Advances in the Treatment of Trauma

How the Caregiver is So Vulnerable to Secondary Stress

with Ruth Buczynski, PhD and Laura van Dernoot Lipsky, MSW
# How the Caregiver is So Vulnerable to Secondary Stress

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Dr. Buczynski: Hello everyone, I’m Dr. Ruth Buczynski, a licensed psychologist in the state of Connecticut and the President of the National Institute for the Clinical Application of Behavioral Medicine. I’m so glad that you’re here, and I want to welcome you to this call tonight.

We are veering into a bit of a different direction than we have on other calls because tonight we’re going to talk about the caregiver rather than the person who has trauma. We’re going to talk about the caregiver and the impact of exposure to trauma - how that affects the caregiver especially over a long period of time.

My guest tonight is Laura Van Dernoot Lipsky. She is the author of Trauma Stewardship, and the subtitle is: An Everyday Guide to Caring for Self While Caring for Others.

So, welcome Laura, and thanks for being part of the call.

Ms. van Dernoot Lipsky: Thank you for having me.

The Impact of Trauma Exposure

Dr. Buczynski: We have different terms for this topic. Sometimes we call it secondary stress or secondary trauma or just exposure to trauma, but it’s becoming something that we’re more and more aware of, and that includes a wide range of people - physicians, nurses, psychologists, social workers and the usual NICABM crowd.

But beyond that, we’re really talking about firemen (and women), first responders, paramedics, police officers and even the caregivers who take care of someone dying of a terminal illness or the ongoing care of someone with Alzheimer’s disease or another degenerative disease. Am I right on that so far?

Ms. van Dernoot Lipsky: Yes, absolutely. When I talk about trauma exposure, I talk about it in terms of everyone who is out there on some level trying to make the world a better place. As a result of the work practitioners do in so many different areas, they’re exposed to suffering, hardship, and crisis. This is the trauma of humans, living beings, and even the planet itself.
It’s everyone at home who is caring for the mom who has early onset Alzheimer’s, the sons coming home from Afghanistan, and the child who’s struggling. Maybe you’re a person in the community that everybody comes to; maybe you’re a paramedic; a police officer, a journalist, or an ER doctor.

There is such a range of folks in caregiving and that includes animal welfare workers, conservationists, biologists and all the ecology fields as well. So, yes, we’re talking about human beings, other living beings, and the planet itself.

It’s definitely farther reaching than I ever thought it would be the more I work with folks.

Dr. Buczynski: I like the way you’ve organized that to include anyone who’s working to make the world a better place. It makes me think that in my introduction, I should have expanded it to journalists - the folks who are in Afghanistan and other countries risking their lives. And even when they’re not risking their lives, they’re there trying to report on tragedies that are a result of famine and often man’s inhumanity to man.

Ms. van Dernoot Lipsky: Absolutely.

The Inspiration for Uncovering the Perils of Caregiving

Dr. Buczynski: What inspired you to work in this area and what inspired you to write this book?

Ms. van Dernoot Lipsky: I was asked to write the book for a long time. I’ve done trauma work for 25 years, and about ten years into it, folks started reflecting back to me that I seemed to be having a hard time and maybe I needed a break...maybe take a trip and just get away for a bit.

I’d like to clarify that many of those people where clients that I was serving, which is always most disconcerting when the residents you’re working with in a domestic violence shelter are the ones saying, “Hey, Laura, you could probably use a vacation!”

A lot of people were doing their due diligence to try to reflect back to me that I seemed to be having a hard time. I was ten years in, and I heard them, but I was very, very arrogant. I was incredibly cocky and entirely self-righteous. I kind of felt like I was doing “God’s work” and I could either step-up and help or I could step off.

I wasn’t going to engage in the conversation that I was impacted by my job, so we just took a very short trip.
We went to visit our family who lived in the Caribbean. On one particular day, we went on this long hike, and at the end of the hike, we were on the top of these cliffs. We were standing on this tiny Caribbean island on the top of these cliffs looking out and the first thing I thought was: this is gorgeous! And the second thing I thought was: I wonder how many people have killed themselves by jumping off these cliffs.

I said that out loud because I was presuming that I was just giving voice to what everybody else in my family must have been thinking, who doesn’t stand on top of a cliff and wonder how many people have killed themselves? Well, not my family . . .

Dr. Buczynski: And I’m sure it was a beautiful cliff.

Ms. van Dernoot Lipsky: As we stood there, it got even quieter than it had been and after a very long pause, my stepfather-in-law turned to me and said, “Are you sure all this trauma work hasn’t gotten to you?”

And that was really the first moment I was able to take in, “Oh wow! There are people who can stand on top of a cliff and not wonder where the nearest Level One Trauma Center is.”

Then everything just flooded in. I kind of connected the dots and maybe that means there are people who still date and those people aren’t doing background checks on everybody they date. Maybe there are people who still let their kids sit on Santa Claus’s lap. Then all the pieces started coming together.

From that place, I got a lot of help for myself and through that process I started talking about trauma exposure more and more. I was invited to speak about it and then just kind of one thing led to another. More and more people were inviting me to speak about it.

