



CRISIS INTERVENTION AND TRAUMA: ASSESSMENT AND TREATMENT

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Goals and Objectives



- ◆ Participants will:
- ◆ become familiar with the criteria for assessing crisis and trauma
- ◆ learn to differentially diagnose crisis, Acute Stress Disorder, and PTSD
- ◆ increase their interviewing skills for assessing and treating crisis and trauma



Stressful events, crisis, traumatic events

- ◆ Stressful events: The effects can be alleviated when the stressor is removed
- ◆ Crisis: A period of acute difficulty following an emotionally significant event
- ◆ Traumatic events: There is more extreme impact psychologically and biologically. Effects can continue after events.



Stress

- ◆ Any stimulus, internal state, situation or event with an observable individual reaction
- ◆ May be a positive or negative adaptation



Crisis

- ◆ Definition: An acute disruption of psychological homeostasis in which one's usual coping mechanisms fail. Includes distress and functional impairment
- ◆ Elements: Stressful, traumatic or hazardous event; individual's perception; failure of usual coping mechanisms.



Reactions to stressful events

- ◆ Continuum of severity
Stress Crisis Trauma

What is Trauma?

Trauma Definitions

- ◆ **Traumatic Event/Traumatic Stressor:**
- ◆ Experienced or witnessed event(s) so extreme, severe, powerful, harmful or threatening, it/they require extraordinary coping efforts. (Meichenbaum)
- ◆ Experienced/witnessed event(s), involving actual or threatened death or serious injury, or a threat to physical integrity of self or others. (DSM IV)



Traumatic Events: 8 Generic Stressors



1. Threat to one's life or bodily integrity
2. Severe physical harm or injury
3. Receipt of intentional injury/harm
4. Exposure to the grotesque
5. Violent/sudden loss of a loved one
6. Witnessing or learning of violence to a loved one
7. Learning of exposure to a noxious agent
8. Causing death or severe harm to another



What makes an experience traumatic?

- ◆ Individual's perception and feeling response: powerless, helpless, fear, shock horror
- ◆ Past experiences, personal expectations
- ◆ Overwhelms ability to cope
- ◆ Fractures basic assumptions/world view



Definition: Psychic Trauma



- ◆ Trauma involves exposure to life threatening experiences, that result in feelings of intense fear, helplessness, loss of control and threat of annihilation.
- ◆ An emotional wound or shock that creates substantial lasting damage to the psychological development of a person, often leading to neurosis
- ◆ A process initiated by an event(s) that confronts an individual with an acute overwhelming threat. (Freud)

Psychic Trauma (cont.)

- ◆ When the event occurs, the inner agency of the mind loses its ability to control the disorganizing effects of the experience, and disequilibrium occurs. The trauma tears up the individuals psychological anchors which are fixed in a secure sense of what has been in the past and what should be in the present. (M. Erickson)
- ◆ Psychic trauma is a conditioned fear response originally related to a stimuli that can generalize to unrelated areas of life.
- ◆ The common denominator of psychological trauma are the feelings “of intense fear, helplessness, loss of control, and threat of annihilation” (J. Herman)



Discussion: How does trauma affect us and the survivors?






How Trauma Affects Us/Survivors



- ◆ **Biological/ Neurological:** Flight of Fight, stress hormones, hyper-arousal, flooding. Adaptive pathways closed because of overexposure to stress hormones. Traumatic recollections are stored in the brain.
- ◆ **Physical:** Heart rate, blood pressure, respiratory changes, somatic complaints (headaches, g.i.) eating sleeping changes, fatigue, worsening of chronic conditions
- ◆ **Cognitive:** Traumatic Memory (BASK), learned helplessness, hopelessness, changed assumptions, decision making, information processing, fantasy, dissociation, depersonalization

Trauma's Effects (Cont)

- ◆ **Emotional:** Fear, shock, horror, anxiety, sadness, anger, guilt, depression, numbing, blocking
- ◆ **Behavioral:** Avoidance of stimuli/reminders, changed activity level, withdrawal, outbursts, conflicts, hypervigilance, academic/work deterioration, excessive/diminished activity, changed energy, risk taking, overprotective, disinterest/apathy, acting out, self-destructive behaviors, substance use/abuse, loss of capacity for action, addiction to trauma,
- ◆ **Social:** Change in family/ peer/ work relationships, withdrawal, isolation, overprotective, apathy, dependency, sexual changes
- ◆ **Spiritual:** Loss/Gain of faith, change in world view



Discussion: How has the survivor
reacted/coped with the trauma in
their lives?





