

IDENTIFYING TRAUMA/STRESS REACTIONS

Emotional/Feeling Responses

- | | |
|---|--|
| <ul style="list-style-type: none">• Anxiety• Social isolation• Anger or emotional numbing• Sudden mood shifts• Irritability• Grief | <ul style="list-style-type: none">• Depression• Identity problems• Guilt and shame• Denial• Feeling overwhelmed• Fear |
|---|--|

Thought/Cognitive Responses

- | | |
|--|--|
| <ul style="list-style-type: none">• Reliving the experience• Nightmares• Blaming someone• Hyper-vigilance• Poor problem solving ability• Loss of orientation• Memory, concentration, or attention problems | <ul style="list-style-type: none">• Flashbacks• Intrusive thoughts or images• Poor decision making• Dissociation• Blaming yourself |
|--|--|

Physical Responses

- | | |
|--|---|
| <ul style="list-style-type: none">• Shock symptoms• Dizziness• Headaches• Chest pain• Difficulty breathing• Muscle tremors• Hyper-arousal, extra sensitivity to sights, sounds, smells, touches and tastes associated with the traumatic event | <ul style="list-style-type: none">• Fatigue• Elevated blood pressure• Profuse sweating• Vomiting/nausea• Teeth grinding• Somatic disturbance |
|--|---|

Behavioral Responses

- | | |
|---|---|
| <ul style="list-style-type: none">• Withdrawal• Heightened startle reactions• Increased or decreased appetite• Avoiding reminders of the traumatic event | <ul style="list-style-type: none">• Acting out• Pacing the floor• Substance abuse• Homicidal or suicidal |
|---|---|

Interpersonal Responses

- | | |
|---|---|
| <ul style="list-style-type: none">• Difficulty in forming intimate relationships• Sexual problems• Change in usual communication patterns | <ul style="list-style-type: none">• Re-victimization• Suspiciousness |
|---|---|

Which Is It?*

*Adapted from Safe Horizons, Volunteer Training Materials, NY, 2000.

Directions: Evaluate the following statement. Are they assumptions or assessments? Why?

1. I see you are upset because you are crying.

2. I know you wanted to kill your husband after he gave you that black eye.

3. Your child is not talking like a four-year-old. He is probably developmentally slow.

4. I saw your teenage daughter talking to that known troublemaker. She is probably a troublemaker.

5. I am sure you are depressed about your situation and would like to seek counseling.

6. Your husband sounds crazy. I am sure he is pathological.

7. You need money again? You sure can't manage your money.

Activity Sheet

Visualization for Traumatic Experience

Note to the person leading the visualization: It is VERY IMPORTANT, in this visualization, that you inform participants that they should only remember an event they feel comfortable remembering, and if they do not wish to participate in the visualization or want to stop the visualization at any time they are free to do so. The purpose of the visualization is NOT to make the participant feel bad, but to help them consider some of their feelings associated with a difficult experience they may have had, so that they have an understanding of what others' feelings may be, and also so that they are aware of the potential impact of their own experiences on their work with clients. If you are training a population that is highly traumatized (i.e. war-affected) you may choose not to do this exercise.

Relax, sit, or lie anywhere that you find comfortable. Close your eyes and listen to the music playing in the background. Relax. Breathe in and out slowly. In and out. In and out. (Repeat several times.)

With your eyes closed, I want you to think of an experience, one that frightened and scared you. It could be anything. Where were you at the time? What were you doing? What happened? Think about how you felt. Try to remember why it was so difficult. See the pain you felt. Visualize your facial expressions and the words you heard and/or said at the time.

How did you deal with the pain, the emptiness and the sadness? What did you think about doing to stop the pain? Why did you want to stop the pain? How did you stop the pain? Where is the pain now?

Now, listen to the music. Listen only to the music. Feel only the music. Visualize the sounds of the music. Breathe in and out slowly. In and out. Control your breathing. When you are ready, open your eyes slowly.

The person leading the visualization should assess how the participants are doing after completing the visualization. It is normal for people to feel sad; however, a workshop facilitator should be available to speak with anyone who may have become very uncomfortable or emotionally overwhelmed during the visualization.

