Understanding Trauma and Managing Its Impact
Today, we will—

• define trauma and traumatization, secondary traumatic stress, compassion fatigue, burnout, resilience, and vicarious resilience;
• learn how the brain and body respond to stress and trauma.
• discuss how working with a traumatized population affects law enforcement staff;
• identify particular strategies that enhance both personal and professional resilience.
“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

(Remen, 2006)
- Stress
  - Acute
  - Chronic
- Traumatic stress
- Trauma
- Vicarious trauma
- Critical incident stress
- Vicarious traumatization
- Secondary traumatic stress
- Compassion fatigue
- Burnout
Definition of Trauma

The three “E’s” of trauma:

An event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects.
Stress is pressure exerted upon an object that can either strengthen or weaken it.

(Webster’s Dictionary)
The brain and body’s alarmed and alert response to a threatening situation.

Integral to the life of every living organism.

Our natural defense against danger.
Cumulative Stress
Taking a Closer Look...

• Trauma
• Traumatic stress
• Vicarious traumatization
**Human**
Homicide
Sexual Assault
Assault/attack
War

**Natural**
Hurricane
Earthquake
Flood
Fire

**On the Job**
Fight or physical attack
Threat of physical harm
Accident
What Makes an Event Traumatic?

• It involves a threat—real or perceived—to one’s physical or emotional well-being.
• It is overwhelming.
• It results in intense feelings of fear and lack of control.
• It leaves one feeling helpless.
• It changes the way a person understands the world, themselves, and others.

(American Psychiatric Association, 2000)
Defining Traumatic Stress

*Traumatic stress* is the stress response to a traumatic event(s) in which one is a victim or witness.

- Repeated stressful and/or traumatic events can chronically elevate the body’s stress response.

- 4 percent of victims suffer about 44 percent of the offenses.

(Farrell and Pease, 1993)
The Stress Response System

Brainstem

“Emotional brain”

Limbic System

“Thinking brain”

Neocortex
The Stress Response System

1. The amygdala senses threat and sets off the alarm.
2. Thinking brain assesses the situation.
3. Thinking brain goes off-line. Emotional brain activates fight or flight response.
4. Thinking brain helps shut off the alarm and helps us to calm down.
The Stress Response and Trauma

• An experience becomes TRAUMATIC when it overwhelms our system for responding to stress.

• The emotional brain continues to sound the alarm and send messages to fight or flee, even after the threat has passed.
Work-Related Trauma Exposure: How Does it Affect Us?

- Vicarious Trauma
- Compassion Fatigue
- Secondary Traumatic Stress
- Indirect Trauma
- Empathic Strain
- PTSD
- Critical Incident Stress
- Burnout
# Understanding the Difference Between Traumatic Stress and Vicarious Traumatization

<table>
<thead>
<tr>
<th>Traumatic Stress</th>
<th>Vicarious Traumatization</th>
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<tbody>
<tr>
<td>• Extreme emotionality or absence of emotion</td>
<td>• Overly involved with or avoidance of victim/survivor</td>
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<tr>
<td>• Fearful, jumpy, exaggerated startle response</td>
<td>• Hypervigilance and fear for one's own safety (the world no longer feels safe and people can’t be trusted)</td>
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<tr>
<td>• Flashbacks</td>
<td>• Intrusive thoughts and images, or nightmares from victims’ stories</td>
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Post Traumatic Stress Disorder (PTSD) • Post Traumatic Stress Symptoms • Critical Incident Stress

DIRECT exposure to trauma

- Post Traumatic Stress Disorder (DSM-V, 2013)
- Post Traumatic Stress Symptoms
- Empathic Strain
- Secondary Traumatic Stress Symptoms
- Vicarious Traumatization
- Compassion Fatigue

INDIRECT exposure to trauma

Work-Related Trauma Exposure
Work Related Trauma Exposure

Change in World View

Spectrum of Responses

Negative
• Vicarious Traumatization
• Secondary Traumatic Stress
• Compassion Fatigue

Neutral
• Impact Managed Effectively

Positive
• Vicarious Resilience
• Vicarious Transformation
• Compassion Satisfaction
Change in World View