Then I was asked to write a book which I stubbornly refused to do for years because I’m not a writer at all, but then, after hurricane Katrina, I went to New Orleans, and when I was leaving, people asked me if I had anything in writing to leave with them. I didn’t and I felt very, very bad! So I came home, and with a tremendous amount of collaboration, wrote the book.

What Influences Our Tolerance to Secondary Stress?

Dr. Buczynski: I want to get into what influences our tolerance to secondary stress. I imagine some people
are very vulnerable and others not so much, but what do we know about that?

**Ms. van Dernoot Lipsky:** It’s a great question. There are a number of things that I look at. Always when I talk about trauma exposure, I start by placing it within a larger context of systematic repression.

We all know that, but a reminder that the degree to which we’re impacted by the work we’re doing is intimately tied to the fact that we’re in a society with so much supremacy, racism, sexism, homophobia, heterosexism, ageism, ableism, classism, and xenophobia.

If we were in a society where none of that existed, a lot of the work that we’re all doing just wouldn’t exist. With the remaining bits of work, we would be impacted by it very differently.

How many of us who do the work we do can tell people what we do? How many people feel like they could be honest about what they do? So many of the people that I work with just cannot even be honest about what they do in the general public because of the reaction they get.

But if you could tell people what you did and if people wrote you a check or gave you a hug or had fieldtrips to visit you, that’s very different than what happens for many of the folks that we work with. If you tell people what you do, it kind of stops the conversation or people creep back away from you slowly or sometimes you get the objectifying, “You’re such an angel!”

It matters how society views the work you’re doing, and it matters how society views the populations that you’re serving. Connected with that is if you’re from a historically oppressed community serving folks in historically oppressed communities, then you have this light/shadow aspect working...you feel like these are “my people.” What you might be able to bring might be that much greater because you know this and you understand this. The degree to which you’ll be impacted also might be much greater because you know this and you get this and you understand this.

We also look at the degree to which someone’s identity of who you are and what you do becomes collapsed into one identity. There are some people who do this work and they’ll say, “I have no idea how I ended up here. I was a volunteer. I didn’t want to
move home. Now I’ve got a job.” They show up everyday, they do the best that they can, but it’s not who they are.

Then there are other people who, when you talk to them, present as, “I’m a third generation ER doctor, as if it’s a bone marrow DNA and this is a cellular experience for them. This is what people do and, again, that’s not good or bad, right or wrong. You can imagine that the A-game-making brain is the passion and the commitment, and that might be that much greater if this is who you are, but it’s your vulnerability that’s being impacted, too.

Another piece that we look at is trauma mastery. One of the things about trauma that’s hardest for all humans is its out-of-control nature. Since the beginning of time, humans will recreate situations as similar to the traumatic incident as possible because this time, we tell ourselves, we’ll have a different outcome.

That happens in activities, it happens in relationships, and it happens a lot in our work. A number of practitioners go into sexual assault because they were sexual assault survivors. There are a number of us who go into domestic violence work because of what happened to our moms when we were 12. The number of people who become oncology doctors because their dads died when they were 14 is just the same. People pursue work trying to reconcile and make something right from back in the day.

Again, there is nothing good or bad, right or wrong. We look at how important it is to have a tremendous amount of intentionality and awareness because there’s nothing inherently healing about doing this type of work even when you have a history of it without having a lot of intentionality around it.

The Pervasiveness of Provider Fatigue

Dr. Buczynski: Just how pervasive is provider fatigue?

Ms. van Dernoot Lipsky: I think about it in terms of waves and I can tell you the waves are out there. I don’t know that there’s anyone I haven’t had the privilege of working with field-wise, and the waves in every field
are getting bigger and bigger and bigger. The sets are closer together, the conditions are more relentless; I’m only seeing things getting more and more intense across the board and that’s true for a public school teacher, a private practice doctor, or someone working at the VA hospital or at the Humane Society.

It’s definitely farther reaching than I ever thought it was, and constantly, people come up to me saying, “Oh, I know you’re talking to this group of people, but my whole congregation should be here or our whole community-watch-group should be here, or I’d really like the PTA of my kid’s school here.”

I think it’s the experience of trying to do right in the world, and as a result, we’re exposed to suffering over time. We know it takes a toll.

Dr. Buczynski: In the beginning, did you think of this happening more to the first responders to emergency trauma - fire, police, rape counselors and others – than to the Sierra Club people?

Ms. van Dernoot Lipsky: I think, in a lot of people’s minds, that’s how they’ve connected it. I came to it so much more from my own near psychotic break – as a domestic violence worker. I was working with domestic violence, women in the sex trade, child abuse, homelessness, front-line trauma, and I had just as much resistance to talking about it as somebody in the military might or a police officer might. Historically, there are certain fields where there’s a bit more architecture and more barriers to asking for help around it.

I didn’t have any preconceived notions coming in. I just know I had my own huge amount of resistance to anyone implying that I was being impacted by my job, which really is a shared phenomenon in a lot of fields. It’s a shared experience.

Service Rationing: Resources, Compromise, and Burnout

Dr. Buczynski: Now, you used a term in your book that at least I was unfamiliar with and it’s called service rationing. Can you tell us what that is and how it’s relevant?

Ms. van Dernoot Lipsky: You’re connecting with the Street Level Bureaucracy piece of it?

