doing the work—your down-time.

Also, consider this: when working through the requisite courses to gain competency in this line of work, and when going through job training, very little was said about what we might feel doing the work. Ask yourself, *what are the normal emotions for someone doing this type of work?* ***What am I supposed to feel?*** Research indicates that there are four basic emotions experienced by people working with trauma: anger; guilt; fear; and hope.

Anger occurs when one of our boundaries has been crossed into territory in which we feel vulnerable.

As we discussed earlier, the amygdala is our fear and anger center, and it is constantly at work looking for danger. When it has found danger, it begins the HPA axis and as a result we experience a feeling of fear or anger. Anger is instinctively utilized to "scare the danger off". However, as humans we learn at an early age that anger can be a manipulative tool. We can use anger to push people away, to get what we want, and to feel we have power over certain persons and situations. If we use anger to manipulate often, it becomes a habit. This is also true for people in our line of work. Heightened cortisol may set off an anger response, but because the cortisol levels increase over time, our anger becomes habitual. When this happens, even if we lower our cortisol levels, the anger remains a habit.

If you recognize that anger has become an issue for you, the first suggestion I have for you is this: the next time you are angry, look in a mirror. Most of us have no idea what we look like when we are angry, and when we see ourselves it can be quite a surprise. This is what others around us see all of the time when we are angry. Is this how you want loved ones to think of you? Is this image the person you want to be?

A second suggestion for dealing with your anger is this: anger is always built up in steps. Your body gives a series of cues that it is building up anger, and you can stop the build-up at any of these cues. I will use myself as an example. 1) When I first begin to get angry my hands close. They don't make fists, and they don't close tightly, but this is the first step. If I notice this happening, I can stop the build-up by simply opening my hands. 2) The next step is that my chest pulls in and my shoulders come forward. To stop the build-up at this point I simply need to stand up straight and take a deep breath. If I do this the anger build-up is diffused and has to start again at the beginning. 3) If I have not stopped the build-up, the third and final step before I lash out in anger is that my chin will rise up, tighten and begin to shake. To stop the build-up I need to open my mouth as if yawning to relax the muscles and pull my chin down to my chest. If I do this the build-up diffuses and must start all over again.

Watch yourself as you get angry. Identify the steps your body goes through. Once you have identified them, you know you can manage your anger, so once you know how to manage your anger, you have power over it. After recognizing these things, any time you get angry is your responsibility—you have chosen to not stop the build-up—you have chosen to respond with anger.

Now you may say to me, "sometimes there is no build-up and I go from 0 to 100 in an instant". I would suggest to you that this is a situation where anger has become a habit, such as road rage, or reacting to someone who always knows how to

push your buttons. These are usually encounters that you can foresee. I would suggest the build-up comes in your preparation for the encounter. In effect, you are already "built-up" before the trigger incident occurs. In these situations, practice relaxation techniques in advance, or practice visualizing a non-angry outcome before the encounter. Because the anger is a habit, it will take some time to break it, but keep practicing until the calming technique becomes a stronger habit than the anger.

Another dimension to this is the feeling of guilt. When we find ourselves experiencing guilt, we first need to ask ourselves "what could I have done so the outcome would have been different?" In answering this question we will find that the guilt we experience falls into one of three categories: legitimate: a defense mechanism: or a means of control.

Guilt is an uncomfortable feeling of regret, remorse, shame and self-condemnation, which often comes when we have done or thought something which we feel is wrong, or failed to do something which should have been done.

A **legitimate** response exposes alternative paths that could have been taken to achieve the desired result. We need to recognize these alternatives, and we need to recognize that we made the best decision we could have made in the moment with the knowledge we had. We must also accept that we have learned from this experience, and will respond differently in the future, should the situation arise again.

When guilt is used as a **defense mechanism** it is often out of fear. This usually occurs when we don't know what we are supposed to feel, or we are afraid that the feelings we might have will be overwhelming. Guilt is a feeling that we are all familiar with: it has been used as a behavior modification tool throughout our lives. Parents, teachers, preachers, and advertisers have all used guilt to try effecting changes in our behavior. We are familiar with guilt where we may not be familiar with the pain of trauma or grief or horror, and we find ourselves focusing on something that we might feel guilty about instead of acknowledging those other feelings.