Activity Sheet

Visualization Exercise for Active Listening

Note: The person leading the visualization should talk slowly and clearly, pausing between each question in the visualization. Remind all participants that they do not have to do the visualization if they don't feel comfortable and they should only visualize things which they wish to remember. For those who do the visualization, make sure they are seated comfortably and have their eyes closed before beginning to visualization.

Think of a time when you really felt listened to.

What was going on for you at the time that made you decide to talk to someone? It may have been a problem, difficulty, concern, or something you wanted to share with someone else.

How did you feel about talking to this person? What were your fears, anxieties, and thoughts about how it might be received?

Think of the person you spoke to. What qualities did this person have that made you decide that it would be safe to talk to them? What were some of the things that they said to you?

How did you know that the person really listened?

What was it about them that made you feel comfortable?

How would you describe the experience of having really been listened to?

Reflecting on Values*

Below are some values that people consider, consciously or unconsciously, when forming a philosophy of life: Survival, Love, Friendship, Family, Religion, Materialism, Aesthetics, Intellect, Social Consciousness, Career, Nature, Tradition, Community Actualization, Self Actualization.

Activity

Individual Exercise: If a situation occurred in which you had to give up the things in your life one a time, where would you start? Read through the list below and number them from 1 to 11, where 1 represents the thing you would give up first and 11 represents the last.

| | |
|--|----------------------|
| | My physical health |
| | My material wealth |
| | My home |
| | My country |
| | My religious beliefs |
| | My career |
| | My reputation |
| | My family |
| | My self-esteem |
| | My friends |
| | My community |

*From Read-Hamilton, S, Counseling Training Workbook, IRC Tanzania, 2002.

RECOVERY FROM IMMEDIATE TRAUMA*

Many people survive a trauma and are able to reconstruct their lives without outside help. However, most people find some type of benign outside intervention useful in dealing with trauma.

Recovery from Immediate Trauma is Often Affected By:

- ❑ Severity of crisis reaction
- ❑ Ability to understand in retrospect what happened
- ❑ Stability of victim/survivor equilibrium after event
- ❑ Supportive environment
- ❑ Validation of experience

Recovery Issues for Survivors Include:

- ❑ Getting control of event in the victim's/survivor's mind
- ❑ Working out an understanding of the event and, as needed, a redefinition of values
- ❑ Re-establishing a new equilibrium/life
- ❑ Re-establishing trust
- ❑ Re-establishing a future
- ❑ Re-establishing meaning

*Adapted from Safe Horizons, Volunteer Training Materials, NY, 1999.

NORMAL REACTIONS TO AN ASSAULT*

1. FEAR AND ANXIETY:

The primary reactions people experience after an assault are fear and anxiety. Sometimes your feelings of anxiety may be the result of being reminded of the assault, at other times they may feel as if they come out of the blue. The feelings of anxiety and fear that you are experiencing can be understood as reactions to a dangerous and life-threatening situation. You may experience changes in your body, your feelings, and your thoughts because your view of the world and your perceptions about your safety have changed as a result of the assault.

Certain *triggers* and *cues* may remind you of the assault and activate your fears. These triggers may be certain times of the day, certain places, people approaching you, an argument with someone you care about, a certain smell, or a noise. Typically, after an assault, fear and anxiety are experienced in two primary ways:

- 1) Continuing to re-experience memories of the assault
- 2) Feeling aroused and jumpy

2. RE-EXPERIENCING THE TRAUMA:

People who have witnessed an assault often re-experience the trauma. You may find you are having flashbacks when visual pictures of the victim's body or some other aspect of the assault suddenly pops into your mind. Sometimes the *flashback* may be so vivid that you might feel as if the assault is actually occurring again. These experiences are intrusive and you feel that you don't have any control over what you are feeling, thinking, and experiencing during the day or night.

You may also find that you are re-experiencing the assault through *nightmares*. You may also re-experience the assault emotionally or cognitively without having a flashback or nightmare.

