

The Counseling and Psychotherapy Center, Inc.

Secondary Trauma

(Vicarious Trauma)

CPC Institute Winter Symposium, 2011

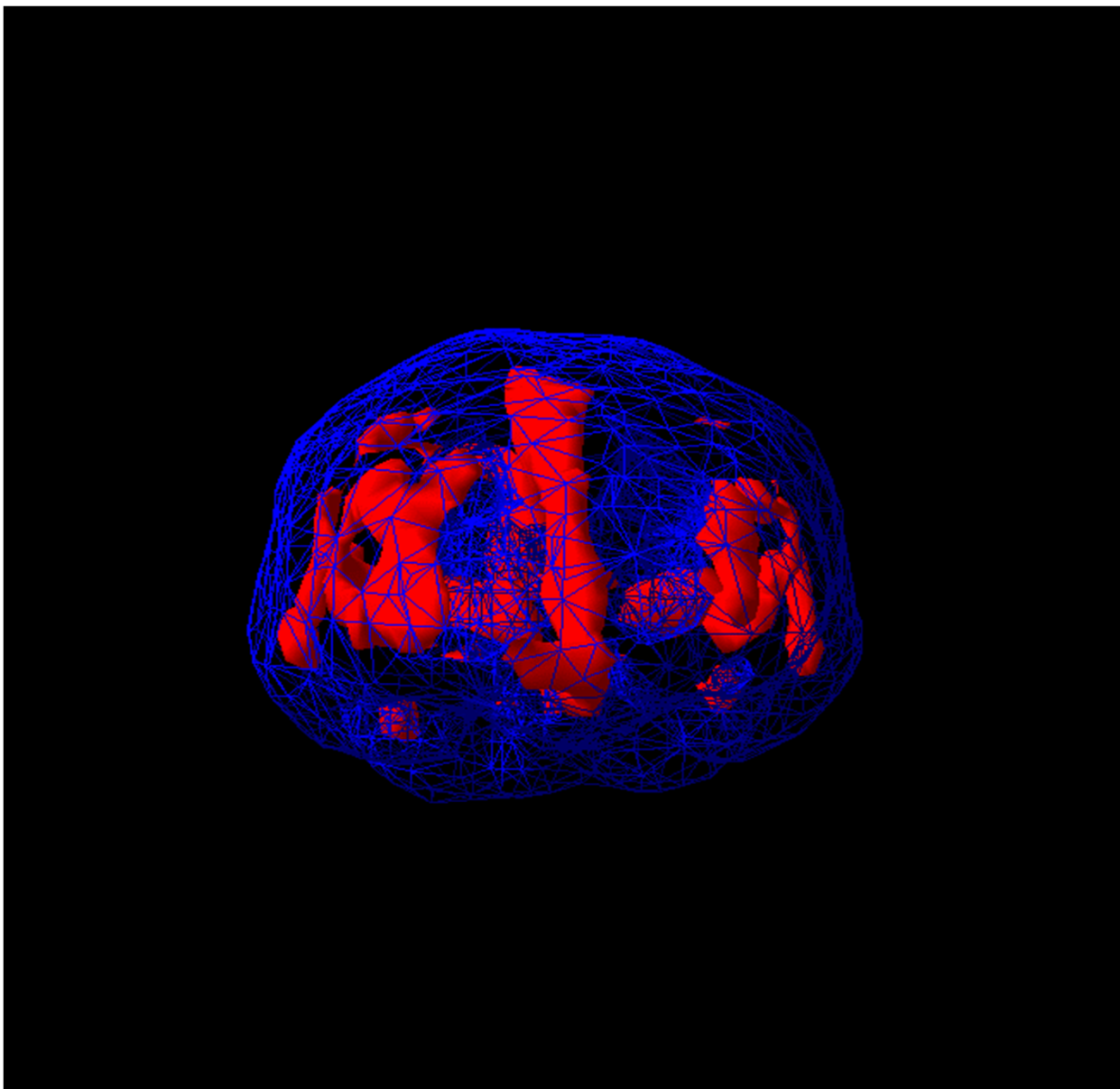
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Brain image of anxiety



A Professional Health Concern

Potentially Hazardous Material

Treatment of posttraumatic psychological reactions in civilians became a significant public health concern in the United States after Sept. 11.