Finally, responding to guilt as a **means of control**, we find that by blaming ourselves for the consequence of the situation, we can avoid thinking deeply about our guilt. We avoid looking deeper for information, we avoid holding another person accountable, or we accept not knowing why a particular situation happened. In other words, we accept the responsibility for the situation so no other possibility needs to be considered.

If we consistently accept anything other than legitimate guilt, over time we may see negative characteristics developing in ourselves: low self-esteem, an inability to let go of anger, needing to be in control, an inability to forgive, becoming a perfectionist, or developing a tendency toward depression or anxiety, to name a few. However, by changing working on ourselves to only respond to legitimate guilt, we find that we can change these negative attributes.

Fear is a response to the belief that the future will be worse than this moment

As we discussed earlier, our amygdala is our fear and anger center, and its job is to warn us of danger. Fear is a common result of working with trauma or secondary trauma. We may fear for ourselves or our client. However, fear may take

on other forms which keep us from accurately recognizing it as fear. Some of these other forms include worry, anxiety, terror, paranoia, panic and dread.

Hope is a response to a belief that the future will be at least as good, if not even better than this moment.

There is one antidote to fear: hope. There are only two ways of looking at the future: with fear or with hope, and we make the choice. Because no one knows what the future will bring, we can decide to look at it through either lens. Looking through the lens of fear may raise anxiety levels, blood pressure, heart rate, cortisol levels and lead to numerable health issues. Looking forward with hope alleviates those concerns. An added benefit of hope is that the very activity of hope causes the left frontal lobe of our brain to release serotonin, which will temporarily slow or shut down the functioning of the amygdala (the fear and anger center). This then temporarily shuts down the traumatic response.

Below is a list of ways a person can increase their sense of hope:

- Exploring hopes of the past and how they changed and evolved;
- Accepting, honoring and acknowledging our individuality;
- Increasing our sense of control;
- Establishing specific goals;
- Exchanging thoughts and feelings with others;
- Pets;
- Emphasizing the progress made;
- Emphasizing other focuses in life;
- Mindfulness;
- Humor;
- Engaging in novel behavior;
- Affirming spiritual beliefs; and
- Attributing meaning to life.

There are other things to consider as well. Who are the people that you spend time with? Are they positive, hopeful people, or negatrons that bring you down? Are the images that you ponder in your head hopeful or fearful? Do you encourage humor in your environment? Do you engage in prayer or meditation? Here's a good one: do you believe in miracles? All of these thoughts help to keep us on a course of hope as we move toward the future.

CHAPTER 4
What are we Going to do for Ourselves?

So now that we understand what trauma does to our body, brain, thoughts, feelings and behaviors, it's time to consider what to do for ourselves to mitigate all of these effects. Two terms that we hear most often when dealing with the effects of trauma are stress management and resilience. Stress management tends to be body oriented and focuses on physical activity that will reduce cortisol levels. However, stress management tends to be the actions that you take once you are already stressed. Resilience is living a lifestyle that does not allow you to become stressed. Rather than being specific things to do, it is ongoing behavior and lifestyle.

Let's begin with stress management. First, we must recognize that stress is not necessarily bad. Stress is what motivates us to accomplish tasks and strive for goals. However, when stress becomes intense enough that it is counterproductive, that it interferes with our motivation and goal achievement, it becomes a problem and needs to be managed. Below is a list of de-stressing activities:

- Go for a 10 minute walk
- Breathe Deeply
- Visualize
- Eat A Snack (Mindfully!)
- Buy Yourself A Plant
- Step Away From The Screen
- Pucker Up
- Naam Yoga Hand Trick
- Hang Up, Then Turn Off Your Phone
- Put On Some Music
- Eat One (ONE!) Candy
- Plug In
- Chew A Piece Of Gum
- Watch A Viral Video
- Progressive Muscle Relaxation
- Seriously, Turn Off Your Phone
- See Your BFF
- Eat A Banana (Or a Potato!)
- Craft
- Try Eagle Pose