3. TROUBLE CONCENTRATING:

You may also find that you are having trouble concentrating. This is another common experience that results from a trauma. It is frustrating and upsetting to be unable to concentrate, remember, and pay attention to what is going on around you. This experience also leads to feeling that you are not in control of your mind or a feeling that you are going crazy. It is important to remember that these reactions are temporary. Difficulties concentrating are due to intrusive and distressing feelings and memories about the accidents. In an attempt to understand and digest what happened to you, your mind is constantly going over this material, bringing it back up, chewing on it, and trying to digest it.

4. NERVOUS ENERGY:

Other common reactions to an assault are arousal, feeling jittery, feeling overly alert, trembling, being easily startled, and having trouble sleeping.

Feeling tense and jumpy all the time may also lead to feelings of irritability, especially if you are not getting enough sleep.

As a result of the assault, you have realized that there is danger in the world and you want to be ready for it, your body is in a constant state of preparedness and arousal, so you can feel pumped and ready to respond immediately to a dangerous situation.

5. AVOIDANCE:

You may find that you are physically or emotionally *avoiding* people, places, or things that remind you of the assault. This avoidance is a strategy to protect yourself from situations that you may feel have become dangerous, and thoughts and feelings that are overwhelming and distressing.

Sometimes the desire to avoid memories and feelings about the assault may be so intense that you might find that you have forgotten important aspects of what happened. Another common strategy to avoid painful feelings and thoughts about the assault is *emotional numbness*.

6. SADNESS:

Another common reaction is sadness and a sense of feeling down or depressed. You may have feelings of hopelessness and despair; frequent crying spells; and sometimes even thoughts of hurting yourself and suicide. You may also experience a loss of interest in the people and activities that you once found pleasurable, as well as the feeling that life is not worth living and that plans you made for the future do not seem important any longer.

7. LESS OF CONTROL:

When people experience an accident, they often feel as if they have no control over their feelings. Sometimes the feelings of loss of control may be so intense that you may feel as if you are *going crazy* or *losing it*.

8. GUILT OR SHAME:

Feelings of guilt and shame may be present. Guilt and shame may be related to something you did or did not do to prevent the assault or help the victim. It is common to second guess your reaction and blame yourself for what you did or did not do.

Sometimes people feel that it could have been them in the assault, and then feel relieved that it wasn't them, and then guilty for feelings of helplessness, depression, and negative thoughts about yourself.

9. ANGER:

A feeling of *anger* is also a common reaction to an assault. The anger is mostly directed at the person who caused the assault or anyone who may have prevented it. Feelings of anger may be stirred up in the presence of people that remind you of the assault.

Sometimes you may find that you are so angry that you want to hit someone or swear; and if you are not used to feeling angry you may not recognize or know how to handle these angry feelings.

Many people also direct the anger towards themselves for something that they did or did not do during the assault. These feelings of anger directed at the self may lead to feelings of blame, guilt, helplessness, and depression.

Many people also find that they are experiencing anger and irritability towards those people that they love the most; family, their parents, and their children.

Sometimes you might lose your temper with the people who are most dear to you. This may be confusing since you may not understand why are most angry and irritable with those you care about most. While closeness with others may feel good, it also increases the opportunity for feelings of intimacy, vulnerability, and helplessness. Having those feelings may make you feel angry and irritable because they remind you of the assault.

*Taken from Mt. Sinai SAVI Advocate Training Manual, NY, 2000.

Introduction to Active Listening

Active Listening involves listening with understanding and involves total attention. The client will be communicating her message in many different ways, and you must be tuned in to all the methods she is using.

- 1. The client's non-verbal behavior: posture, expression, speed of speech, silences**
- 2. The person's voice: tone, quality**
- 3. The person's words and the meaning behind the words**
- 4. What is not said**

From this you should be able to understand the person's story (the experiences that have caused them to seek counseling) and the person's feelings and emotions.

In order to be able to listen with total attention, you need to be relaxed while attending. This means that you lay aside your own concerns and preoccupations while you are with your client, and create a space for the client to reveal what is troubling her.