Dr. Buczynski: Was it coined by a political scientist, the author of Street Level Bureaucracy?

Ms. van Dernoot Lipsky: Yes, so part of what we look at with folks is if they have the resources they need to
do their work well. There are some jobs that are very, very hard but if you actually have the resources you need, it’s just grueling work. Then there are other places where you absolutely do not have the resources or access to the resources you need to do your job well.

What you find is that people go through an internal process of trying to ration – “How am I going to do it? How am I going to make do with the resources that I have?”

That gets into a whole conversation of where we start compromising our ethics; we start compromising our integrity; we start making choices we never would have made eight months before.

With secondary trauma, you come to experience the world as a fundamentally different place, and with the service rationing piece, that can lead to a much more immediate sense of burnout - when you simply don’t have the resources that you need to do the job well. That erodes both the individual and collective spirit.

Dr. Buczynski: You tell a story in your book about a clinic – actually, I’m not sure if I know where it was, but a clinic - the Northwest Immigration Rights Project.

Tell us the process of closing their intake unit. Can you share that story? Maybe we can use that as a case illustration to talk about this concept of service rationing?

Ms. van Dernoot Lipsky: Sure, I highlighted them because I so admired their courage. In our society, much of what we do is quite reactive. When somebody gets shot in the courthouse, that’s when we’re going to figure out something to do. It’s when somebody on your staff commits suicide, that’s when we’re going to pay attention.

What I so appreciated was that they were so proactive and preemptive, and they understood that what they were asking their workers to do reached a point of being cruel to the workers.

They had workers on the hotline saying, no, no, no to caller after caller to some of the most extreme cases from around the world who needed asylum and needed help from the government.

With person after person on the hotline having to say, no, no, no, it was just destroying those workers.
This is an organization, and they definitely could have pushed it longer. One could say it hadn’t reached a crisis point, but they understood – they could imagine what might be coming, and they very proactively and preemptively decided to shut down the hotline to get “their feet” underneath them as an organization.

Part of the reason I just admired that so much is that they were proactive with it; they didn’t wait for a disaster or a catastrophe to happen. They decided to focus on this and it wasn’t popular - there was a lot of controversy around it. It was an organization countless people depended on but they really had the insight and the courage to say, “We’re not going to push this any longer. This isn’t going to end well!”

Dr. Buczynski: I can imagine that not only might they not have gotten support from everyone, but perhaps even criticism. We just seem to think that as long as we’re able, there’s no limit as to what we should give.

I remember even, you’re too young for this, but back in the days of Vietnam, I was at Michigan State in 1970 and ’71 and the whole idea of playing volleyball out on the quad was… “There’s a war going on. We have to do more to reach out and help people with the draft. People are dying.” Playing was just not acceptable.

Ms. van Dernoot Lipsky: Yes, yes! And I think that, although on a different level and in a different way, that carries through. We see so much of that and this is what creates a huge amount of conflict in the workplace.

A lot of that can happen in the workplace. There will be people who will say, “Hey, it is 5 o’clock. Let’s roll! End of day.” Then there are other folks who think, “It is never 5 o’clock or it’s not 5 o’clock here.” There’s a sense of urgency that folks feel and that really depends on, again, if who you are and what you do are collapsed. If you have a history of trauma mastery depending on how you came into the work, that sense of urgency can be different for everybody.

But I see that so much where folks – people who say, “Look, I can’t take lunch. In the amount of time that it takes me to eat a sandwich, three women are battered. We don’t even take time to get to the bathroom in my unit. In my department, we don’t pee!

We’re so dedicated that we actually don’t go to the bathroom all day.

We go about our work from a frenetic, scarcity-based pace and our inability...
to express our feelings about that makes our work place an even more frenetic, scarcity-based place.

**Dr. Buczynski:** You mentioned earlier the term *self-righteous*. It sounds almost *holier than thou* – “You guys pee - how mortal of you!”

**Ms. van Dernoot Lipsky:** Sure, that’s the grandiosity of it. It’s all very seductive.

### The Seduction of Grandiosity and the Interruption of Isolation

**Dr. Buczynski:** How do you get out of that grandiosity?

**Ms. van Dernoot Lipsky:** I talk to a lot of people about how very harmful it is for us to become isolated. You can get individually isolated or you can just get isolated with your comrades, with your colleagues. If you’re a trauma doctor...if you’re an ER nurse...if you’re a therapist who serves these people, there’s a way that we get isolated. We start hanging out with people who, when they go to the grocery store, they’re also focusing on identifying sexual predators in every aisle of the grocery store instead of looking at local or organic. These become your people.

One of the things that can really help to get out of that feeling of grandiosity is to break that isolation. I talk a lot with folks about connecting with people around the world who are working in urgent, dire, and desperate situations – areas of species extinction and HIV-AIDS and in the prison industrial complex. It helps to interrupt that isolation because I think the isolation does a lot of damage.

**“It helps to interrupt the isolation—it’s so damaging.”**

### How Practitioners Can Move from Intensity to Presence

**Dr. Buczynski:** Is there any research on the impact of being a provider on marriages and families? I’m just thinking that if everything about the place you work is oriented toward staying later and it’s never 5 o’clock... how do you leave to go home and hang out with your spouse or your kids?

