Trauma & Vicarious
Trauma, Part I

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A Trauma Framework For Understanding Our Clients ...and Ourselves
From Sidran Trauma Training Risking Connections, Trauma research, Education, and Training Institute, Inc. (TREATI), 22 Morgan Farms Drive, South Windsor CT 06074.

The Trauma Cycle: Biology of Trauma and Memory

Definition of psychological trauma:

- The unique individual experience of an event or enduring conditions, in which:
  - the individual’s ability to integrate their emotional experience is overwhelmed; or,
  - the individual experiences a threat to life, bodily integrity, or psychic existence.”
- The trauma cycle has a compulsive quality, driven by neurotransmitters. The brain can get stuck in a cycle of reactivity.

Triggered by new stimuli

Intense hyperarousal: Epinephrine is released in “fight-or-flight” response

Brain is overwhelmed by stimuli, can’t produce enough serotonin to manage feelings.

Hyperactivity: Excessive neuropepinephrine increases heart rate and intensity of dreams; low levels of serotonin.

Traumatic re-experiencing:
- Psychic numbing
- Avoidance
- Amnesia
- Anhedonia (loss ability to enjoy pleasure)
- Flashbacks
- Nightmares
- Ruminating thoughts
The Effects of Traumatic Abuse: 6 Aspects of the Self

Survivors of childhood sexual abuse have experienced both:

- the overwhelming arousal of abuse which can produce a state of hyperarousal
- the absence of adequate soothing and comforting which can produce a lack of skills in self-soothing (survivors may turn to substance abuse to block out feelings)

1. Feelings
   - Managing feelings
   - Connecting to others
   - Feeling good about oneself

2. Judgment
   - Ability to make good judgments, good choices, to perceive risk/danger

3. Beliefs about oneself and one’s world:
   - Safety in the world
   - Trust of self and others
   - Intimacy and connection to others
   - Control: am I able to control my life, be effective

4. Frame of reference: how one interprets and sees self in relation to the world
   - Identity: who am I?
   - World view: is the world safe or unsafe?
   - Spirituality: what do I believe? Is there hope or meaning in life?

5. Memory and perception: trauma disturbs how one perceives experiences:
   - Narrative: the story of what happened...is it clear?
   - Visual images or ‘pictures’ in the mind
   - Sensory/somatic: sensations about what happened
   - Affect: do emotions match what happened?
   - Dissociation: memories are encoded in fragments, may appear as confusion, flashbacks, disconnected aspects of memory
   - Dissociation is not complete: breakthroughs cause distress.

6. Body and Brain: how the person relates to and feels about his/her body and gender
   - Can confuse sexuality when trauma is related to childhood sexual abuse
   - Shame about bodily sensations and/or responses
   - Can be preoccupation and/or somatization of stress
How Our Work Changes Us

Indirect or Vicarious Trauma (VT) Experienced by Social Worker/other ‘helpers’

- “…when the [helper] is impacted by exposure to the client’s trauma history and trauma effects, with [helper] developing psychological trauma effects as a result of this exposure.


Helper can be affected in one’s own self-capacities:

1. Feelings
2. Judgment
3. Beliefs
4. Frame of reference
5. Memory and Perceptions
6. Body and Brain

Problems in managing feelings may show up in:

- A sense of internal disconnection from those you love
- Disconnection from feelings of fundamental self-worth.
- Lack of pleasure in life and in relationships
- Abuse of substances

**RISKING CONNECTION:** The therapeutic alliance is the basic foundation of all our work, especially with trauma survivors.

- It contradicts survivors’ basic negative assumptions about relationships.
- It provides a ‘secure base’ which helps to heal attachment wounds.
- It decreases survivors’ sense of isolation.