- 1. Relax physically-- breathing, posture, etc.**
- 2. Allow your manner to be natural-- no roles or poses**
- 3. Follow what the other person is saying and do not be afraid to ask clarifying questions**
- 4. Let your responses indicate to the other person that you are following what she is saying**

In working with clients in crisis

- 1. Be supportive**
- 2. Validate the client-believe her**
- 3. Work with the client to help her become aware of her needs and coping skills**
- 4. Deal with current crisis response first, before addressing previous crisis experiences**
- 5. Take time to find out what the client wants**

Advising vs. Informing*

Giving Advice is:

- ❖ Telling someone what **you** think they should do and how **you** think they should do it
- ❖ Giving your personal opinion

Giving advice is not useful in providing professional services to survivors because:

- You can't know if you are giving the "right" advice.
- You might give the "wrong" advice and it can have a bad outcome for the survivor. This can lead to a survivor's problems getting worse and to you getting a reputation as a bad helper.
- Counselling is about the survivor's opinions and judgements, not the helper's.
- Providing assistance to a survivor is about empowering survivors to make their own decisions about their own lives. Telling someone what to do does not help a person to understand her/his choices. It is up to the survivor to decide the best way to solve her/his problems.
- A survivor might feel that you are not listening if you tell her/him what to do.
- A survivor might feel you are not respecting her/him if you tell her/him what to do.
- Giving advice is based on your values and beliefs and doesn't help to change behavior.

Giving Information is:

- ❖ Telling someone facts so they can make an informed decision about what to do

Giving Information is useful in because:

- It empowers a survivor to have control over her/his choices.
- It shows you respect a survivor's opinions and judgements.
- The survivor has responsibility for making the right decisions about her/his life, not the service provider.
- The survivor is the one who will have to live with the consequences of her/his decision, not the service provider

* Adapted from Sophie Read-Hamilton, Counseling Training Workbook, IRC Tanzania, 2002.

TRAUMATIC EVENT

Helpful Hints for the Survivor*

Trying some of the following hints may help to alleviate the emotional pain associated with a traumatic event.

⇒ For Yourself:

- Try to rest a bit more
- Contact friends
- Have someone stay with you for at least a few hours or periods for a day or so
- Reoccurring thoughts, dreams, or flashbacks are normal: don't try to fight them – they will decrease over time and become less painful
- Maintain as normal a schedule as possible
- Eat well-balanced and regular meals (even when you don't feel like it)
- Try to keep reasonable level of activity
- Fight against boredom
- Physical activity is often helpful
- Re-establish a normal schedule as soon as possible
- Express your feelings as they arise
- Talk to people who love you
- Find a good counselor if the feelings become prolonged or too intense

⇒ For Family Members and Friends

- Listen carefully
- Spend time with the traumatized person
- Offer your assistance and a listening ear even if they have not asked for help
- Help them with everyday tasks like cleaning, cooking, caring for the family, minding children
- Give them some private time
- Don't take their anger or feelings personally
- Don't tell them that they are "lucky it wasn't worse"--traumatized people are not consoled by those statements. Instead, tell them that you are sorry such an event has occurred and you want to understand and assist them

If the symptoms described above are severe or if they last longer than six weeks, the traumatized person may need professional counseling.

Possible Solutions For These Problems Areas

⇒ For difficulty in getting sleep:

1. Avoid caffeine (coffee, colas, chocolate)
2. Make a list of what's on your mind
3. Do some gentle stretching exercises before retiring
4. Finish arguments before you try to go to sleep
5. Have a glass of milk before bed
6. Pray
7. Write in a daily journal or diary
8. Avoid catnaps in the evening (or afternoon)

9. Read a book or magazine
10. Listen to relaxing music
11. Try a relaxation/deep breathing exercise

⇒ **For waking up in the night:**

1. Go over some of the techniques in the preceding sections for “getting to sleep”
2. Get up and have some cereal with milk, or a cookie with a glass of milk
3. Keep a notebook to write in by your bed. Unload your feelings into it.
4. Allow yourself to stay up for an hour and enjoy the peace and quiet
5. Imagine your thoughts rolling off the top your head, down your side, and away from your body like a fountain
6. Picture yourself sitting under a warm shower or waterfall, letting your cares be washed away for the time being