“I was taught that law enforcement work is dangerous. But I never realized it until I lost a close friend... I no longer trust anyone or any situation”

– Officer on the loss of an officer/friend killed in the line of duty
It’s the shift in how we view the world, view others, and sense danger around us...
• The brain has a built-in alarm system designed to detect threats and keep us safe.
• When faced with a threat, the emotional brain takes over.
• A stress becomes traumatic when it overwhelms our stress response system.
• A range of acute post-trauma responses are common.
• Triggers are trauma reminders that set off the alarm.
• Responses to triggers may seem out of place and can be misunderstood by others.
Triggers

• Reminders of past traumatic experiences that automatically cause the body to react as if the traumatic event is happening again in that moment.

• Responses can appear confusing and out of place and be misunderstood by others.
Prevalence of Vicarious Traumatization Among Law Enforcement

• Across sectors, 40–80 percent of helping professionals experience high rates of secondary trauma.

• Among 28 global studies of PTSD, rescuers (fire fighters, ambulance personnel, police, search and rescue teams) had a prevalence rate of 10 percent compared with 4.4 percent within the general population in developed countries.

• Prevalence studies show rates of symptoms among first responders are much higher than 10 percent.
Secondary Traumatic Stress (STS)

“...the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced by another...the stress resulting from helping or wanting to help a traumatized or suffering person.”

(Figley, 1995)
Compassion Fatigue

“A combination of physical, emotional, and spiritual depletion associated with caring for patients in significant emotional pain and physical distress.”

(Anewalt, 2009; Figley, 1995)
What About Burnout?
Examples of Vicarious Traumatization: Personal

- **Physical**
  - Rapid pulse/breathing, headaches, impaired immune system, fatigue, aches

- **Emotional**
  - Feelings of powerlessness, numbness, anxiety, guilt, fear, anger, depletion, hypersensitivity, sadness, helplessness, severe emotional distress or physical reactions to reminders

- **Behavioral**
  - Irritability, sleep and appetite changes, isolate from friends and family, self destructive behavior, impatience, nightmares, hypervigilance, moody, easily startled or frightened

- **Spiritual**
  - Loss of purpose, loss of meaning, questioning goodness versus evil, disillusionment, questioning prior religious beliefs, pervasive hopelessness

- **Cognitive**
  - Diminished concentration, cynicism, pessimism, preoccupation with clients, traumatic imagery, inattention, self doubt, racing thoughts, recurrent and unwanted distressing thoughts

- **Relational**
  - Withdrawn, decreased interest in intimacy or sex, isolation from friends or family, minimization of others’ concerns, projection of anger or blame, intolerance, mistrust

(Adapted from J. Yassen in Figley, 1995)
Examples of Vicarious Traumatization: Professional

• Performance
  • Decrease in quality/quantity of work, low motivation, task avoidance or obsession with detail, working too hard, setting perfectionist standards, difficulty with inattention, forgetfulness

• Morale
  • Decrease in confidence, decrease in interest, negative attitude, apathy, dissatisfaction, demoralization, feeling undervalued and unappreciated, disconnected, reduced compassion

• Relational
  • Detached/withdrawn from co-workers, poor communication, conflict, impatience, intolerance of others, sense of being the “only one who can do the job”

• Behavioral
  • Calling out, arriving late, overwork, exhaustion, irresponsibility, poor follow-through

(Adapted from J. Yassen in Figley, 1995)
Contemplating the Effects

Personal Effects
• Physical
• Behavioral
• Emotional
• Spiritual
• Cognitive
• Relational

Professional Effects
• Performance
• Morale
• Relational
• Behavioral

Efforts to Manage
Alcohol and Other Drug Use
Post Traumatic Stress Disorder (PTSD)

- Re-experiencing (nightmares, flashbacks, reactions to trauma reminders)
- Avoidance of trauma reminders
- Changes to the stress response system (on alert danger, reactive)
- Negative changes in beliefs about self and others and mood

Consider cultural factors related to PTSD symptoms.
Risk Factors

Personal
• Trauma history
• Pre-existing psychological disorder
• Young age
• Isolation, inadequate support system
• Loss in last 12 months

Professional
• Lack of quality supervision
• High percentage of trauma survivors in caseload
• Little experience
• Worker/organization mismatch
• Lack of professional support system
• Inadequate orientation and training for role

(Bonach and Heckert, 2012; Slattery and Goodman, 2009; Bell, Kulkarni, et al, 2003; Cornille and Meyers, 1999)
What is Self-Care?