- This public priority should also extend to the **emotional well-being of frontline workers** who are exposed to traumatic stimuli in their occupational duties.

- If healthcare and criminal justice professionals are to maintain pace with the needs of U.S. citizens living in an increasingly dangerous world then **their psychological well-being must also be recognized and protected.**

Secondary Trauma Definition

- The dual experience of feeling traumatized by the **victims' pain** and the **offenders' history of offending**.
- **Vicarious/Secondary trauma** is the short and long-term consequences of working with trauma victims/survivors and the painful and disruptive effect this can have on the worker: *physically, emotionally, behaviorally, cognitively*– it can persist for months and sometimes even years after working with traumatized clients without effective intervention.
- *With repeated exposure to traumatic imagery, workers may begin to incorporate an accumulation of clients' traumatic material into their **own view of self and the world**.*

Traumatic Cases for Front line Workers

- Domestic violence
- Sexual assault
- Child abuse
- Abductions
- Homicides

Who Is Susceptible to Secondary Trauma?

- Professionals who work with offenders or victims of violence and sexual abuse, or whose work addresses issues of violence and sexual abuse are especially **vulnerable to secondary trauma**.
 - Nurses/doctors
 - Victim advocates
 - Social workers
 - Therapists/treatment providers
 - Clergy
 - Law enforcement personnel
 - Attorneys
 - Judges
 - Supervision officers
 - Offender release decision makers

What doesn't kill us can make us stronger?

Stronger can also mean:

- hardened
- less vulnerable/sensitive
- less emotionally available
- more disconnected
- less caring

*Recognizing and
Understanding
Secondary Trauma*

DIFFERENCES BETWEEN

BURN-OUT

VS.

Secondary Trauma

- **Stems from work dissatisfaction**
- Broader focus
- Cumulative
- Predictable
- Builds over time
- Job saturation

- **Harm caused by the kind of work we do**
- Narrower focus
- Also can be cumulative
- Intrusive imagery
- Changes the meaning of life
- Affects our world view

Three causal aspects to Secondary Trauma

(Pullen, 1999)

Contextual Variables

- The *contextual aspects* are the characteristics, experiences, and vulnerabilities that we bring to this work from our own personal histories.
 - Boundaries
 - Having experienced some type of victimization:
 - Your trauma map
 - What is your Achilles Heel
 - Being empathetic (mirror neurons)

(Saakvitne & Pearlman, 1996)

Qualitative Aspects

- The *qualitative aspects* refer to the “sheer impact” of being exposed to:
 - Accounts of violence
 - Images of abuse, violence, sadism
 - Deviance
 - Manipulation
 - Fear, anxiety, anger, grief

Severity and Length of Exposure

The *severity and length of exposure to trauma*:

- Size of your caseload
- Number of years you have been working with these offenders.
 - Research suggests that the longer you are exposed to trauma, the greater the likelihood that you will experience secondary trauma.

(Brady, Buy, Poelstra, & Browkaw, 1999; Chrestman, 1999; Pullen, 1999; Pearlman & Mac Ian, 1995; Rich, 1997; Steed & Bicknell, 2001)

Severity and Length of Exposure— Research Findings

- A 2003 study of judges found:
 - **63% of judges reported one or more symptoms they identified as work-related secondary trauma,** including sleep disturbances, intolerance of others, physical complaints, depression, and a sense of isolation; and
 - Judges who had **seven or more years of experience** reported experiencing more of these symptoms compared to judges who had six or less years of experience on the bench.

(Jaffe, Crooks, Dunford-Jackson, & Town, 2003)

How Can Secondary Trauma Affect Us?