⇒ **For disturbing dreams:**

1. When you wake with a disturbing or thought-provoking dream, write it down
2. Turn on the light, look around, and maybe get up in order to “shake” the intense feelings of the dream
3. Picture your own ending to the dream
4. If you need to “finish” a dream, concentrate on it before you go back to sleep, as a way of setting the stage
5. During the day, think about what your dreams might mean to you

⇒ **For waking too early:**

1. Get up and enjoy the day until you feel the need for a catnap
2. Go to bed later so you can sleep later
3. Put darker curtains over your windows
4. Use a fan to drown out noise

Relaxation Techniques

I. Meditation

- Assume a comfortable position, close your eyes, concentrate on a single word, sound, phrase, or image, and ignore all other thoughts
- Practice 10 to 20 minutes, once or twice daily

II. Tighten Muscles-Relax

- Sitting at a desk or meeting, tighten up some muscles, hold them that way for a few moments, then let them relax
- Wring a handkerchief

III. Pushing

- Take a break. Push against a wall. Make some sounds as you resist the wall

IV. Yell

- Start or finish your day with some robust screaming!
- Before you scream in your auto, make sure the windows are pulled up

V. Find a listener

- Find someone who will listen to you. Talk about your feelings. Also discuss positive events that occurred in the situation. Remember laughter is a release.

In General:

- Exercise at least three times a week, 20-30 minutes per workout
- Reduce cigarettes and caffeine intake
- Drink alcohol in moderation
- Attend to your diet
- Take a lunch hour, as well as morning and afternoon breaks
- Listen to soothing music or a relaxation tape during breaks

YOU DESERVE TIME FOR YOURSELF!!!

***Taken from: Safe Horizons Westside Community Center, Volunteer Training Materials, NY, 1999.**

Attending: Using the SOLER Model*

To attend effectively to a survivor you must give yourself fully in order to really hear what it is that the survivor is saying or trying to say. This state of mind for 'active listening' involves skills and values. It also involves observation - the act of collecting information with our eyes, or to put it another way, "listening with our eyes. "

What is attending?

When survivors come to see you, it is important that they have a sense that you are attentive to them. Attending is the skill of creating a climate of attention and respect which aims to:

- Prepare the service provider to hear properly what the survivor is saying.
- Communicate the service provider's interest to the survivor.

It is both a *receptive* language skill and a skill in *expressive* language. From a receptive language point of view, attending helps the service provider to concentrate on what the survivor is saying or trying to say. The aim of attending is to focus completely on the survivor, to still distractions such as talking to yourself or thinking about other things while you are listening. When we attend well, we try to ignore external distractions such as other people or outside noises.

From an expressive language point of view, attending behaviors attempt to tell the survivor that you are there for them, that you really want to listen and to understand what is being said. When you attend well, the survivor is likely to feel confident to share her thoughts with you, and more confident to explore inner thoughts and feelings.

How to attend well

There are three ways to think about attending:

- Psychologically
- Contextually
- Behaviorally

* From Sophie Read-Hamilton, Counseling Training Workbook, IRC Tanzania, 2002.

Psychologically

Attending *psychologically* firstly means suspending your preconceived ideas about the speaker or the subject on which the survivor is talking. It means suspending your values and trying not to judge the survivor. As we have already discussed, we are sometimes put in the position of trying to help people who behave in ways of which we disapprove, or who hold values that are different from ours. This can make it hard for us to give them our full attention. However, with practice, we can learn to take a neutral position and focus our energies on the "here and now" moment of the survivor's attempts to express herself. This is especially difficult if we have preconceived ideas of what the topic of discussion is going to be.

The behavioral techniques shown below will help you stay *psychologically* focused.

Contextually

The *contextual* features of attending involve ensuring that the communication setting is comfortable, free of distractions or interruptions (or as free as possible), and one in which the survivor feels safe and secure. If either you or the survivor is concerned about being interrupted, then it will be hard for you to concentrate on the communication. If possible, arrange the furniture so that it is suitable for discussions to take place. You must make sure that there are no unnecessary distractions.