If you’re doing “God’s work” how can the kids say, “I resent this” when the parent is doing “God’s work?”
Ms. van Dernoot Lipsky: Right, yes. One of the things that I do and I do this whether I’m working in a group of two or 2000 people, but I’ll always ask folks to consider this New Yorker cartoon where Lassie is saving somebody in the water and then you see Lassie on the psychotherapist’s couch going through Lassie’s own PTSD.

That opens up a new conversation where I ask people, “How do you feel impacted by the work you do?” Then people will be able to reflect and across the board – it ends up being the trauma exposure response which we talk about. It’s feeling like, “I can’t do enough - I should be doing more - I’m cynical - I’m jaded - I’m not as nice as I used to be.”

People go through that and then the next question I ask...and I never presume when we do this type of work, whatever the work might be, that we still have loved ones left in our lives! But let’s say you’ve been able to maintain some loved one-ish type relationships and let’s say I was going to do a tertiary trauma call-in show for your remaining loved ones. Not that that is actually going to happen, but I would ask, “What would your loved ones allege that it’s like to be in a relationship with you?”

Dr. Buczynski: But it’s hard to go from that intensity, to being present in a family . . . the mundane of life.

Ms. van Dernoot Lipsky: Yes.

Dr. Buczynski: It’s hard to switch back and forth - to experience joy over here when you’ve just had a day of all this adrenaline and exhilaration over there. How do you teach people to do that?

Ms. van Dernoot Lipsky: I really appreciate the work of Peter Levine who wrote Waking the Tiger and others who have been able to look at this historically in a physiological and neurophysiology way – kind of the neuroscience of all of this because I think so much of this hyper-vigilance is another thing that people talk about - the inability to go fluidly in between your sympathetic and your parasympathetic nervous system.
So much of what I talk about, because I think it’s one of the least expensive, most efficient things we can do, is to develop a daily practice which can include a number of components. One of them has to be some kind of physical practice if one is able to do that. This might be some kind of breath-work. Breath-work is in every ancient tradition that’s helped people to survive since the beginning of time.

You can sit in a chair and do contemplative prayer or chanting and then if you’re able, you can do Cross-Fit, you can...bike commute to work, or you can take a run before you go home. The point is you’re doing something to re-regulate your nervous system . . . and this particularly applies to those who are trying to preserver some life outside of one’s job or get home and not have it be a disaster once you get there.

If you walk in as “jacked-up” as you were in the courtroom, in the ER, in the clinic we all know what will happen, and that’s the other thing their loved ones are constantly saying, “Look, we’re not your clients; we’re not defendants; this isn’t a courtroom; don’t case manage us.”

That ability to reregulate is so important. I can’t say enough about the physical piece of that - getting your heart rate up everyday, breaking a sweat (and not watching the news at the same time) and doing something where you’re purging, you’re detoxing and you’re allowing your system to reregulate from its deepest place.

**Dr. Buczynski:** I just would take a moment to ask people on the call, because this is something I’ve been told I might be responding to—I used to be responding to my late spouse and then all of a sudden I’d be asked, “Are you going to charge me for this hour?” because I had slipped into a role and it’s so easy to do.

I can imagine that people on the call have experienced some form of that.

**More Warning Signs of Caregiver Fatigue**

**Dr. Buczynski:** We’ve talked about a few of the warning signs, the grandiosity and self-righteousness. Can we go through and talk about some of the other ones?
Ms. van Dernoot Lipsky: Sure. Some of the primary ones we see, and again, they manifest individually and collectively. You know that experience where you can walk into organizations, agencies, clinics, hospitals - institutions of any kind - and some places, even though they do very extreme work, it really can feel quite beautiful to be there. It’s an incredible feeling.

Then there are other places where you walk in and you can’t get a Korean body scrub fast enough - you really want a hot shower because that palpable collective saturation can happen. All of these apply both individually and collectively.

Some of the primary ones are – there’s a sense of hopelessness and helplessness. It’s hard to get out of bed in the morning. There’s a Spanish expression for this...and it means: it’s just not worth it! You can’t believe you have to still train on this, talk about this, engage . . .

I was working with somebody last week, back east, third generation. She was the third generation of a family who was struggling.

Connected with all of this is the feeling that you’re not doing enough. No matter how much you do, you feel like you’re not doing enough and you constantly should be doing more.

There’s this inability to embrace complexity, so that’s where you get very reductionist, very dogmatic. There’s good and there’s bad - there’s right and there’s wrong and you’re pathologic – you’re feeling either that, “You’re with me” or “You’re against me!” There is this complete inability to embrace complexity.

Ruth. Buczynski: It’s like: “There’s our side and then those other people are the bad guys?”

Ms. van Dernoot Lipsky: Yes, and you want ground under your feet. If you’re new to an organization, you come in as a resident or you’re a new nurse or a new counselor, you say, “I have an idea. How about we do intake differently? How about we do charting differently?” And the folks who are there say, “Oh, no, no, no! Don’t be so young and idealistic. We’re not going to do charting differently– that’s not what we do here!”

