

Trauma Resources

TRAUMA

In coping with the extreme stress of a critical incident, those going through it often suppress certain thoughts and feelings. This process allows the individual to do what must be done to maintain psychological and physical equilibrium. Traumatic experiences too threatening and disturbing to be assimilated at once gradually surface later to be fully integrated. This is a natural process of self-healing.

Trauma involves change. More than a simple emotional process, trauma forces the child to accommodate new, discrepant, and frequently threatening information about the world. The sudden realization of vulnerability, the loss of support or loved ones, or large-scale rejection requires difficult adjustments. As the child attempts to accommodate this new information cognitively, the thoughts and feelings associated with the incident begin to surface. The child reexperiences fear, anger, helplessness, and guilt. As the new changes in the child's life begin to be experienced, anxiety, fear, and depression may follow. The emotional reactions to this process can themselves make up a frightening, stressful, out-of-control experience.

Trauma in the Lives of Children
Kendall Johnson (1989)

Differences between...

GRIEF COUNSELING or BEREAVEMENT WORK

- Mourning the loss of an attachment figure
- Resolving cognitive confusion and negative affective issues related loss of a loved one
- Need to remember the deceased, to tell what he/she meant to the mourner
- Need to relocate the loved one in one's memories

POST-TRAMATIC LOSS DEBRIEFING

- Helping person deal with a troubling event.
- Ridding oneself of the images of unwanted, *Don't want* experiences
- Need to retell events in order to confirm that one is shaken but safe.
- Need to be able to function again free of fear

THE EFFECTS OF TRAUMA ON CHILDREN/ADOLESCENTS

Developmental Issues

Since the trauma occurs while the nervous system and cognitive structures are still forming, it can produce major impairment.

Some of the PTSD literature written about adults may not relate to younger people's experiences.

Cognitive Effects

Due to egocentrism, children are likely to blame themselves for their victimization. They may ruminate about the trauma to gain mastery over it or try to forget and be troubled because terrifying thoughts and images continue to intrude themselves. Some dissociative thinking may occur, emotional numbing, or careless risk-taking behaviors may be reported. The opposite reaction might be to become hypervigilant and very guarded.

Some traumatized children seem to lack goals for and hope in the future. They develop a pessimistic view of the world.

Affective Effects

Young people have two general feelings responses: hyperresponsive or hyporesponsive. This can be seen in increased sensitivity to threats, depressive reactions from emotional withdraw to angry outbursts, feelings of guilt and shame, powerlessness to distress, diminished self-esteem, fearing omens of disaster.

Behavioral Effects

Disruptive behaviors from poor attendance through issues of noncompliance are sometimes seen in traumatized young people. It is common to find a history of trauma in the lives of students who have been placed in alternative school programs. With drawing from social contact and efforts of others to help may be commonly experienced. Younger children tend to engage in repetitive play in which they reenact the traumatic event without the relief that comes from it when done by adults.

Physiological -Somatic Effects

Startle responses, failure to thrive, sleep disturbances, and / or somatic problems (real or imagined).

Armsworth and Holaday
Journal of Counseling and Development
September / October, 1993

STAGES OF POSTTRAUMATIC LOSS GROUP DEBRIEFING

1. Introductory Stage

The process is defined (focus, time limits, and number of session), goals for the group are identified, and expectations are set for the participants (group rules).

2. Fact Stage

Information recreates the event and differentiates it from rumors and perceptions. The focus is on facts, not feelings. Member are asked to state their role in the event, how they heard about it, and/or their relationship to the deceased.

Often the facilitators do not have all the information. Therefore, they are encouraged to ask the participants, "What was it like from your experience?"; "Tell me more about it. II; or If When did you hear?"

Purposes: Gain a sense of the survivors' world; listen for themes; listen for priorities from them; help them see that many factors contributed to the death, not just their actions.

3. Feeling Stage

Survivors are given opportunities to share the pain of their feelings related to the loss. The atmosphere must be nonjudgmental, supportive, and understanding. The are encouraged to connect resultant behaviors and thoughts to these feelings.

The facilitator should be certain to include all members of the group in this phase. A classic question and follow-up to pose is, "How did you feel then? ... And how do you feel now?"

4. Life Review Stage

This is an opportunity for the group to share "Remember when" stories about the deceased.

5. Reaction Stage

This stage gives the group a chance to explore their physical and cognitive reactions to the traumatic event. The leader will ask them to explore how their reactions are affecting different areas of their lives.

Again, the facilitator tries to assess progress in past reactions versus coping strategies now present.

6. Learning Stage

This is the time for group members to learn new coping strategies to deal with stress reactions. By realizing that others within the group experience similar reactions, the group members can explore together ways to problem-solve, develop improved self-talk, counter cognitive distortions.

7. Closure

This stage is a clear announcement of closure to the group's experience, answering questions, assuring members, and arranging for a follow-up meeting.

Facilitators must monitor the discussion to prevent new issues from being introduced. Also they should assess their progress of members toward identified outcomes.

The purpose of this meeting is to begin the group on the final task of mourning which is the resumption of normal life activities.

Design by
R. Thompson (September, 1993)
The School Counselor

FIVE PHASES OF RECOVERY FROM PTSD

- The EMERGENCY or OUTCRY Phase in which there are increased levels of bodily reaction, concomitant feelings of fear and helplessness, and questions about how the event happened and what will the consequences be.
- The EMOTIONAL NUMBING Phase in which the victim wants to deny that the event happened by avoiding any reference to it. This should be the time when the victim decides to seek professional assistance.
- The INTRUSIVE -REPETITIVE Phase in which nightmares, mood swings, and startle responses are commonly experienced. The victim may try to avoid dealing with the event through self-defeating defense mechanisms. Often the stress will drive a victim to seek help at this point.
- The REFLECTIVE-TRANSITION Phase is the time when the victim is able to put the trauma into perspective. He/she will begin to construct a future orientation by confronting the trauma and putting it behind.
- The INTEGRATION Phase is the interweaving of the trauma with all past experiences thereby restoring a sense of continuity to life.

CRITICAL FACTORS IN RECOVERY

- Severity and intensity of the event
- Proximity of one's exposure to the trauma
- The degree of support the victim receives.

Gilliland and James (1988) *Crisis Intervention Strategies*