- In one study, 62% of **professionals in the sex offender management field** experienced symptoms associated with trauma, including **flashbacks, bad dreams, and intrusive images.**
- These professionals were more likely to report **anxiety, depression, and isolation, among other emotions, and tended to see the world as more chaotic.**

(Rich, 1997)

How Can Secondary Trauma Affect Us? (Continued)

- Another study found that **clinicians** who treated **survivors** of sexual abuse and clinicians who treated sexual **offenders** both experienced high levels of secondary trauma, including **avoidance** (e.g., of people, activities, etc.) and **intrusion** (e.g., images, nightmares, etc.).

(Way, VanDeusen, Martin, Applegate, & Jandle, 2004)

How Can Secondary Trauma Affect Us? (Continued)

- **Victim advocates** struggle with many symptoms and characteristics of secondary trauma, including: **feelings of anger, fear for their safety, and a sense of loneliness and isolation** and impacted their relationships with friends, family members, and partners.

(Carmody, 1997)

Situations that can trigger Secondary Trauma

- **Hearing** about and actually witness the impact of sexual abuse on victims and their families.
- *Viewing images of child abuse and child porn.*
- **Constantly monitoring** the offender in the hopes of interrupting his offense cycle and reducing his risk to reoffend.
- Worrying constantly about what will happen if a case “**blows up**” can be extremely stressful.

(Continued)

- **Reading histories** of offenders and listening to their offense disclosures.
- **Being vigilant** about not getting manipulated by offenders can be exhausting.
- Confidentiality and **privacy protections** sometimes do not allow us to process the **details** of these cases with others.

(Continued)

- **Needing to remain fair and impartial** may lead to internalizing and “stuffing” our reactions and feelings.
- **Balancing** multiple—and sometimes competing—demands and interests, including:
 - Victims and families
 - Offenders
 - Communities
 - Criminal justice agencies
 - Public officials
 - The news media

(Continued)

- Insufficient “**recovery time**” between cases, high caseloads, large amounts of paperwork, and deadline pressures can make it difficult for officers to properly supervise their caseloads, which often leads to feelings of exhaustion and being overwhelmed.
- **Making release and revocation, treatment, and other decisions** about these high stakes cases is complicated and challenging.
- **The responsibility for protecting community and victim safety** weighs heavily on our shoulders.

Psychological Trauma

“Those who work with offenders
are ‘called upon to bear witness
to the crime.’”

—Judith Herman in *Trauma and Recovery* (1992)

Seven psychological needs that are particularly vulnerable to disruption by a traumatic exposure McCann & Pearlman (1990) .

These needs are for:

1. **Frame of reference** a stable and coherent framework for understanding one's experience;
2. **Safety** to feel safe and reasonably invulnerable;
3. **Trust/dependency** to believe the word or promise of others, to depend upon others to meet one's needs.
4. **Esteem** to be valued by others, to have one's worth validated and to value others;
5. **Independence** to control one's own behavior and rewards;
6. **Power** to direct or exert control over self and influence others;
7. **Intimacy** to feel connected to others, through individual relationships, the need to belong to a larger community.

If these needs are unmet, this can have a serious impact on the beliefs, expectations and assumptions of the individual.....

Secondary Trauma:

www.ChildTrauma.org

Symptoms of Distress

Emotional Indicators

- Inappropriate Anger
- Unaccountable Sadness
- Prolonged grief
- Generalized Anxiety
- Depression

Physical Indicators

- Headaches
- Stomach aches
- Lethargy
- Gastro-intestinal sensitivity

Personal Indicators

- Self-isolation
- Cynicism
- Mood swings
- Irritability with spouse/family

Workplace Indicators

- Avoidance of certain clients
- Missed appointments
- Tardiness
- Lack of motivation

Trauma -A Conceptual Framework

- What makes an experience traumatic?