That organization can start to feel like a very bad junior high school experience again! This is an organization – the culture – where there are cliques and gossiping and there are the “cool” people and there are the “not so cool” people.
Then there’s the inability to raise complexity. The hyper-vigilance that we talked about makes everything a potential crime scene. You’re sending your kid to school in Kevlar; you’re sending your kid to school in a helmet; you’re identifying sexual predators everywhere. Police officer’s will always sit next to the door . . . There’s this kind of potential catastrophic thinking that happens.

Then, there’s the avoidance. This is kind of the highlight of your day when you don’t have to do your job anymore. This is what you most look forward to about your day at work - not having to do your job. If you do home visits, you would knock very, very softly. If a client comes to you and they’re ten minutes late, you don’t worry about the client - you just spend the whole ten minutes praying that they missed the bus. All of this just bleeds very much into our personal lives.

There’s the great New Yorker cartoon where there’s a man and a women on the corner and then another couple comes up and he’s kind of covering his face and she says, “It’s too late, Roger, they’ve seen us.” So this is where people would start saying that you’re anti-social.

You don’t answer the phone at home anymore. Anything that used to bring you joy — family gatherings - you feel like you should get comp time for them because they’re just so strenuous now! You leave your voicemail full, screen all of your calls, and you just resort to texting where you can - just doing emoticons and smiley/frowny faces. Talk about a sense of guilt. People have guilt over all sorts of stuff.

This numbing out is a huge one — warning signal, and so is anger. A lot of times, because of how we’re socialized, many of us don’t have an intimate relationship with our anger, so then our anger manifests as passive aggressiveness or anger frequently will manifest as cynicism particularly in the form of cynical humor. That’s what you find in a huge number of workplaces where people will say, “We’re not angry. I mean, we laugh a lot - we’re funny!”

Addictions are really significant across the board, and again, I’m not talking about meth and heroin and crack, but we’re broadening that to everything from: How’s your addiction to your ego? How’s your addiction to your pride? How’s your addiction to being needed? How’s your addiction to being busy? How’s your addiction to criticizing others?

There are all those, and then even if we don’t look at people’s cocktail hour or what they’re getting
pharmaceutically, there’s their addiction to caffeine, sugar, nicotine and adrenaline – they’re huge.

Grandiosity we talked about and then – there’s the other cartoon with the wife of the airline pilot who says, “Must you precede everything you say with – ‘This is your captain speaking.’”

The other thing we really see is that it’s very hard for folks because - you get so good at what you do. So many of these folks have so much expertise in what they do.

That’s what Malcolm Gladwell talks about with the 10,000 hour rule. You’ve put in that much time; you have a tremendous amount of expertise and it’s very hard to reregulate - to engage with: is this the right time? Is this the right place?

The prosecuting attorney I work with said to me, “What I’m so good at is cross-examining people and that’s not what my family needs from me when I get home at night.”

The law enforcement officers I’ve worked with will say, “What can make you an incredible cop also can destroy you when you’re not on the job.”

It’s that whole piece of - can you have that skill and then do you know at dinner with your best friend’s new partner whether it’s time to bring up that you think he’s a perpetrator – someone you just met five minutes ago?

So it’s that ability to gauge all of that. Those are just the primary ones that we would see.

**Diminished Creativity: The Loss of Time and Space**

**Dr. Buczynski:** I’m not sure if you really touched on this or not, but in your book you talked about diminished creativity. How is that related? In some ways, we do more with less. We improvise all the time. Where does the diminished creativity come in?

**Ms. van Dernoot Lipsky:** That’s been one of the ones that I think is so interesting and I’ve learned a lot about it. Dr. Daniel Siegel talks really beautifully about it – along with Jonah Lehrer.

This is what we know from a neuroscience standpoint. You have to have time and space to be creative. We
“To be creative, we need time and space, but not necessarily resources.”

need time and space, but not necessarily resources. It’s not so much that we need resources, but we definitely need time and space.

What happens for so many of us is that time and space is absolutely what we don’t have. We get hunkered down around the conference table, applying ourselves to something. That’s just what happens with many organizations . . . but the workers at Northwest Network of Gay Lesbian Bi-Trans Survivors of Abuse have been pioneers in something different.

When I worked there, we would force ourselves to substitute a staff meeting a month for a writing group. We forced ourselves to take time out from an absolutely big wave schedule . . . because we knew if we didn’t, we wouldn’t be able to access that creativity.

Other organizations or companies – they’ll under-employ their folks by a certain amount or they’ll give you a few hours a week. You’re still being paid for these hours, but that’s your time to go off – to be creative.

The public defenders I know will go biking before court because that’s when they’re going to have ideas come to them. Part of what happens is just from the neuroscience place, and, again, Jonah talks about this wonderfully . . . There are times that you have to hunker down and think, but then there are other times that you have to get into a state where you’re able to reregulate, and that’s when the epiphanies and the revelations come.

What you notice is that people will lose their creativity in their personal lives. They don’t play guitar anymore. They don’t do black and white photography like they used to. They would start to think about the arc of time – what they do in their work - how when they first started, they would say something different to everybody even if it were person after person, patient after patient, client after client.

Now, we find ourselves just feeling and saying what’s on the back of bumper stickers, “Every person deserves a peaceful tomorrow.” There’s no kind of innovation.