Reactions to Trauma



- ◆ Mistrust
- ◆ Fear of Losing Control
- ◆ Rage Reactions (Internal/External)
- ◆ Guilt and Self-Doubts/Shame
- ◆ Existential Anxieties and Spiritual Issues
- ◆ Isolation and Avoidance Feelings
- ◆ Change in assumptions & views
- ◆ Relationship Problems
- ◆ Sleep Disturbances
- ◆ Repetitive and Intrusive Thoughts, Flashbacks
- ◆ Substance Abuse and Other Self-Destructive Behaviors
- ◆ Focus on the Past
- ◆ Diminished Quality of Life
- ◆ Stagnation
- ◆ Depression and/or Anxiety



Reactions to traumatic events

- ◆ Individual characteristics determine personal risk for traumatic reactions
- ◆ Disasters are “equal opportunity” events: select people randomly, without regard to pre-existing characteristics



Factors that Increased the Risk of Long-Term Problems after the Disaster

- ◆ Being Close To The Disaster Sites, Circles of Impact
- ◆ Being Injured or Knowing Someone Who Was Killed Or Injured
- ◆ Minimal coping skills
- ◆ Previous unresolved trauma
- ◆ Watching Excessive Media Coverage

Populations & Issues that Increase Vulnerability to Trauma

◆ Who is most vulnerable to developing PTSD reactions?

Special Populations and Pre-existing Issues:

- Children
- Older adults
- People with disabilities
- People with mental illness
- Ethnicity, Immigration and experience with disaster
- People with prior histories of unresolved traumatic experiences
- People with limited coping skills
- People suffering from a number of significant losses
- Member of disenfranchised group



Traumatic Events: Impact on Families and Communities

- ◆ Significant financial burden
- ◆ Employment loss
- ◆ Significant family disruption/relocation
- ◆ Interface with large bureaucracies
- ◆ Significant disruption of support systems (community leaders, fire, police, sanitation, medical)
- ◆ Changes in school/work configurations
- ◆ Disruption to community infrastructure (transportation, sewer, parks)
- ◆ Significant influx of outsiders (rescue workers)



Basic Assumptions



- ◆ Beliefs we use to structure how we live and function in the world
- ◆ Tell us what to expect from ourselves, the world, and others
- ◆ Developmentally determined and generally unconscious
- ◆ Can vary from person-to-person, family-to-family, gender, cultures, countries, age groups, etc.



Basic Assumptions

◆ Some common Basic Assumptions

- The world is generally a safe place.
- Our environment is predictable.
- Human beings are not inherently malicious.
- We have some control over daily events.
- Some authority figures have control over events and will generally act in our best interests.

- A traumatic experience shatters these basic assumptions. What happens when these basic assumptions are shattered?



DSM IV Criteria for Acute Stress Disorder

A. Exposed to a traumatic event in which *both* of the following were present:

- (1) Experienced, witnessed, or was confronted with an event/s that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- (2) The person's response involved intense fear, helplessness, or horror.

AND . . .

Criteria for Acute Stress Disorder

B. During/after experiencing the event, has 3+ of the following dissociative sxS:

- (1) numbing, detachment, or absence of emotional responsiveness.
- (2) Reduction in awareness of surroundings (e.g., “being in a daze.”)
- (3) Derealization.
- (4) Depersonalization.
- (5) Dissociative Amnesia.

AND . . .



Criteria for Acute Stress Disorder

C. Persistently re-experiences the traumatic event in at least one of the following ways:

- **recurrent images, thoughts, dreams, illusions**
- **flashbacks**
- **a sense of reliving the experience**
- **distress on exposure to reminders of the traumatic event.**

AND...



Criteria for Acute Stress Disorder

D. Marked avoidance of stimuli that arouse recollections of the trauma

AND

E. Marked symptoms of anxiety or increased arousal

AND...



Criteria for Acute Stress Disorder

F. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or impairs the individual's ability to pursue some necessary task.

AND...



Criteria for Acute Stress Disorder

G. The disturbance lasts at least 2 days and no longer than 4 weeks and occurs within 4 weeks of the traumatic event.

H. The disturbance is not due to the direct physiological effects of a substance or a general medical condition, is not better accounted for by Brief Psychotic Disorder, and is not merely an exacerbation of a pre-existing disorder.



