

# VICARIOUS TRAUMA

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# WHAT IS TRAUMA?

- Trauma is a psycho-biological response after a “person was exposed to: death, threatened death, actual or threatened serious injury, or actual or threatened sexual violence.” ~DSM V
- Trauma affects our brain and nervous system. The Autonomic Nervous System (ANS) has two branches: the parasympathetic (PNS) and sympathetic (SNS).
- When we experience threat either perceived or real, our sympathetic nervous system kicks in to gear, hormones are released and our body is ready to flee or fight to survive. If our instinctual brain perceives that neither running away nor fighting will work, we will freeze (which is actually a mixture of activation from the SNS and the PNS).

# WHAT IS TRAUMA CONT.

- When our brain perceives that the threat is over, our PNS is activated: digestion can happen, our muscles relax, our pupils go back to normal, our prefrontal cortex begins communicating with our limbic system and reptilian brain structures.
- An individual becomes traumatized when the SNS is activated for too long and the brain is not able to integrate the traumatic material. When our bodies are not allowed to complete acts of protection (running away, fighting our way out) we can become traumatized.
- It is experts belief that the freeze reaction is where most trauma is developed.

# TRAUMATIZED CLIENTS

- If some of your clients have experienced trauma, how might they be interacting with you?
- Hyper-aroused states-they may get startled easy, they may have a wide-eyed look as if they are always scanning the environment for danger.
- Hypo-aroused states- cortisol is released during activation of the SNS and this may lead to a dull affect(facial emotions) or not seem to respond well or track conversation well. They may seem dazed or like they “aren’t there.” This may also happen with clients who used dissociation during the traumatic event(s).

# TRAUMATIZED CLIENTS...

- Flipping their lid- hand model of the brain, when this is happening people aren't using their "thinking, rational minds," and are acting instinctually.
- When someone becomes traumatized, their nervous system has been overwhelmed and their perception of danger may be hindered; people may over-react to non-threatening situations, or under-react to dangerous or threatening situations
- People may have trouble with boundaries-psychological, physical, emotional

# WHAT IS VICARIOUS TRAUMA?

- A process of change that affects humanitarian workers' psychological, physical, emotional, and spiritual well-being because they are repeatedly exposed to others' trauma, pain and suffering. (this can happen to humanitarian workers as well as loved ones and family members who are taking care of relatives that have been traumatized)
- The word vicarious is used to highlight that this form of exposure to traumatic material happens through someone else, i.e., living vicariously through someone else
- Most importantly, this is a **normal** reaction to working with high risk populations.

# DEFINITION CONT.

- Vicarious Trauma (VT) as a **process of change**- the effects of helping others through difficulty has a cumulative effect. Stories, reactions and interactions build up. \* Populations of workers that are most at risk of developing VT are people just entering the field and workers who have years of experience.
- VT is **influenced by empathy**-we humans have what scientists call mirror neurons in our brains. These neurons allow us to see that someone else is in pain; and our brain responds as if we are experiencing that same pain. This is what I like to call empathy. We never fully understand what people are going through, but we can understand anger, despair, depression, hurt, sadness.

# SIGNS & SYMPTOMS

- **Psychological/Thought Patterns:** intrusive images or ideas, Cynicism, Worrying that something bad might happen to friends/family/loved ones, increased sensitivity to violence
- **Physical:** tiredness even after resting, hyper-arousal (feeling on edge)
- **Emotional:** Anger, unable to tolerate strong emotions of self or others, Guilt about your pleasure or life
- **Spiritual/World View:** Challenging previous held religious or spiritual beliefs (why would God/Buddha/Creator/Allah allow this to happen? This can also lead to psychological changes such as hopelessness, despair, etc), changes in identity or how you identify (not seeing friends or family because it is hard to relate to them)

# SIGNS & SYMPTOMS

- **Behavior/Relationship:** Increased dependencies or addictions to substances or activities like caffeine, cigarettes, alcohol, drugs, sex, tv, shopping, food; difficulty separating personal and work life, feeling like you don't have energy for personal activities, having difficulty finding pleasure in activities that used to be pleasurable.

If any of these are happening you are not wrong or bad! These are natural occurrences when you are a helper.

# RISK FACTORS

- The Humanitarian worker- personality & coping style, personal history, current stressors, social support, spiritual supports, work style
- The Situation- professional role, work setting, agency support, client reactions
- Cultural Context- the culture of your office or work environment, societal culture of expressing needs, familial culture or view of trauma & receiving help

# ADDRESSING VT

- Awareness- Create a habit of checking in with yourself regularly. How am I feeling? What thoughts are present? How does my body feel? Am I aware of potential risk factors? How am I responding to the risk factors?
  - What do you think about the saying “pain is inevitable, but suffering is optional?”
- Balance- Work life balance.
  - Intense work balance with less intense work.
- Connection- To yourself and things that are larger than yourself
  - With yourself-spiritual connection, hobbies, interests, joy
  - With others- at work, family, friends, community

- Transforming VT comes when we connect with ways that nurture meaning and hope
- Remember, trauma affects our nervous system so addressing our nervous system and body is important. There are many avenues to do this: Yoga, Acupuncture, Meditation, Massage, Somatic Counseling/Trauma therapy, Tai Chi, Deep Breathing exercises, and many more...

# ADDRESSING VT

- How we *think* and *do* our jobs has a major impact on vicarious trauma prevention and management
- How do you think about your work?
  - Why do you do this work?
  - How is your job making a difference with the population you serve; even if you can't see the difference?
  - How do you measure success in your work?
  - What can you control in at work?
  - What are the costs and rewards of your work? How are you changing?

# ADDRESSING VT

- How do you *do* your work?
  - Change some of the things that bother you
  - Intentionally make choices when you can
  - Connect with (or disconnect from) people
  - Try something different at work
  - Find ways to retain or regain perspective during the day
  - Find more than one healthy habit

# RESOURCES

- Transforming the pain: A workbook on vicarious traumatization (1996). By Karen Saakvitne and Laurie Anne Pearlman. Published by W.W. Norton and Company.
- Stress and trauma handbook: Strategies for flourishing in demanding environments (2003). Edited by John Fawcett. Published by World Vision International.
- In An Unspoken Voice, How the Body Releases Trauma and Restores Goodness (2010). By Peter Levine. Published by North Atlantic Books.
- Online Resource: Headington Institute: <http://headington-institute.org>

# CONTACT

Thank you so much for having me!  
If you have any questions, please contact me.



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