Criteria A from the DSM-IV-TR defines a traumatic event as one that involves “*actual or threatened death or serious injury or a threat to the physical integrity of self or others*” and a “*response of intense fear, helplessness, or horror.*”

Most Common Responses to Trauma

- **Re-experiencing**
- **Avoidance**
- **Emotional arousal**

Criteria B

- The event is *re-experienced* in one (or more) of the following ways:
 1. Recurrent and intrusive distressing recollections of event.
 2. Recurrent distressing dreams of event.
 3. Acting or feeling *as if* the event were recurring.
 4. Intense **psychological distress** at exposure to internal/external cues that *symbolize or resemble* an aspect of the event.
 5. **Physiological reactivity** on exposure to internal or external cues that *symbolize or resemble* an aspect of the event.

Re-experiencing

MODE	RE-EXPERIENCING SYMPTOM
Cognitive	Intrusive Thoughts Intrusive Images
Affective	Anxiety Anger
Behavioral	Increased Activity Aggression (repetition compulsion, counterphobia, identification with aggressor)
Physiological	Physiological Reactivity to Trauma Reminders
Multiple Modes	Flashbacks Nightmares

Criteria C

- Persistent *avoidance* of stimuli associated with the trauma and numbing of general responsiveness as indicated by three (or more) of the following:
 1. Efforts to avoid thoughts, feelings, or conversations associated with the trauma
 2. Efforts to avoid activities, places, or people that arouse recollections of the trauma.
 3. Inability to recall an important aspect of the trauma.
 4. Markedly diminished interest or participation in significant activities.
 5. Feeling of detachment or estrangement from others.
 6. Restricted range of affect.
 7. Sense of a foreshortened future.

Avoidance

MODE	AVOIDANCE SYMPTOM
Cognitive	Amnesia for Trauma De-realization/Depersonalization
Affective	Emotional Numbing Isolation of Affect
Behavioral	Avoidance of Trauma Related Situations
Physiological	Sensory Numbing

Criteria D

- Persistent symptoms of *increased arousal*, as indicated by two (or more) of the following:
 1. Difficulty falling or staying asleep
 2. Irritability or outbursts of anger
 3. Difficulty concentrating
 4. Hypervigilance
 5. Exaggerated startle response

Criteria E and F.

- Duration of the disturbance (symptoms in Criteria B,C, and D) is more than one month.
- The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Acute – Duration less than 3 months
Chronic – Duration is more than 3 months.
With Delayed Onset – If symptoms is at least 6 months after event.

Secondary Responses to Trauma

1. Depression
2. Aggression
3. Low Self-Esteem
4. Identity Confusion
5. Difficulties in Interpersonal Relationships
6. Guilt

Neurobiology of Psychological Trauma

Interpersonal Neurobiology:

Trauma

Dysregulation

Mindfulness

Attunement

Attachment

Deep History of the Brain

- For **millions of years** of human evolution our brains adapted to an unchanging economy-hunting/gathering-
- Our limbic system and “reptilian” brain evolved throughout geologic time as an adaptation to threats to our survival by creating **4 hardwired instincts: Fight, Flight, Feed, Reproduction.**
- Anxiety and fear (the amygdala) were necessary for daily survival.** Our vigilance and emotions were finally tuned to our environment. Our hunter/gather economy endured for the vast majority of human history.
- It is just in the last **10,000 years** that agricultural technology evolve to create enough surplus that humans changed from small bands of hunter/gathers into sustainable larger groups and civilization started to form.
- This very recent development moved fast and created an **adaptive lag** for our brains to struggle to compensate. **Neurosis is that struggle and culture can be seen as our attempt to adjust.**