Let's explore some of these. *Breathing Deeply* does a great deal to reduce stress. However, this can be taken even deeper if one exhales a couple of beats longer than they inhale. This will help the body to relax. *Visualize* takes into account that the brain does not know the difference between a visualized image and reality, and will respond to an image or vision as if it were real. If you intently visualize some place relaxing and connect to it with all five senses, your brain will believe it is real and instruct your body to release endorphins and reduce cortisol. *Pucker up* refers to the fact that our stress is reduced when we are in the presence of someone who nurtures us. *Naam Hand Trick* is the application of pressure to the point between the pads at the base of the first and second fingers (on either hand). By applying pressure for five second intervals to this point, one can reduce their heart rate, blood pressure, and metabolic rate. This point is on a meridian to the heart. Doctors are teaching

this activity to folks after their first heart attack to be able to reduce the stress reaction in their body and slow their heart rate.

Plug In refers to finding relaxation websites on-line. *Progressive Muscle Relaxation (as well as Chew a Piece of Gum)* has the individual focus on and intensely tighten various muscle groups, then release them. When these muscles release, they become more relaxed that before the tightening. *See your BBF* (Best Friend Forever) is based on the understanding that social interaction with someone you care about distracts your attention from the stressor, is nurturing, and utilizes a part of the brain that counteracts anxiety and depression. *Try Eagle Pose* refers to the practice of yoga, which can be extremely de-stressing. Specifically, it refers to stretching and relaxing of the muscles and focus of thought.

As discussed earlier, resilience is more focused on behavior patterns and lifestyle. There are five core elements of resilience: self-knowledge and insight; sense of hope; healthy coping; strong relationships; and personal perspective and meaning. The more I know and understand myself the better I can prepare for stressful situations. Having a sense of hope counteracts fear and keeps me focused on forward movement.

Incorporating stress management skills from the previous list as ongoing life skills reduces the potential for me to become stressed. If someone surrounds themselves with strong, healthy, positive friendships and relationships they will have a safety net to strengthen them when highly stressful or traumatic events occur. Finally, having a sense of purpose, self-worth and confidence of self provides a person the inner strength necessary to go through extreme situations.

A person who is resilient possesses a long list of positive characteristics. A resilient person has self-control in all situations, good problem-solving skills, and emotional intelligence. They tend to be motivated to succeed, have good decision-making skills and are socially aware. People who are resilient are determined and typically exhibit a humorous attitude and faith.
Below is a list of activities that will help to build resilience:

- **Big four: exercise; relaxation; nutrition and rest**
- **Realistic expectations and goals**
- **Prioritize**
- **Live in the present**
- **De-clutter mind and environment**
- **Express gratitude**
- **Be Silent**
- **Optimistic future**
- **Volunteer**
- **Try something new**
- **Supportive people**
- **Make time for you**
- **Share responsibilities**
- **Meditate**

These activities are self-explanatory. Making as many of these as possible an on-going part of your lifestyle will improve resilience and quality of life. The best way to integrate stress management techniques or resilience into your life is to develop a systematic plan and follow it. We will call this a "self-care plan". A self-care plan can be as flexible and personalized as you care to make it, and can follow a variety of formats. One of the most efficient

plans to help stay on the task of wellness and self-care is a Wellness Check-In (see below).

WELLNESS CHECK-IN

Stressors

General

Specific to job

SUPPORTS

Exercise / relaxation / nutrition / sleep

During the check-in, the first goal is to identify and name the three main stressors in your personal life. Naming them is important as it allows us to consolidate your feelings of stress around specific stressors. The next step is to identify and name the three main stressors at your job. Once labeled, thoughts and plans can be developed to help you resolve or cope with those stressors.