Frequently, we’re just saying to ourselves, “I’m just doing the same thing – I’m just saying the same thing. Then, if you look at that systemically and how hard it is for systems - there’s just this scraping together that we were talking about and the doing-more-with-less, having to piece it together.

We’re missing the creativity and we’re missing the innovation. Is this where we wanted to be 20 years later -
with domestic violence, sexual assault, schizophrenia? Is this where we want it to be?

**Minimizing: How to Prevent the Hemorrhaging of All Your Compassion**

**Dr. Buczynski:** Another one (of the signs) you were talking about in your book was *minimizing*. What do we mean by that?

**Ms. van Dernoot Lipsky:** Right. Minimizing is not prioritizing and it’s not triaging. What happens with minimizing – because of the magnitude of what folks have, the magnitude of the suffering folks have born witness to – it’s almost like a feeling of hemorrhaging.

This is a feeling that you’ve hemorrhaged out all of your compassion and all of your empathy. I think of this in terms of an appliance that goes into its energy conservation cycle; we’re going to hoard what little compassion we have left for those who are the most deserving . . .

These are the nurses who, when they first started doing their work, had that presence and they were intuitive. When anyone came to them, they were right there, and now they know enough to do the active listening, but internally they’re thinking, “You think this is a problem? This is so not a problem!

All of the suffering gets put on a hierarchy and it becomes kind of a big competition. We have a crisis call and you could be air quoting, “Crisis Call,” but you’re doing this while you’re eating lunch and at the same time writing a grant because it’s not deserving of your full attention.

In this way, you start comparing this to that and to the other, and because you’ve seen such extremes, nothing really ever again is going to engage you like it did before.

Certainly, this is one that hugely bleeds into people’s personal lives. This would be one of the top three ways to annihilate any remaining personal life you have.

This is the classic: you get off your shift, you get off your day, or you get off your graveyard-night shift, whatever it is, and you connect with your partner, best friend, or neighbor with, “How’s it going?” And to this, they say, “Man, I had a hard day and you just stop and think, “Oh did you? Did you have a hard day at
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your private law firm downtown? What was hard about your day? I worked with somebody in Oregon just
the other day and she said, “I’ll just say to people, ‘Oh Pumpkin - that just sounds so hard.’”

Nothing engages you anymore. Or your own kid comes home and says, “Mom, I really got teased on the
playground.” You say,“Son, I want to remind you that the children I work with don’t have access to
playgrounds. So you want to be grateful that you have a playground to get teased on! Everything becomes
a big competition.

Dissociative Moments: Discharging the Saturation

Dr. Buczynski: Another one that you wrote about was dissociative moments. People on the call know about
dissociation, but how does it connect to being a provider, a responder to trauma?

Ms. van Dernoot Lipsky: I think part of what we look at there, as I’m sure all of your listeners know, is to
what degree you’re saturated. Again, from that work you’ve done, have you been able to discharge? Have
you been able to move up and out of any of that nervous system energy that’s come up as a result of
overwhelm if you’re particularly saturated?

I think it’s more likely that somebody will say this and we’ll just kind of have that moment where we’re not
there for a minute, or three minutes of the conversation.

We also look at if you can relate when somebody’s coming into the ER and they’re reminding you of your
eight-year-old kid or somebody’s coming in and they remind you of your mom who died last year. Part of it,
again, and what we look at is when you get saturated - you’re not able to
or only to a degree are you able to metabolize what you’re bearing
witness to. Individually, can you metabolize what you’re bearing witness
to and collectively, are you a part of a collective body that is able to
metabolize what its bearing witness to?

When that doesn’t happen, we get very, very saturated and this is why,
when we look at animals in the wild, they fare so well so frequently
because in their fight-flight freeze response, all of that gets discharged and dissipated.

With any of us – we just don’t have those daily practices to discharge - to dissipate it. Many of us come in – if
our lives are filled with anything outside of our jobs other than rainbows and puppy dogs – we already have some saturation from our personal lives. Then, we come into this work and wave after wave is crashing down on us. It takes a lot to keep metabolizing what you’re bearing witness to.

The Top Three Warning Signs

Dr. Buczynski: I’m sure that it’s different for everyone, but what would you say are the top three warning signs?

Ms. van Dernoot Lipsky: When we start feeling avoided, I think that is a very big gift from the universe that I encourage us to receive, unwrap, and don’t re-gift. I think that’s one of the big indicators that the universe gives us.

When I do this work, at least in the United States, the assumption I make is that we’ve chosen to do the work that we’re doing. We’ve made a conscious choice to do this work to say nothing of our personal lives where, again, we might have very full lives that are also contributing to saturation.

Doing our jobs might be hard choices - you might need the health insurance for your partner who has cancer or you might lose your housing if you don’t have your job, or you’re two months from retirement. Yet, we’ve still made the choice to do what we’re doing. It could follow then that we’d be filled with gratitude for the opportunity to be of service.

We’re not grateful that suffering exists, and you definitely don’t have to be grateful for all the bureaucracy that you have to deal with in the workplace a lot of the time.

But suffering has been around forever, and it’s going to be around a little while longer, so the fact that we get to be of service to other living beings is a profound privilege, and it’s a tremendous honor and some would say it’s sacred.

