

# Professional Education Series

The Recovery Village and Advanced Recovery Systems





# Presentation Topic:

## Vicarious and Secondary Trauma

The Negativity Bias and Indirect Exposure to Impact Events



### Speaker:

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# About the Speaker:

## Dorinda Burnham

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Dorinda Burnham is a Licensed Mental Health Counselor in private practice at Changing Perspectives Counseling Group for individual, couples, and group therapy. Dorinda is an IATP Certified Clinical Trauma Professional and Specialist in Critical Incident Stress Management and Incident Debriefing.

Dorinda is experienced in instruction and education for mental health wellness, communication strategies, self-care, substance abuse treatment, as well as trauma response and recovery. She holds a Master's of Science degree in Mental Health Counseling from Nova Southeastern University.

Dorinda credits her previous career in public safety for pushing her toward pursuing studies in fields of trauma, resiliency, and wellness. Dorinda works with clients to embrace change and feel empowered in pursuit of their best self.

# Impact Events:

What are things that we are exposed to every day?

## Direct vs. Indirect

Even third-party incidents can be retold and create an image in our mind that define the way we understand, process, and respond to a perceived similar event.

# Got Trauma?

- Trauma can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing
- Trauma can be perceived instead of realized
- Trauma comes in different degrees of severity and can range from “simple” to “complex”
- Trauma can be either mental, emotional, physical, or spiritual
- Trauma can lead to PTSD



# To PTSD or Not to PTSD

(Psst...It isn't all PTSD)

## PTSD

Direct experience of traumatic event  
Witnessing event in person as it occurs  
Learned trauma/death of a loved one  
Repeated/Extreme occupational exposure  
Recurrent memories/dreams/flashbacks  
Prolonged psychological distress  
Physiological reactions  
Avoidance/Numbing  
**\*\*IMPAIRED FUNCTIONING**

## "BIG" Trauma

Physical/Sexual Assault  
Death/Loss/Grief  
Divorce  
Combat/War  
Permanent Physical Impairment  
Natural Disasters  
Terrorism  
Abandonment  
Incarceration  
Community Violence

## "LITTLE" Trauma

Car  
Accident  
Moving  
Bullying  
Loss of Job  
Break-ups  
Loss of pet  
Addiction/Alcoholism  
Harassment  
Racism  
Retirement

\*\* These are generalized, often misrepresented categorizations and not intended for absolute classification.

# Vicarious Trauma

Self-loathing

Loss of Hope

Emotional  
Numbness

Feeling  
Overwhelmed

Withdrawing

Intense  
Rage/Bouts  
of Crying

Despair

Exhaustion

Anxiety

Nightmares

Resentment

Feeling  
Unsafe

# Vicarious vs. Secondary Trauma

Self-loathing

Loss of Hope

Emotional  
Numbness

Feeling  
Overwhelmed

Withdrawing

Intense  
Rage/Bouts  
of Crying

Despair

Exhaustion

Anxiety

Nightmares

Resentment

Feeling  
Unsafe



# How does VT get to us?



# Secondary Trauma

Intrusive thoughts

Chronic fatigue

Sadness

Anger

Poor concentration

Second guessing

Detachment

Emotional exhaustion

Fearfulness

Shame

Physical illness

Absenteeism

# Effects of Impact Event Trauma

## Compassion Fatigue

The profound emotional and physical erosion that takes place when helpers are unable to refuel and regenerate.

Fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material.

## Burnout

Physical and emotional exhaustion that workers can experience when they have low job satisfaction and feel powerless and overwhelmed at work.

However, burnout does not necessarily mean that our view of the world has been damaged, or that we have lost the ability to feel compassion for others.

## Moral Injury

An act of a perceived moral transgression which produces profound emotional shame and impairs motivation for duty.

The concept of moral injury emphasizes the psychological, cultural, and spiritual aspects of trauma.

# Negativity and Our Brain

- We remember traumatic experiences better than positive ones.
- We recall insults better than praise.
- We react more strongly to negative stimuli-perception of bad news as more truthful.
- We think about negative things more frequently than positive ones.
- We respond more strongly to negative events than to equally positive ones.
- It is the “bad things” that grab our attention, stick to our memories, and, in many cases, influence the decisions that we make.





# Does a Dog S\*\*t in the woods?

What we can learn about  
the negativity bias from  
our furry friends.

# Negative Bias:

Part of our innate response to events, it can become a detriment to functioning

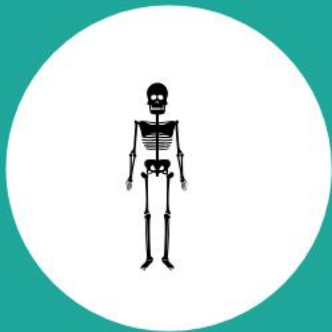
## Fight, Flight, Freeze, Mating



Worst case  
scenario  
thinking



Protective,  
Defense  
Mechanism



Potential risk for  
overthinking, hyper  
vigilance as an  
impairment



Negativity vs.  
Positivity- The  
Wildfire Affect

# Thought Distortions

Catastrophizing

Filtered Thinking

Personalizing

Black and White Thinking

# Risking Connections

We need to lean in instead of pull away



How do we maintain healthy connections when our negative bias becomes our primary processing medium?