Normal Recovery



- ◆ The intensity and frequency of symptoms usually decrease over time
- ◆ Most people recover and continue with their lives

Post Traumatic Stress Disorder

- ◆ PTSD:
 - An abnormal end result.
 - Person is so overwhelmed, he/she is unable to recover adequately.
 - a **disorder**: disrupts the normal functions of one's life.
 - The distressing event is persistently re-experienced or there is persistent, deliberate avoidance of the stimuli associated with the event
 - There is an overwhelming presence of symptoms over time and things do not get better

How do you diagnose PTSD?

- ◆ Person needs to meet **6 criteria:**

- ◆ **Criteria A:** Stressor

- ◆ **Criteria B:** Intrusive Re-Experience

- ◆ **Criteria C:** Avoidance and Numbing

- ◆ **Criteria D:** Hyperarousal

And

- ◆ **Criteria E:** Duration of more than 1month (Chronic= more than 3 months)

- ◆ **Criteria F:** Clinically significant distress **or** impaired functioning



DSM-IV Criteria for Post-Traumatic Stress Disorder

A. Exposure: The person has been exposed to a traumatic event in which *both* of the following were present:

- (1) The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others.
- (2) The person's response involved intense fear, helplessness, or horror.

AND...

Criteria for Post-Traumatic Stress Disorder

B. Re-experiencing: The traumatic event is persistently **re-experienced** in at least *one* (or more) of the following ways:

- (1) Recurrent and intrusive distressing recollections of the event
- (2) Recurrent distressing dreams of the event.
- (3) Reliving the event (Flashbacks). Acting or feeling as if the traumatic event were recurring.

(CON'T)



Criteria for Post-Traumatic Stress Disorder

- (4) Intense psychological distress at exposure to internal or external trauma reminders
- (5) Physiological reactivity to internal/ external cues trauma reminders

AND. . .

Criteria for Post-Traumatic Stress Disorder

C. Avoidance and Numbing: Persistent **avoidance** of stimuli associated with the trauma and **numbing** of general responsiveness, as indicated by *three* (or more) of the following:

- (1) Efforts to avoid thoughts, feelings, or conversations associated with the trauma.
- (2) Efforts to avoid activities, places, or people, situations, that arouse recollections of the trauma.
- (3) Inability to recall an important aspect of the trauma.

Con't



Criteria for Post-Traumatic Stress Disorder

- (4) Markedly diminished interest or participation in significant activities.
- (5) Feeling of detachment or estrangement from others
- (6) Restricted range of affect
- (7) Sense of a foreshortened future

AND...

Criteria for Post-Traumatic Stress Disorder

D. Increased Arousal: Persistent symptoms of increased arousal (not present before the trauma) as indicated by *two* (or more) of the following:

- (1) Sleep disturbance
- (2) Irritability or outbursts of anger.
- (3) Difficulty concentrating.
- (4) Hyper-vigilance.
- (5) Exaggerated startle response.

AND...



Criteria for Post-Traumatic Stress Disorder

E. Duration of symptoms in criteria B, C, and D is **more than 1 month**.

AND

F. The disturbance causes **clinically significant distress or impairment** in social, occupational, or other important areas of functioning.



Criteria for Post-Traumatic Stress Disorder

- ◆ **Specifiers:**

- Acute:** Symptoms lasting less than 3 months.

- Chronic:** Symptoms lasting 3 or more months.

- Delayed Onset:** Symptoms begin at least 6 months after the stressor.

Assessment & Evaluation

- **Why is assessment important?**
 - **Determine if person is experiencing trauma; determine scope & severity of symptoms; identify internal/external resources**
 - **Need to distinguish between PTSD symptoms and other co-morbid conditions** (e.g., depression, traumatic bereavement, substance abuse, anxiety disorders, personality disorders)
 - **Determine the impact of prior trauma:** the cumulative effect, re-activation of previous PTSD symptoms
 - **Form a Therapeutic Alliance**
 - **To determine which further intervention(s) are needed.** (Psychoeducation, Counseling, Therapy, medication management)



Assessment and Evaluation

- ◆ **Need a careful, respectful History Taking:**
 - **Who? How? What? Where? When?**
 - **Hear the survivor's story**
- **Utilize an Intervention Decision Tree**

Assessment, Intervention, Treatment

Decision Tree:

**□ Step 1: Screen and diagnose for absence/
presence of Psychiatric Disorders:**

A. Range:

- No Problems
- Appropriate stress and grief reactions:(anxiety, shock)
- Acute Stress
- PTSD
- Complex Trauma



Assessment: Step 1 (Cont.)