Next, ensure that you are remembering and focused on the specific needs listed. Are you exercising at least 20 minutes per day, minimum 3 days per week and breaking a sweat? Do you make an effort to disengage and relax for a few moments during the most stressful part of your day? Do you endeavor to eat reasonably by keeping your intake of the five whites (salt, sugar, flour, dairy, eggs) low, as well as limiting fats and caffeine? How is your sleep? Are you getting 6-8 hours at a time?

Next is human interaction. How much face time are you getting with family and friends? Do you make time for personal interactions with others a few hours every week? Is the time "other"-focused and not self-centered?

To recognize your level of hope, look at the plans you have for the future—do you have several small things planned over the next few days? Do you have a major event (trip, vacation, activity) planned in the long-range future? Do you have plans to which you are looking forward?

Creativity is effectively defined as "problem solving outside of the box". What are you doing that is creative? Your creativity can come from your own ingenuity, or from research you do to figure out how to do something with the resources you have available. This can be artistic, a do-it-yourself project, gardening, or repairing something, for example. The possibilities for creativity are endless. You might find that you are creative in becoming creative. In addition to being creative, one needs to feel fulfilled. Have you identified the activities that result in fulfillment? How often do you participate in these activities? Daily, weekly, monthly? One should never go more than a month without feeling fulfilled.

How often do you feel that you are in touch with or connected to something greater than yourself? Taking a walk in nature, being in prayer or meditation, or feeling in awe of something that is amazingly beautiful are examples of this greater-than-thou connection. When was the last time you felt grateful? Or felt that you are right where you are supposed to be? These are expressions of your spirituality.

To wrap up your check-in, name three coping skills you have used in the past week.

By following a simple weekly check-in, you can monitor the extent to which you are staying on

track in terms of your self-care and wellness, and course-correct when need-be.

Another approach to building your resilience and improving wellness is to focus on the six dimensions of health: physical health; environmental health (relationships, environmental stress level); creative health; emotional health; spiritual health; and social health.

This process begins with rating each of these areas on a scale of 1-10, 1 being functioning in an unhealthy way, 10 being functioning in a very healthy way. Once you have given each a rating, write a sentence for each dimension regarding what you can do to improve your functioning in each by one number. Then, spend a month on one dimension. Engage in a specific activity, and continue to maintain that level of functioning. Then move to the next. At the end of six months each dimension will be functioning at a more healthy level than before. Now, repeat the entire process.

A more generalized approach to living a life of wellness is to develop mission statements for five general areas of life: one's job; career; personal life; spiritual life; and legacy.

A mission statement describes how you want to function in an area of your life. Your job is the activity that you spend most of your life doing. It could be the **job** at which you make your living, it could be being a full time parent or care-giver, or perhaps a volunteer role that fills much of your life.

Career refers to what you consider to be your calling. This may be a particular gift, skill or talent you possess which you consider to be your true purpose, but that may not be a primary source of income.

A **personal statement** is about how you want to live as a person exclusive of your job or career.

The **spiritual statement** focuses on what you wants your life to be in terms of feeling fulfilled, grateful, and connected to that which is greater than us.

Our **legacy** is what we want people to say about us when we have died; it is what will live on after us.

Once you have written out these five statements, seal the document in an envelope, and put it away for six months. After six months read the statements. Are you living in accordance with these statements? If not, what about your life do you need to adjust? Sometimes our situations change and we might need to adjust our mission statements accordingly. Once you determine how to live more aligned with your mission statements, put the document away to check again in six more months. This process helps us to live in wellness.

There is also a more short-term method of evaluating ourselves in the moment. Using the illustrations below, this exercise emphasizes creativity and is perhaps more insightful.

Start this evaluation by coloring the first image to reflect how you are currently feeling. Once the colored image accurately reflects how you feel, move to the second image and color it to reflect how you *would like to feel*. Now compare the two. Ask, "what do I need to do to get from image one to become image two?" Write out several statements to answer this question. The written statements can become your guide to living in wellness.