Self-care is what people do for themselves to establish and maintain health, and to prevent and deal with illness.

It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure, etc.), environmental factors (living conditions, social habits, etc.) socio-economic factors (income level, cultural beliefs, etc.), and self-medication.’

(World Health Organization, 1998)
Personal Self Care Strategies
Resilience is the process of adapting well in the face of adversity, trauma, tragedy, threats, or even significant sources of stress, such as family and relationship problems, serious health problems, or workplace and financial stressors.

It means “bouncing back” from difficult experiences.

(American Psychological Association)
Vicarious resilience

Involves the process of learning about overcoming adversity from the trauma survivor and the resulting positive transformation and empowerment through their empathy and interaction.

(Hernandez, Gangsei, and Engstrom, 2007)
Impact of Vicarious Resilience

- Greater perspective and appreciation of own problems
- More optimistic, motivated, efficacious, and reenergized
- Increased sense of hope, understanding, and belief in the possibility of recovery from trauma and other serious challenges
- Profound sense of commitment to, and finding meaning from the work

Acknowledging the Positive:

Compassion Satisfaction
Vicarious Transformation
Self-Care Isn’t Everything...

Vicarious trauma is an occupational challenge for those working with trauma survivors.

Organizations have an ethical mandate of a “duty to train,” wherein workers are taught about the potential negative effects of the work and how to cope.

(Munroe, J. F., in Figley, Compassion Fatigue, 1995)
Vicarious Trauma-Informed Organization

Vicarious trauma (VT), the exposure to the trauma experiences of others, is an occupational challenge for the fields of victim services, emergency medical services, fire services, law enforcement, and others. Working with victims of violence and trauma has been shown to change the worldview of responders and can also put individuals and organizations at risk for a range of negative consequences.

A *vicarious trauma-informed organization* recognizes these challenges and assumes the responsibility for proactively addressing the impact of vicarious trauma through policies, procedures, practices, and programs.
Key Aspects of a Healthy Organization

- **Leadership and Mission**
  - Effective leadership, clarity, and alignment with mission

- **Management and Supervision**
  - Clear, respectful, quality, inclusive of VT

- **Employee Empowerment and Work Environment**
  - Promotes peer support, team effectiveness

- **Training and Professional Development**
  - Adequate, ongoing, inclusive of VT

- **Staff Health and Wellness**
  - Devotes priority and resources to sustaining practices
Organizational

- Creating a healthy work environment/organizational culture
- Providing supportive leadership
- Providing quality supervision
- Debriefing staff
- Hosting staff/team meetings, retreats, formal and informal opportunities to socialize
- Encouraging formal and informal peer support
- Acknowledging stress, STS, and VT as real issues
- Providing training and education, including orientation to the organization and role
- Encouraging staff health and wellness (e.g., practices, programs, policies)
Peer Support

- Teach effective communication skills
- Encourage trusting, mutual relationships
- Model conflict resolution
- Emphasize collaboration and teamwork
I've got your back!
What Happens When Organizations Don’t Address Vicarious Trauma?

Lost Productivity
- Decreased morale, cohesion, communication, collaboration, quality of services

Poor Organizational Health
- Erosion of concentration, focus, decisionmaking, motivation, performance

Staff Turnover
- Time and resources needed to hire and train new staff drains remaining staff
“First responders bear witness to damaging and cruel treatment experienced by others, shattering any assumptions of invulnerability.”

(Janoff-Bulman, 1992)
The VTT and VT-ORG

The Vicarious Trauma Toolkit (VTT) is an online, state-of-the-art, evidence-informed toolkit to support agencies’ responses to vicarious trauma in victim assistance professionals, law enforcement officers, firefighters, EMS, and other first responders who work with victims of crime.

Learn more about the VTT and the Vicarious Trauma Organizational Readiness Guide (VT-ORG) at https://vtt.ovc.ojp.gov/.
References


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Comments? Questions?

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