Interpersonal Neurobiology

- Frontal Lobe
 - Pre-frontal cortex

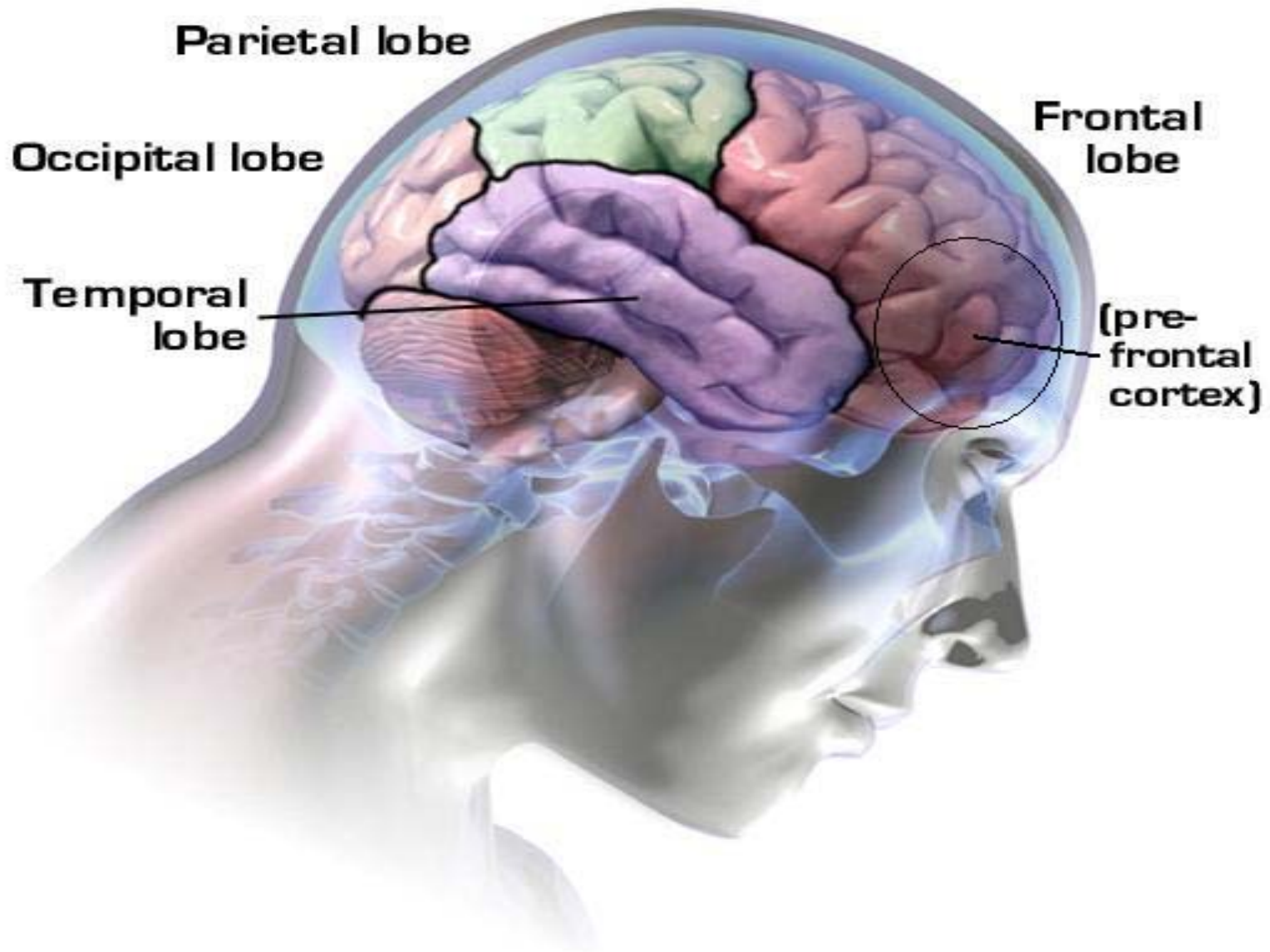


- Temporal Lobe
 - Limbic system



- Right and left Hemispheres

Lobes of the Brain:



Psychiatric disorders and the limbic and frontal cortex

- Axis I Psychiatric disorders are typically associated with limbic and frontal lobe dysfunctions.

Interpersonal Neurobiology

- Temporal Lobe
 - Limbic system
 - Amygdala
 - Hippocampus



The amygdala

- If you remember only one word about the amygdala, the word is **FEAR**.
 - The amygdala is the nucleus responsible for the lurch you feel in your stomach when you turn around in a dark alley and notice someone following you.
 - It couples a learned sensory stimulus (man in ski mask in alley = danger) to an adaptive response (fight or flight).

