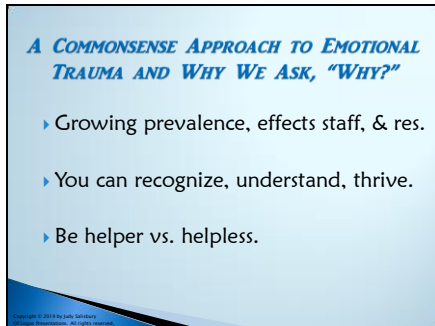


A COMMONSENSE APPROACH TO EMOTIONAL TRAUMA AND WHY WE ASK, "WHY?" presented by Judy Salisbury

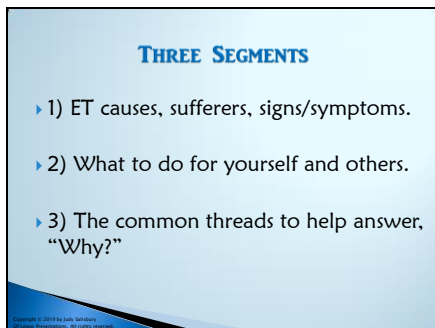
Slide 1



Slide 2



Slide 3



Slide 4

WHY DISCUSS EMOTIONAL TRAUMA?

- ▶ The prevalence of ET.
- ▶ A unique perspective/qualification.
- ▶ “The science says.” (Observe/Repeat)

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Slide 5

Beware Those Scientific Studies -- Most are Wrong, Researcher Warns (Ivan Couronne [AFP](#) July 5, 2018)

Washington (AFP) - A few years ago, two researchers... touched on a known but persistent problem in the research world: too few studies have large enough samples to support generalized conclusions.

But pressure on researchers, competition between journals and the media's insatiable appetite for new studies announcing revolutionary breakthroughs has meant such articles continue to be published.

"The majority of papers that get published, even in serious journals, are pretty sloppy," said John Ioannidis, professor of medicine at Stanford University, who specializes in the study of scientific studies. This sworn enemy of bad research published a widely cited article in 2005 entitled: "Why Most Published Research Findings Are False."

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Fall of Top US Scientists Points to Ethics Gap in Research (AFP Relax News, September 23, 2018)

Three prominent US scientists have been pushed to resign over the past ten days after damning revelations about their methods, a sign of greater vigilance and decreasing tolerance for misconduct within the research community.

"The good news is that we are finally starting to see a lot of these cases become public," said Ivan Oransky co-founder of the site Retraction Watch, a project of the Center for Scientific Integrity that keeps tabs on retractions of research articles in thousands of journals. Oransky told AFP that what has emerged so far is only the tip of the iceberg.

The problem, he said, is that scientists, and supporters of science, have often been unwilling to raise such controversies. But silence only encourages bad behavior, he argued.

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Slide 7

CONSIDER THIS:

▶ **NOT THE END ALL:**

- Aesthetics
- Mathematics
- Metaphysics

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Slide 8

1) EMOTIONAL TRAUMA DEFINED

▶ **WHAT ARE THE CAUSES?**

- Prolonged abusive events – child/spouse
- Singular traumatic event – assault, death, accident
- Culmination of witnessed events – EMS

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1) EMOTIONAL TRAUMA DEFINED

▶ **WHO DOES IT EFFECT?**

- Employees – finding res. deceased/injured.
- Friends or family members – all react differently.
- YOU!

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Slide 10

1) EMOTIONAL TRAUMA DEFINED

▶ **WHO DOES IT EFFECT?**

- Residents losing independence and mobility.
- Having to sell home for care.
- Needing help of others. Family too busy.

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1) EMOTIONAL TRAUMA DEFINED

▶ **SIGNS/SYMPTOMS?**

- Isolation/Despondency
- Perceived loss of control, overwhelmed.
- Lack of self esteem.