If we start losing that sense of gratitude that we get to be of service and if we start then feeling entitled, done wrong, like somebody owes us something, and we’re feeling persecuted, then that is a very significant
I think another piece for people to really look out for is that sense of *not enoughness* – when you feel like you’re not doing enough. For most of us, this taps into a place of internalized depression from way back, and what we do about this is that we do more! Plus, we know how to do this: we answer more calls, we send *more* emails, we write *more* grants, and we see more patients. So what happens then is that harm really starts happening.

We all know that there are compromised parts of this web of life if you believe in what Chief Sealth’s work talks about, and many of us will compromise our own part of the web even while we’re trying to tend to these parts of the web. So, the *not enough* piece can be very, very damaging for folks.

Then, I think there’s the *numbing out* - a lot of times when I talk with people about feelings, people will look at me and they’ll say, “I haven’t felt anything in 15 years.” And we get very used to that.

There’s the great cartoon with the man on the analyst’s couch, and he said, “Could you up the dosage? I still have feelings?” So, that’s the experience that a lot of us get very used to - just not feeling and then we create a whole life around it. I mean, if you’re flooded with adrenaline all of the time, you could be feeling pretty free for a while.

*Preventing Caregiver Burnout*

**Dr. Buczynski:** I’d like to talk more about treatment or prevention or whatever way you might want to talk about it. What are your thoughts on what we can do – if we notice that happening in ourselves - to prevent it from happening?

**Ms. van Dernoot Lipsky:** I think for me, a very big shift happened when I realized that I was not entitled to do the work. For the longest time, I felt entitled to do it. Because I had experience doing it and I had a lot of fire in the belly and I had passion and I had commitment, I felt very entitled to do the work. I felt entitled to do it 100 hours a week. I mean, I felt a huge amount of entitlement.

Part of my whole near psychotic breakdown happened when I really realized that it’s such a privilege to do it; it is such an honor to do it. The stakes are incredibly high across all of these fields and I came to realize that I
really have to earn the right to be of service - I have to demonstrate every single day that I have what it takes to bring my A-game to this - that I can bring my highest self to this. I can bring the right speech, the right conduct, the right action, and be as impeccable as I can be.

When you approach it from it is a privilege to be of service, then part of what we look at is not that there’s all this unmet need – that you do everything you can until you get very ill or just drop from it. I mean, we see workers who are unwell and many who are becoming unwell. But instead, this is what to look at: How can you not do harm in your part of the web?

It’s not integrity-based practice if you are bringing everything you can to repair this part of the web out here in the community, but you’re ignoring your own diabetes and your personal relationships are disintegrating - people’s professional relationships frequently leave a lot to be desired.

Desmond Tutu says, “Your means must be constant with your ends.” Part of what we look at is how can you make sure no harm is happening in your part of the web? From that place, you then get to be of service. It’s not about achieving or perfection, but it’s being very thoughtful about what many of us will describe as we’re doing such good work here. People will bring everything they have here and there is a huge aftermath being created.

Otherwise, institutionally and organizationally we’ll think, “We’re doing this good work here so it’s okay that we’re exploiting our workers - it’s okay that we have an oppressive workplace.”

Dr. Buczynski: That gives us an entitlement. We give ourselves some breaks because after all, we’re doing such important, noble work.

Ms. van Dernoot Lipsky: That’s right, and harm is done and that’s the connection there.

Dr. Buczynski: I think that’s also where people get into both making mistakes and using poor judgment even in boundary issues . . . not because they’re not good people, but because they haven’t taken good care of themselves. They’re tired or lonely or hungry . . .

Ms. van Dernoot Lipsky: Absolutely! By the time they start making
mistakes professionally, you can just imagine where their personal lives are Most of us hold it together professionally, and by that point our loved ones are very much neglected.

Your health is wrecked - your immune system - is usually compromised so the personal harm is tremendous even before you get to the point of making those professional mistakes.

**How Mindfulness Fits into the Caregiver Picture**

**Dr. Buczynski:** Now, one thing that I’ve noticed is that some of the folks who said nice things about your book were mindfulness people, mindfulness meditation folks. Where does mindfulness meditation fit in and how does that all come together?

**Ms. van Dernoot Lipsky:** I think one place is the ethic of doing no harm. While we all come to this work from so many different places - intentions and reasons – I trust we all have a shared ethic of doing no harm, but again, many of us don’t make that connection.

If we’re able to hold it together here and bring our A-game to our work, then we’re certainly not counting how we talked to our boss, we’re not counting how we engage with our co-workers and we’re certainly not counting our personal life. We might just say, “That’s my own business.”

So, a part of the piece is that ethic – to do no harm ethic. Another piece is that Thich Nhat Hanh says, “When you’re moving quickly, it’s too hard to notice anything.” I mean, when you’re moving quickly, it’s very, very hard to notice anything. What I did after trying to bring myself back from my break was really to find some teachers, not to argue with or go up against or ones that I couldn’t relate to, but to teachers who had fared much differently than I had fared.