Mindfulness is the basic human ability to be fully present, aware of where we are and what we're doing, and not overly reactive or overwhelmed by what's going on around us

We have spent the past few pages focusing on ways to build and strengthen our self-care, manage stress, and build wellness and resilience. However, occasionally we may be doing well and then a bad day comes along, where it seems we have lost hold of all the work we have done. Don't despair. While we can expect that, as we begin to live more in wellness, the bad days should be fewer and less frequent, we would not be human if we didn't have bad days every once in a while. When this occurs, "Mindfulness Techniques" are a useful tool to get back on track.

As an aside, "Situational Anxiety" indicates a focus on the future. "Situational Depression" indicates a focus on the past. Mindfulness allows us to focus on and accept this moment for what it is. Mindfulness is about being able to let go of the event that just happened and any expectations for what's coming next. This allows us to move from event-to-event free of baggage, judgement, stress or emotion. Simply, it's about existing in this moment.

The basic formula for Mindfulness Techniques can be described as "S.T.O.P.":

Stop what you are doing;

Take a breath. Then take another, and another;

Observe what you have been doing, thinking and feeling;

Proceed with an activity that will distract and relax you for a short period of time (see below).
The focus of this type of mindfulness activity can be your body, your environment or an object. Focusing on any of these brings your awareness into the here and now.

The most common technique used to focus on the body is by observing one's breath. This can be done very easily by inhaling and feeling the air enter your lungs. Hold your breath for a couple of beats. Then exhale and feel the air leave your body. To add a dimension to this, you might include a visualization of inhaling, feeling and imagining the air filling your entire body from head to toe. Hold the breath, then exhale, imagining the air leaving all parts of your body. Taking this even deeper, you might inhale and imagine that you are filling your body with healing light. Hold the breath and imagine the light shining out from within your body, then exhale, imagining your breath takes with it the negativity, stress, and unhealthiness you were holding. Whichever of these you use, repeat it for about ten breaths.

Focusing on your environment is an easier exercise. Simply focus for a few minutes on the space around you, and then invoke your five senses by asking, "what do I see?" Take a few minutes to list those things in your mind. Then ask, "what do I hear?" Again list the sounds in your mind. Repeat the process by asking, "what do I smell?", "what do I taste?", and "what do I feel?". Spend at least seven minutes on this exercise.

Focusing on an object might be the most difficult of the mindfulness activities. Chose an object that is within your field of vision. It might be helpful if it is something that you can actually hold in your hand. Ask yourself what it would be like to be that object. How would it feel to do the task for which the object was intended? Spend at least seven minutes on this exercise.

This document has discussed the causes of adverse effects on trauma workers, how these events may manifest, and on what to do to grow or improve the way you may respond to these situations. Accordingly, this final segment is about recognizing when you are getting better—when you are successfully engaged in self-care and living in wellness. This improvement is known as Post-Traumatic Growth (PTG). PTG is the ability to express positive life change as a result of a traumatic event, or in the case of those who work with trauma, a career of secondary traumatic events. This growth is determined by a positive change in five characteristics: relating to others; new possibilities; personal strength; spiritual change; and appreciation for life/changed priorities.

You may have found that while doing work which has exposed you to secondary trauma, you have begun to avoid large crowds, events with people you do not know, and situations in which you have to socialize with folks you've never met. You may have even recognized that you have withdrawn somewhat from family and friends. Once you have successfully engaged in living in wellness, you will find yourself relating to others—familiar and unfamiliar—more positively and easily. You may find yourself realizing that, because of the exposure to trauma you have developed, you have positively grown and matured in ways you would not have otherwise grown and matured.

As a result of living in wellness, you will become aware of and accept the emotional and spiritual strength that you have developed as a result of the work. You will recognize a sense of fulfillment, gratitude, and awe for the work and your role in it. Finally, as a result of living a life in wellness, you will recognize that your priorities and appreciation for life have significantly changed in a positive way. It is important to recognize that these changes have occurred.

It has been our goal to help differentiate between self-care and wellness, and to show when it is important to develop each. We have presented information in a practical way for you to use immediately. In addition, we have presented examples of situations that can threaten or enhance your efforts to function at your peak. It is our hope that with this document you have found the tools necessary to enhance your self-care, and to live in wellness.

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