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1) EMOTIONAL TRAUMA DEFINED

▶ **SIGNS/SYMPTOMS?**

- Anniversary reactions.
- Nightmares.
- Eating disorders.

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1) EMOTIONAL TRAUMA DEFINED

► **SIGNS/SYMPTOMS?**

- Anger/Paranoia.
- Flashbacks and scrolling the wall.
- Feeling stuck.

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1) EMOTIONAL TRAUMA DEFINED

► **SIGNS/SYMPTOMS?**

- Fear keeps us stuck.
- Fear lies.
- Can you think of other signs/symptoms?

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Slide 15

2) "WHAT TO DO, WHAT TO DO, WHAT TO DO?"

► **EMBRACE THE OPPOSITE: TRUTH vs. LIES**

- "I'll never get better, ET defines me."
- "No one cares/understands."
- "Needing help is a sign of weakness."

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Slide 16

2) "WHAT TO DO, WHAT TO DO,
WHAT TO DO?"

► **EMBRACE THE OPPOSITE: *TRUTH vs. LIES***

- Show skills/abilities, needed/loved.
- Ask what evidence for negative self talk?
- Don't rob others of the honor of helping.

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2) "WHAT TO DO, WHAT TO DO,
WHAT TO DO?"

► **EMBRACE THE OPPOSITE: *Express vs. Suppress***

- Use of drugs or alcohol to suppress normal human emotions.
- "Nothing's wrong." Refusal to talk.
- Outbursts to stop the conversation.

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2) "WHAT TO DO, WHAT TO DO,
WHAT TO DO?"

► **EMBRACE THE OPPOSITE: *Engage vs. Isolation***

- Pulls back from family and friends.
- Stops going to usual functions.
- Quits work or previous volunteer service.

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2) "WHAT TO DO, WHAT TO DO,
WHAT TO DO?"

► **THE REAL PATIENT**

- Why not a CNA?
- Who knew?
- Redeeming the pain.

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2) "WHAT TO DO, WHAT TO DO,
WHAT TO DO?"

"When all our hopes are gone,
'Tis well our hands keep toiling on
For others sake:
For strength to bear is found in duty done;
And he is best indeed who learns to make
The joy of others cure his own heartache."
Streams in the Desert, Oct. 30th

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2) "WHAT TO DO, WHAT TO DO,
WHAT TO DO?"

► **LOOK FOR WARNING SIGNS:**

- Reckless or impulsive behavior.
- Communicating suicidal thoughts.
- Sudden, upbeat personality change.

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2) "WHAT TO DO, WHAT TO DO, WHAT TO DO?"

► **HELPFUL HINTS:**

- Discuss as a group, but don't force it. LISTEN!
- Write an uplifting note to the family.
- Have them focus on the positive/good.

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2) "WHAT TO DO, WHAT TO DO, WHAT TO DO?"

► **HELPFUL HINTS:**

- How do you handle death/traumatic injury with your staff?
- What has/hasn't worked for you?
- What has surprised you?

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3) COMMON THREADS

► **FLIGHT or FIGHT**

- Does it exist?
- What is its impact?
- How does it relate to ET?

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3) COMMON THREADS

► **THE CONSCIENCE**

- Is there such a thing?
- Condone, justify, deny, or confess.
- Was Jiminy Cricket right?

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3) COMMON THREADS

► **THE WHY QUESTION**

- Do we have the answer?
- Okay to call the Chaplain.
- A vertical prompt?

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3) COMMON THREADS

► **EMBRACE THE OPPOSITE: PURSUE vs. AVOID**

- We become angry at what actually exists.
- Passive acknowledgement of existence.
- Know intuitively attributes & character.

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3) COMMON THREADS

▶ **THEIR PURPOSE**

- Flight or fight = Physical
- Conscience = Moral
- “Why?” = Emotional

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WRAPPING IT UP...

▶ Growing prevalence, effects staff & res.

▶ Recognize it, gain a greater understanding and thrive.

▶ Be a helper vs. helpless.

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