Behaviorally

Effective attending is often described in terms of five *behaviors* that are introduced by the acronym SOLER. Research has suggested that speakers feel more trusting of listeners who use these attending behaviors.

S stands for **Square**: This means facing the survivor square on, with your shoulders parallel to those of the speaker.

O stands for **Open**: This involves an open posture, particularly with your arms. It is suggested that speakers offer less trust to listeners who have their arms crossed.

L stands for **Lean**: When sitting, listeners who lean slightly forward engender a greater sense of intimacy than listeners who lean back in their chairs. You may have noticed this in your own experience. In some cultural groups the gender of the people who are communicating influences what is appropriate.

E stands for **Eye**: Eye contact is an important part of attending. Our survivors are less likely to communicate freely with us if we avoid eye contact with them. In fact, people will usually stop talking with another person if the listener withdraws eye contact. However, intense eye contact can also make communication difficult for the survivor. Here we need to engage in soft eye contact - regular, gentle eye contact that neither avoids direct gaze nor stares too intensely.

R stands for **Relax**: Finally, survivors are more likely to feel comfortable with service providers who are calm and relaxed. This means refraining from fidgeting, foot-tapping, wringing hands, cracking knuckles, breathing rapidly, and so on. Being relaxed is a state of mind that is shown in the body. However, concentrating on the body can aid relaxation. We all have our own ways of imposing a relaxed state on our bodies and for most of us this will involve gentle, deep, and regular breathing, relaxed muscles, and a still posture.

The behaviors outlined in SOLER have been found to promote increased trust and communication in some cultural contexts. They may not all be applicable in all cultures. For example, you may prefer not to face your survivor square on, or it may be more appropriate for you to avoid a direct gaze in particular circumstances.

DAILY EVALUATION FORM

TODAY'S DATE _____

- 1) How valuable were today's sessions for you, based on a scale of 1 to 5?
(1 = not valuable at all; 5 = extremely valuable)

|-----|-----|-----|-----|-----|
1 **2** **3** **4** **5**

- 2) Identify 3 things from today that will be useful to you in your job.

a. _____
b. _____
c. _____

- 3) Please provide any comments or recommendations regarding the content of today's training.

- 4) Please feel free to write any additional comments here.

Barriers to Good Listening

Acoustics

- **Background noise**
- **Interruptions**

Physical Environment

- **Inadequate seating**
- **Uncomfortable seating**
- **Lack of privacy in the counseling room**

Body Language

- **Looking away from the individual**
- **Eyes darting around room**
- **Crossed arms**
- **Clenched hands**
- **Head bowed in hands**
- **Slouched posture**
- **Hands on hips**

Delivery/Tone

- **Slow**
- **Monotone**
- **Emotional**

Language

- **Unfamiliar or strange**

- **Too wordy**
- **Use of technical/medical terms**
- **Rambling speech**

Appearance

- **Sloppy dress**
- **Unusual clothing**

Other Barriers

- **Tired**
- **Preoccupied**
- **Uninterested**
- **Having a bias against the individual**
- **Having bias against the subject**
- **Making assumptions about the individual**
- **Inappropriate touch**

Assumption

- ❑ Depends more on individual perspectives and opinions**
- ❑ Based on limited information**
- ❑ Does not encourage the process of inquiry**
- ❑ Subsequent action based on opinion**

Assessment

- ❑ Definition: the act of gathering information or data at a given moment of time and evaluating it for the purpose of making an appropriate decision about what course of action to pursue**
- ❑ Based on gathering information**
- ❑ Uses the process of inquiry**
- ❑ Action-based on evaluation of data**
- ❑ Depends on one's own opinion less**
- ❑ Assessment is useful because it:**
 - Prevents assumption and cause/effect thinking**
 - Creates grounds for developing an appropriate plan of action**
 - Helps identify client strengths**

Diagnosis

- Used by professionals in the mental health field**
- Focuses on psycho-pathology and psychological symptoms**
- A conclusion about a person based on a series of observed symptoms or data**
- Should be made **ONLY** by trained professionals**

TRAUMA RESPONSE*

The Emotional Response To Crisis

People who undergo crises may experience the following six (6) phases of emotional reaction. Sometimes these emotional reactions are mixed together and sometimes they are repeated.