So, I started following Desmond Tutu when I could, and I became a student of Thich Nhat Hanh and studied Viktor Frankl. When you look at all of these folks, they are not moving quickly. One of the things they’ve done to survive is slow themselves down - first of all, to notice anything going well and for anything that’s going well, to be incredibly grateful. That metabolizing of anything going well has allowed them to be in their 60’s, 70’s, 80’s and continuing to contribute to the world in unparalleled ways.
None of us is going to go up against Desmond Tutu. I mean, you’re not going to say, “Oh, Desmond, I don’t think it’s gotten that rough for you in South Africa, but here in Seattle, we’ve got a lot going.” You’re not going to take on Desmond Tutu.

I’ll speak for myself, but he’s fared much differently than I’ve fared. I mean, first of all he has a full range of feelings: he’s either laughing or crying and he’s more radiant then I’ve ever been in my life. Also, Thich Nhat Hanh is another example.

One of the things they have is gratitude, a huge dedication to gratitude for anything going well and the other thing they have is they move slowly and they talk slowly and they walk slowly and they engage slowly. In that way they’re really able to have very impeccable conduct to the best of their ability.

A lot of times what happens to us is that we get caught up in that frenetic scarcity and then we make excuses for it. You’ve probably walked into those workplaces where you’re feeling, “Oh, goodness, did somebody get shot this morning?” And the response is, “No, it’s just Tuesday morning - this is how we operate.”

When you’re moving with that pace, huge numbers of mistakes happen and a lot of harm is done.

**Dr. Buczynski:** So for one thing, are you talking about some kind of contemplative practice?

**Ms. van Dernoot Lipsky:** I think about it these terms: given the work we’re doing and that the stakes are so high, what folks are bearing witness to - those waves crashing down on you - I don’t think it’s too much to ask that we would have a daily or a daily-ish practice every 24 hours.

They say there are a thousand doors of enlightenment, so there’s a million options of what you could choose from, but every 24 hours you’re doing something to be able to first and foremost, from the neuropsychology piece of this, purge, discharge, and detox what you’ve witnessed.

“What you’re bearing witness to - accumulating all this in you - that’s not an option! You’re bearing witness - it’s not about this taking root in your liver or spleen, kidneys, lungs, or heart. It’s about being able to move that out and then there’s the other piece of daily practice.”
So many of us are reacting to just huge wave after huge wave, and it’s very hard to notice when anything is going well - to root in some gratitude and pay attention to what is going well. Then there are a number of other practices that folks can choose from and they don’t have to be particularly time consuming and they definitely don’t have to take a lot of resources.

I think about it in these terms: none of us wants to do our work from a place of hypocrisy and when you think about everything we ask of the folks we serve, we ask a huge amount. We have very high expectations and rightly so - that folks can continue with their chemo and that folks can stop shooting up heroin and that folks can stop abusing their kids. I mean, we have high expectations of folks as we should.

Frequently, when I’m at work, I go in as some bossy lady and say, “Hey guys, how about we get to the gym five days a week?” A lot of people push back - they’re saying, “Whoa…I’m busy!”

So we feel fine encouraging people to stop their addictions and encouraging people to forgive the person who battered them—but we can’t get to the gym five days a week!

I think that’s a very interesting piece to look at.

Dr. Buczynski: We’ll have to wrap up soon, but some people on the call may have said, “Oh, she’s talking about me.” Where can they turn for help?

Ms. van Dernoot Lipsky: I think it’s so important to remember that many of us, because of our upbringing might be more hesitant than others to ask for help. Certainly, many of us are in fields where historically there have been some barriers between being able to admit that we’re struggling and being able to ask for help. What’s so important, again, is that we’re able to break our isolation around this and know that when we’re exposed to suffering over time there’s absolutely going to be a toll.

More and more folks are discussing this now, and there are more and more resources. We can interrupt the isolation and reach out and get support.
I’m happy to have anyone contact us at the Trauma Stewardship Institute. I can make referrals and tell people about my favorite reading materials and the folks who have been my teachers, mentors, and pioneers in the field.

We want folks to understand that if you are in one of the most extreme fields where historically help is definitely seen for the weaker set or if you feel that you want to become more familiar with what’s available, know that you’re in very good company with other folks who are also impacted.

This is definitely going in a direction that’s more than just understanding – this is cause effect. It’s not about a personal piece - it’s about knowing that when you’re exposed to the suffering, there’s going to be a toll.

We want to just make sure that folks aren’t sitting alone in their isolation.

**Dr. Buczynski:** It’s not about personal failing. We have to put it in another context so that we do get some help.

**Ms. van Dernoot Lipsky:** Yes, absolutely!

**Dr. Buczynski:** I’m sorry we’re out of time.

Laura, thanks so much for being part of our call tonight and for the work that you’ve done, and to everyone on the call, thanks for being here. Take good care and good night!

**Ms. van Dernoot Lipsky:** Thank you so much!
Laura van Dernoot Lipsky, MSW is the founder and director of the Trauma Stewardship Institute. She has worked directly with trauma survivors for 25 years, and lectures nationally and internationally on self-care for those who care for others. She has recently focused her attention on the effects of trauma exposure for those doing frontline work in environmental and conversation movements throughout the world. She was the recipient of the 2008 Yo! Mama Award for work as a community-activist mother.

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