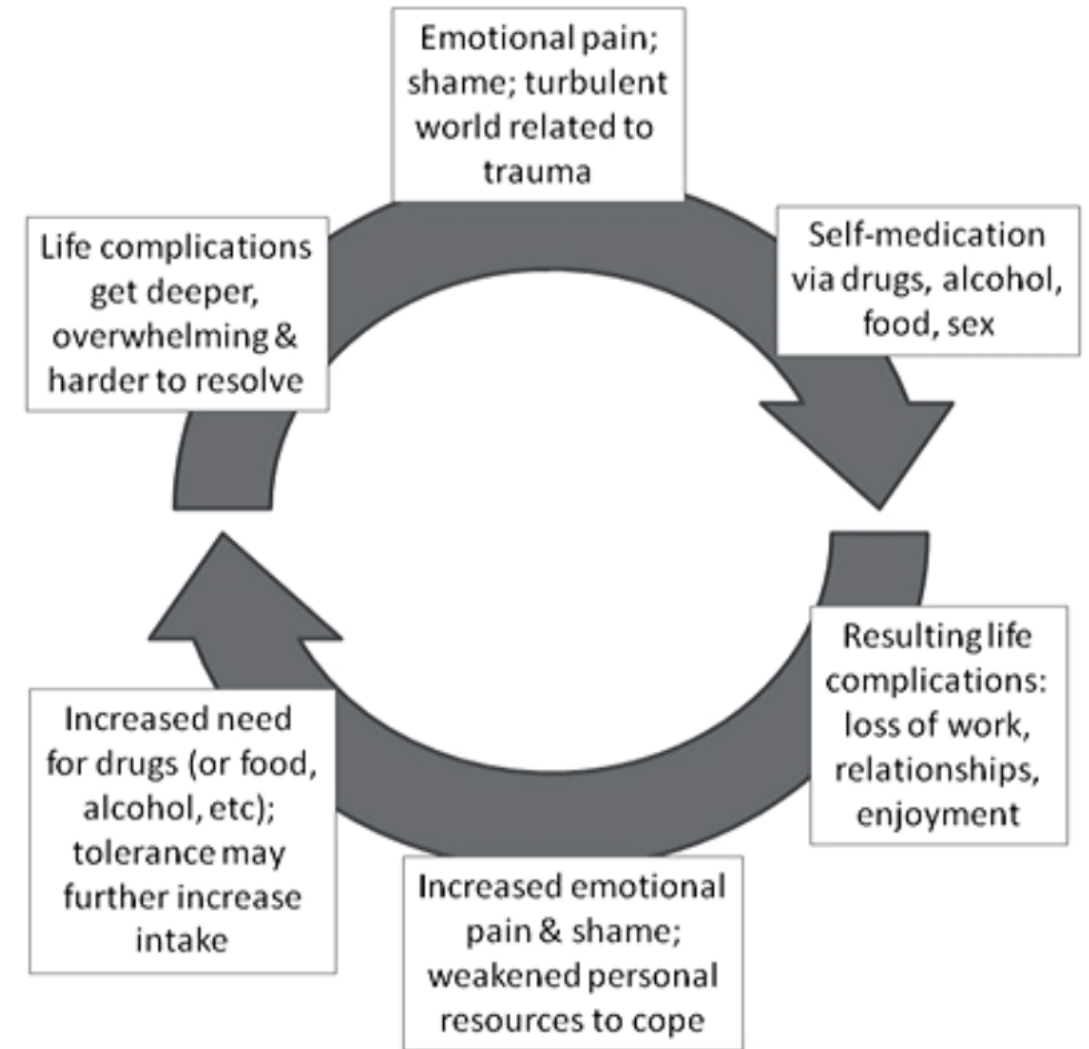
Humans have an innate desire for meaningful relationships but begin to isolate and avoid after negative experiences. How do we change this to allow connections to again feel safe?



# Substance Use/Abuse and Impact Events

- Trauma and Addiction/Alcoholism have a known correlation. As more impact events are encountered, this can reinforce past practices to deal with situational stress.
- When a perceived threat is encountered, it triggers ineffective coping skills which lead to maladaptive behaviors.
- Alcohol and Drugs temporarily numb the feelings associated with the triggered response which is perceived as relief and then repeated over time.
- Substances create a sense of instant gratification that becomes detrimental to our resilience.
- Many workplaces encourage a “happy hour culture” that reduce processing of thoughts and emotions.

## A cycle of Addictions and Trauma



Adapted from a presentation by Jane Middleton-Moz on Trauma and addictions. Ottawa, Sept 2004.

# WHAT CAN I DO?

Keep track of your levels of burnout, fatigue, negative symptoms

Take time for yourself

Practice affirmations, gratitude, intentions with positive themes

Be honest with yourself

Get connected again

Mindfulness/Meditation

Talk about it

Exercise

Self-Compassion

**THANK YOU**



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