The hippocampus and memory

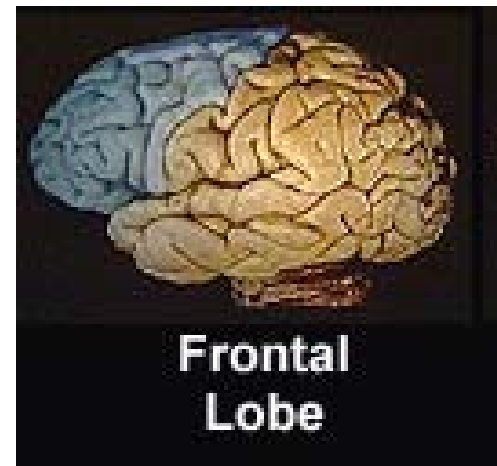
- The hippocampus is MEMORY.
- There are at least three different types of memory.
 - The most short term is **working memory**. Working memory is like the RAM of a computer. It is the type of memory that enables you to spit back the last sentence of a conversation when someone accuses you of not listening. Like the RAM of a computer, it is crucial for performing some common operations in your head: adding numbers, composing a sentence, following directions, etc. Also like a computer, the space devoted to that operation is recycled as soon as you turn to something else. It does not become a permanent memory..

continued

- The second type is what we most commonly associate with "memory". This is long-term or **declarative memory**, and is composed of all the facts, figures, and names you have ever learned. All of your experiences and conscious memory fall into this category. It is analogous to the hard drive of a computer. Although no one knows exactly where this enormous database is stored, it is clear that the hippocampus is necessary to file away new memories as they occur.
- The third type is **procedural memory**, and is probably the most durable form of memory. These are actions, habits, or skills that are learned simply by repetition. Examples include playing tennis, playing an instrument, solving a puzzle, etc. The hippocampus is not involved in procedural memory, but it is likely that the cerebellum plays a role in some instances

Interpersonal Neurobiology

- Frontal Lobe
 - Pre-frontal cortex



Frontal and pre-frontal cortex

- The brain center for the integration of intelligence, motivation, impulse control and complex moral and social judgment.
- The frontal lobes comprises the most recent evolutionary advancement of our species
 - one-third of our cerebral cortex
 - **Executive functions:** cognitive planning, attention, anticipation, motivation, reward salience, synthesizing complex sensory information, social judgment, impulse control

The Prefrontal Cortex and Self-Regulation

Nine Functions of the Pre-Frontal Cortex

- Regulation of the body
- Regulation of emotion
- Emotionally attuned interpersonal communication
- Response flexibility
- Self-awareness
- Autobiographical memory
- Self-soothing abilities
- Intuition
- Morality

Mirror neurons play a major explanatory role in the understanding of a number of human features, from imitation to empathy, and language learning. It has also been claimed that damages in these cerebral structures can be responsible for mental deficits such as autism.

Interpersonal Neurobiology (Daniel Siegal)