- B.** Major depression
- C.** Chemical abuse/dependence
- D.** Other diagnoses (DSM IV-R Axes)

Assessment & Need for Urgent Intervention

Be sure to

- **Assess Inability to care for self due to:**
psychosis, profound depression, dementia
- **Assess Danger to Self or Others:**
 - **Suicide/self harm**
 - **Homicide/harm to others**

For Danger: Assess Thought, Intent, Plan, Lethal means

Suicidality Risk Factors

Completed suicide:

- Older white male
- Major Depression
- Drug/alcohol abuse
- Chronic health problem
- ◆ Recent major loss
- ◆ Lives alone
- ◆ Prior attempts/ideation

Suicide Attempts:

- Young female
- Borderline personality
- Impulsivity
- Intimate relationship disruption
- Prior attempts/ideation

Assessment, Intervention, Treatment (Cont.)

□ **Step 2: Choose Intervention to fit diagnosis:**

◆ **For normal stress and grief reactions:**

- **Don't** pathologize
- **Do** offer support and assistance

• **For PTSD diagnosis with avoidance & numbing**

- **Don't** provide therapies requiring re-experiencing which may retraumatize
- **Do** Offer specialized therapies, medication evaluation

• **For PTSD diagnosis Plus other disorder:**

- **Do** refer for specialized therapies, medication evaluation



Step 2: Choosing an Intervention (Cont.)

- **For Sub-diagnostic Distress: Symptomatic but not fitting clear psychiatric diagnosis**
 - **Don't** provide intensive therapy
 - **Do offer** supportive counseling, debriefing, observe over time

Mental Health Treatment of Disasters

◆ **Guiding Principles for Disaster Mental Health Interventions:**

- ◆ No one who sees a disaster is untouched by it
- ◆ There are two types of disaster trauma: individual and community
- ◆ Most people unite and function during and after a disaster, but with diminished effectiveness
- ◆ Disaster reactions are normal responses to an abnormal situation
- ◆ Many emotional reactions of disaster survivors stem from problems of living brought about by the disaster
- ◆ Disaster relief assistance may be confusing to disaster survivors. They may experience frustration, anger, and feeling of helplessness related to disaster assistance programs
- ◆ Most people neither see themselves needing or seek mental health services

Treatment of Disasters (Cont.)

- ◆ Disaster mental health assistance is often more practical than psychological
- ◆ Survivors may reject disaster assistance of all types
- ◆ Disaster mental health services must be uniquely tailored to the communities they serve
- ◆ Mental health workers need to avoid traditional methods and labels, and use an active outreach approach in disaster relief
- ◆ Survivors respond to active, genuine interest and concern
- ◆ Interventions must fit the phase of disaster
- ◆ Social support systems are crucial to recovery



Crisis Intervention: 7 Practical Counseling Skills

1. Forming a Therapeutic Alliance: Being there, Supportive listening
2. Education and reassurance
3. Coping/Stress management
4. Problem solving
5. Find meaning and perspective
6. Symptom management
7. Observation and reassessment (referral)

Skill 1: Forming a Therapeutic Alliance Being There, Supportive Listening

- Be an anchor: Genuine caring, physical comfort
- Be flexible in approach
- Inviting them to **tell their stories** of their experience(s):
 - Desensitizes
 - Allows for correcting inaccurate beliefs
 - Modeling adaptive coping
 - Identifies and prepares for trauma reminders/triggers

Skill1: Supportive Listening (Cont.)

- Invite thoughts and feeling
- Gently probe for details with interest
 - Don't push the psychological
 - Don't force feelings: Let them flow and prepare for intense emotions
- But don't automatically believe denial of symptoms
- Respect personal styles (e.g., touch, disclosure)

Skill 2: Education and Reassurance

- **A. For individuals without a psychiatric disorder.**
Normalize the experience:
- Validate common emotional reactions
- Disturbing feelings don't equal mental illness
 Normal responses to abnormal events
- Most people don't develop mental illness
 Symptoms subside with time
- Remind people to take care of basic needs
- Provide accurate information about events to decrease uncertainty
- Provide strategies for symptom management, explain the usefulness of therapy

Skill 2: Education and Reassurance (Cont.)