PHASE I: High Anxiety or Emotional Shock

Victims in this phase usually display 2 types of reactions:

- Hysterical and very active
- Stunned, inactive, and depressed

A. Active Group- Sign and Symptoms

- agitation
- wringing of hands
- loud screaming or crying
- hyperactivity
- nausea
- vomiting
- rapid speech
- rapid breathing
- flushed face
- emotionally out of control

B. Inactive Group-Sign and Symptoms

- inactivity
- fainting
- nausea/vomiting
- staring into space
- dull eyes
- low blood pressure
- rapid, thready pulse
- sweating
- cold clammy skin
- pale appearance
- wandering around aimlessly

| | |
|-------------------|----------------|
| PHASE II: | Denial |
| PHASE III: | Anger |
| PHASE IV: | Remorse |
| PHASE V: | Grief |
| PHASE VI: | Reconciliation |

*From: Mitchell, J. and Resnik, H.P. Emergency Response To Crisis, 1981.

Basic Principles of Providing Help to Survivors*

Effective assistance to survivors should be based on some basic rules, or principles. In order to be a good service provider, you need to be familiar with them and you must be responsible for making sure you implement them.

The principles are:

- ❖ **Empathy:** Attempting to see things from the survivor's point of view and sharing that understanding with the survivor.
- ❖ **Respect:** Treating the survivor with dignity and accepting them without judgement.
- ❖ **Confidentiality:** Information provided by a survivor should be confidential unless the survivor requests otherwise or unless there are circumstances that mandate you to report. This means except for minor, and important exceptions, providing for survivors the promise that what they say will not be repeated to anyone else. From

* From Sophie Read-Hamilton, Counseling Training Workbook, IRC Tanzania, 2002.

the beginning you must be clear with a survivor what and with whom information might be shared.

- ❖ **Knowledge:** The service provider must know what she or he is talking about. All information given must be consistent and accurate.
- ❖ **Responsibility:** It is the service provider's responsibility to facilitate the survivor's work in ways that respect survivor's values, personal resources and capacity for self-determination.

TRAUMA RESPONSE

Normal Reaction(s) to Abnormal Event(s)

The Physical Response

The normal, immediate, physical response to a traumatic event is based on our instincts. It includes:

1) Physical shock, disorientation and numbness

and/or

2) “Flight or fight” reaction

- Adrenalin begins to pump through body**
- Body may relieve itself of excess materials – for example through vomiting**
- One or more physical senses may become very acute while others shut down**
- Heart rate increases**
- Hyperventilation or sweating may occur**

Exhaustion: Physical arousal associated with fight or flight cannot be prolonged indefinitely. Eventually, it will result in exhaustion.

DEFINITION OF TRAUMA

- **Overwhelms an individual's ability to use normal coping mechanisms to adapt to a situation.**
- **Disrupts an individual's frame of reference (beliefs about themselves and the world)**
- **The word trauma comes from Latin, meaning "wound." In this case trauma refers to a psychological rather than a physical wound.**

Trauma may occur in two ways:

- **Direct experience**
- **Second-hand (vicarious) experiences such as hearing accounts of violence**