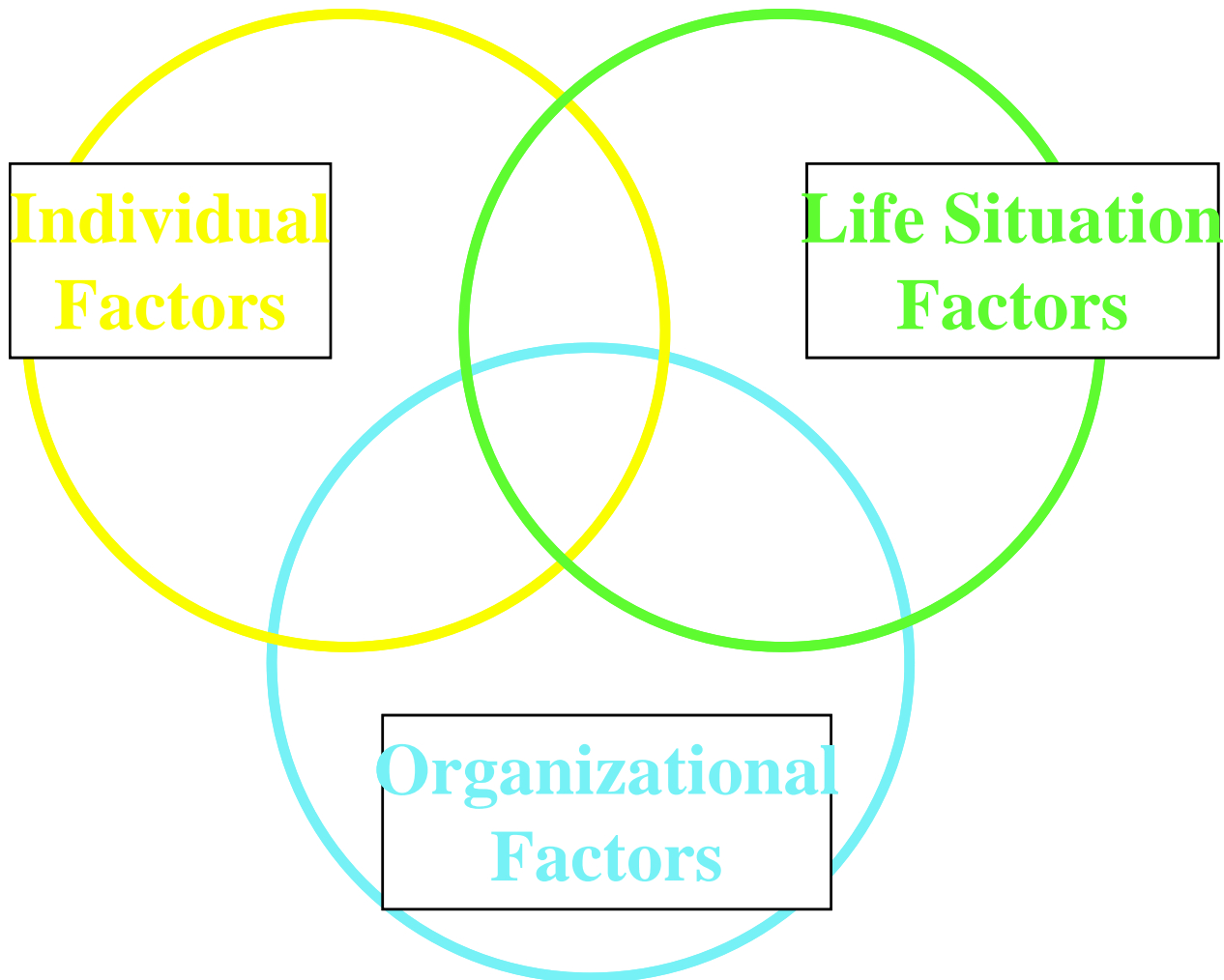
- **The right hemisphere of the brain is involved in self-soothing actions.**
 - **The left side is involved in more exploratory actions – an interpreter function.**
 - **Coherent narratives are a product of the integration of the left and right hemisphere processes.**
 - **The prefrontal region of the brain is a part of the integrated circuitry that permits social and moral behavior.**
- .

Interpersonal Neurobiology (Daniel Seigal)

- **Impaired integration and self-regulation in the prefrontal regions can be seen within the brains of those individuals with unresolved trauma or grief.**
- **Lower mode states ensue when the functioning of the integrating prefrontal regions become temporarily impaired.**
- **Behavior is then driven by emotional states and impulses of the lower regions of the brain.**
- **This creates a lack of experience integration and response flexibility, which is mediated by the the prefrontal cortex.**

Addressing Trauma

Factors that Influence a Person's Vulnerability to Vicarious Trauma



Growing in the aftermath

*There is an increasing awareness that when people are able to adjust to the aftermath of psychological trauma they can emerge from the experience with a **positive self-worth, improved interpersonal relationships, and an enriched philosophy of life.***

1. Victims of major traumas are often found to have experienced **some good emerging from the tragedy** (Linley & Joseph, 2002).
2. It has been suggested (Janoff-Bulman, 1990) that **the more extreme the traumatic exposure the more positive the potential growth. Professional, social, and spiritual support was found to be significant.**
3. The importance of **regular professional supervision** has been identified as essential (Cerney, 1995;McCann & Pearlman, 1990). For counselors and counseling psychologists in the UK, personal supervision is a professional requirement (BPS, 1998; BACP,2002) with the minimum requirement of **90 minutes supervision per month to process the painful client material**, as well as explore and reduce the impact of the material on the providers thinking and emotions.