B. For individuals with a psychiatric disorder help them to overcome psychiatric stigma:

- ◆ Physiological basis of persistent emotional changes and medication mechanisms
- ◆ Many treatment options available.
- ◆ Counseling is effective.

Skill 3: Coping and Stress Management

- ◆ Feeling Identification and Expression: Lend permission to cry, feel bad, be nonproductive, focus on self for a period of time
- ◆ Regain control of some aspect of life; Restore routine
- ◆ Utilize social supports
- ◆ Increase Cognitive Coping Skills:
 - Identifying problematic cognitions and problematic thinking (over generalization, black/white thinking, inaccurate attribution),
 - Teach: Thought stopping, Positive self talk, Reframing and Re-interpreting, Replacing unhelpful with helpful thinking



Skill 3: Coping and Stress Management



- ◆ Appropriate use of humor
- ◆ Downtime; relaxation; pleasurable activities
- ◆ Self care (neglected in crisis): Sleep, meals, hygiene, exercise, habits, time off- balance



Skill 4: Problem Solving

- ◆ Making lists, prioritize
- ◆ Weigh advantages and disadvantages of potential choices
- ◆ Try new behaviors and develop new skills
- ◆ Try more than one approach with a backup plan
- ◆ One step at a time-manageable units first
- ◆ Keep sight of larger perspective and progress

Skill 5: Find Meaning and Perspective

- Natural part of the healing process
 - Making meaning
 - Finding greater perspective in one's life
- Discover and respect personal values
 - What is important to the individual
 - Being sensitive to “blaming the victim”
- Personal roles: Victim, Survivor
 - Listen to the person's own language in self description
- Philosophy, spirituality

Skill 6: Acute and Chronic Symptom Management

Symptom	Management Tool
<u>Intrusive memories</u>	<u>Cognitive reframing, thought-stopping</u>
<u>Nightmares</u>	<u>Lucid dreaming</u>
<u>Flashbacks</u>	<u>Cognitive reframing</u>
<u>Insomnia</u>	<u>Sleep hygiene</u>
<u>Irritability/anger</u>	<u>Assertiveness training, relaxation</u>
<u>Hypervigilance</u>	<u>Relaxation, cognitive reframing</u>
<u>Jumpy, easily startled</u>	<u>Relaxation, guided imagery</u>



Skill 7: Observe, Reassess & When to Refer

- ◆ Observe progression into...
 - psychiatric disorders
 - healing and recovery
- May need reassessment
 - if not recovering or new symptoms appear
 - if signs of potential urgency appear
 - if someone worries you

Skill 7: Observe and Reassess, When to Refer

When to Refer:

Poor functioning, non-response, suffering

- **For therapy:** The individual requests it
Supportive therapy is not enough
- **For medication:** The individual requests it
A diagnosable disorder is likely (e.g., PTSD)
Use for symptom relief: Unremitting anxiety, insomnia, or depression
- **For urgent care:** Suicidality, homicidality, inability to care for self, endangers others (e.g., children)

PTSD Assessment Tools

- ◆ Briere & Runtz, 1989; Elliot & Briere, 1992. The Trauma Symptom Checklist-40.
- ◆ Briere. 1995; 1997. The Trauma Symptom Inventory.
- ◆ Foa,E. 2000. PTSD Symptom Scale Interview.
- ◆ Yehuda, R. 2002. PTSD Symptom Scale-Self Report.
- ◆ Yehuda, R. 2002. Modified Trauma History Questionnaire.

Specialized Trauma Therapy Methods

- ◆ Critical Incident Stress Debriefing (CISD)-Mitchell
- ◆ Stress Inoculation Training (SIT)- Meichenbaum
- ◆ Prolonged Exposure Therapy (PET)- Foa
- ◆ Cognitive Behavioral Therapy (CBT)- Beck
- ◆ Desensitization and Habituation
- ◆ Eye Movement Desensitization and Reprocessing (EMDR) – Shapiro
- ◆ Relaxation Training

Stress Debriefing (CISD)

- **Provided within 72 hours of a stressful event**
 - Structured intervention; Single session or a series
 - Groups of 4 to 50, lasts 90 minutes to 3 hours
- **Two facilitators ideally- active, non-judgmental**
- **Format**
 - What happened? Perception, response
 - What did you think?
 - What did you feel? Reactions, symptoms
 - Normalize. Education about common feelings
 - Assistance with coping and problem solving
 - Identification and triage of cases. Refer when appropriate



The Client Diagnostic Questionnaire

- ◆ Developed at The Columbia University Mailman School of Public Health.
- ◆ Based on the Patient Health Questionnaire version of the PRIME-MD.