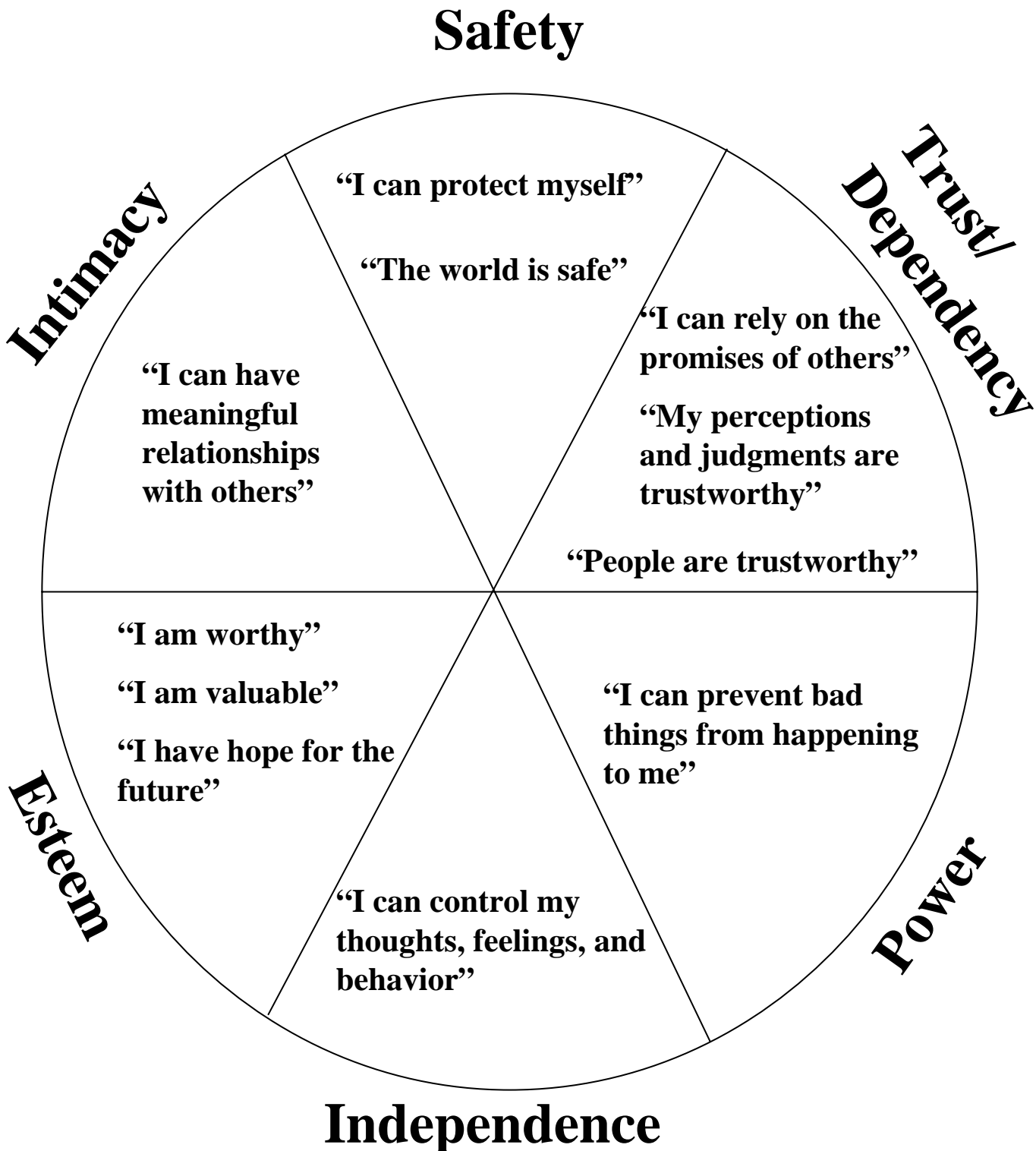
BRIEF HISTORY OF TRAUMA THEORY*

- **The survivor has historically been held responsible**
- **Societies have repeatedly engaged in “conspiracies of silence”**
- **To validate the survivor often involves taking a political stance**
- **Psychological approaches that focus on internal responsibility of individual often directly or indirectly reinforce “victim blaming”**
- **Trauma theory shifts the question from “Why did this happen to you and how can you change to prevent it from happening again?” to “What is your response to what has happened and how can you manage that response so as to feel better?”**

For more information, refer to Herman, J, *Trauma and Recovery*, New York, Basic Books, 1992.

PSYCHOLOGICAL NEEDS*

*Adapted from Safe Horizons, Volunteer Training Materials, NY, 1999.



ACTIVITY SHEET

SELF ASSESSMENT (1)

- Why have I chosen to become a service provider?**
- Why do I want to help others?**
- What do I get out of helping others?**
- How might my personal needs and interests interfere with my ability to help others?**
- What strengths do I have that will be useful in helping others?**