Client Diagnostic Questionnaire

- A screening tool used for the assessment of mental health problems in non-psychiatric service settings.
- Can be conducted by a lay interviewer with no formal training in mental health assessment



Client Diagnostic Questionnaire

- Provides a baseline assessment of mental health functioning.
- Indicates which clients need to be referred for further assessment.



Client Diagnostic Questionnaire

Covers 8 DSM-IV Diagnostic Categories:

- Major Depression
- Other Depression
- Panic Disorder
- Generalized Anxiety Disorder
- Alcohol Abuse
- Drug Abuse
- Post-Traumatic Stress Disorder
- Psychosis



Advantages of Using the CDQ as a Screening Tool

- Improves the rate of recognition of mental health problems.
- Increases the rate of treatment referrals.
- Maintains the objectivity of the assessment process.
- Requires minimal training.



Importance of Recognizing & Treating Mental Health Disorders

- Improves quality of life and reduces suffering.
- Increases access to treatment and care.
- Promotes adherence to medical treatment regimens.
- Identifies subtle psychological symptoms before they progress
- Facilitates entry into psychiatric treatment.



Mental Health Disorders Known to Co-Occur with Substance Abuse

- Mood Disorders (e.g., Major Depression, Bipolar Disorder)
- Anxiety Disorders (e.g., Generalized Anxiety Disorder, Panic Disorder, Social Phobia)
- Post-Traumatic Stress Disorder



In Preparation for the Interview...

The Interviewer Should Be:

- Professional
- Respectful
- Compassionate
- Non-Judgmental



Introduction to The Interview

- Important Points to Cover:
 - This interview will help us get a better understanding of the issues and difficulties that are often faced by people...
 - All your answers are confidential. . .
 - Please try to answer every question.



In The CDQ Booklet...

- Instructions for the Interviewer are printed in *bold italics*.
- Questions to be asked of the interviewee are printed in plain type.



When asking the questions...

- Ask all questions unless instructed to skip.
- Make sure that the clients answers are within the categories given (e.g., some days, half the days, nearly every day).



Clarifying Time Frames for the Client's Responses

- Help clients respond within the time frames (e.g., last 30 days, last six months, etc.).
- To clarify the time frame, refer to events that are relevant to the respondent (e.g., holidays, birthdays, etc.).
- Use clarifying probes to help narrow the time frame



Suggestions to Address Inconsistencies & Contradictions

- Be alert for answers that seem to conflict with information offered previously.
- Gently probe inconsistencies by tactfully pointing them out and asking for clarification; do not be confrontational.



Sample Interview

- ◆ Recognize: What happened?
- ◆ What did/does it mean?
- ◆ Educate and Normalize
- ◆ Acceptance/Affirmation
- ◆ Examine guilt/shame
- ◆ Permission
- ◆ Explore
- ◆ Refer



Therapeutic Themes in Psychotherapy

- ◆ Frequent use of denial or dissociation
- ◆ Strong need to be in control
- ◆ Tendency to be overly sensitive and to take things personally
- ◆ Difficulty trusting others
- ◆ Distorted sense of responsibility



Therapeutic Themes in Psychotherapy

- ◆ Conflicts with asserting oneself/anger
- ◆ Unusual thinking and behavior
- ◆ Self-defeating behaviors
- ◆ Sexual and somatic problems
- ◆ Alienation from others



Compassion Fatigue

- ◆ A state of tension and preoccupation with the individual or cumulative trauma of clients
- ◆ Characterized by:
 - Faster onset of symptoms than burnout.
 - Faster recovery from symptoms than burnout.
 - Sense of helplessness and confusion.
 - Sense of isolation from supporters.
 - Sxs disconnected from real causes.
 - Sxs triggered by past events or current traumatic event.



Examples Of Compassion Fatigue

- ◆ Sleeping during sessions
- ◆ Inattentiveness
- ◆ Watching the clock
- ◆ Forgetting information that clients previously provided
- ◆ Feelings of impatience and/or intolerance
- ◆ Feeling relieved when clients cancel/don't show