The ABCs of Managing Secondary Trauma—

Awareness, Balance, and Connection

Being aware of how our work can impact us, and achieving and maintaining a sense of balance and connection in our lives, can prevent us from experiencing secondary trauma and/or mitigate its harmful effects. Listed below are several ways in which you can decrease your risk of experiencing—or reduce the impact of—secondary trauma.

Awareness

Know your “trauma map.” Acknowledge your history of trauma and be aware that it can affect how you view and do this work.

Inventory your current lifestyle choices and make necessary changes. Do you get enough sleep? Do you allow yourself downtime? Do you exercise regularly? Try to do these things.

Take care of yourself. Create a self-care list and post it prominently in your home or office. A sample self-care list may encourage you to:

- Be creative;
- Get away;
- Get outside and appreciate the weather;
- Enjoy other environments;
- Have fun; and
- Socialize with people who aren't criminal!

Balance

Give yourself permission to fully experience emotional reactions. Do not keep your emotions “bottled up.”

Maintain clear work boundaries. Avoid working overtime and do not spend all of your free time socializing only with coworkers, discussing the negative aspects of your job.

Set realistic goals for yourself. Know your limits and accept them.

Learn and practice time management skills. These skills will help you achieve a sense of balance in both your professional and personal lives.

Seek out a new leisure activity. Choose a leisure activity unrelated to your job.

Recognize negative coping skills and avoid them. Substitute these coping skills with the more positive coping skills included in your self-care list!

Connection

Listen to feedback from colleagues, friends, and family members. Have a family member or friend conduct periodic “pulse checks.”

Avoid professional isolation. While it is best to not spend all of your time with coworkers, it is beneficial to be connected with and supported by your coworkers on the job.

Debrief after difficult cases. Now is the time to talk to and connect with another coworker!

Develop support systems. Start an informal peer support group, seek out a mentor, or be a mentor to someone else.

Seek training to improve job skills and capacity. Training will not only allow you to stay abreast of new issues emerging in the field but will also allow you to connect with others who do this work

Remember your spiritual side. While often neglected when stress occurs, this aspect can be most helpful to coping with secondary trauma.

Interpersonal Neurobiology (Daniel Siegal)

- **The mind continues to develop in response to emotional relationships throughout the lifespan.**
- **Emotional regulation is achieved through connections with others.**
- **The treatment approach for trauma requires the ability to engage in attuned collaborative communication.**

Interpersonal Neurobiology

Daniel J. Siegel, MD, "Toward an Interpersonal Neurobiology of the Developing Mind: Attachment Relationships, Mindsight, and Neural Integration" in *Infant Mental Health Journal*, 2000.

- 5 Basic elements of Secure attachments:
 1. **Collaboration**- attuned communication builds a coherent core and autobiographical sense of self.
 2. **Reflective dialogue**- share internal experiences.
 3. **Repair**- when attuned communication is disrupted, as is inevitable, repair of the rupture is important in reestablishing the connection. Prolonged disconnection has a negative effect on a child's sense of self.
 4. **Coherent Narrative**- allows integration of experiences.
 5. **Emotional communications**- allows to reduce, regulate and sooth negative emotional states.

*Professionals
Addressing
Secondary Trauma*

The key components of secondary trauma prevention might be found in agencies

(Herman, 1992).

• **Four domains** are important to the prevention of secondary traumatization in frontline providers:

1) **professional** strategies, such as balancing caseloads and accessible supervision;

2) **organizational** strategies, such as sufficient release time and safe physical space;

3) **personal** strategies, such as respecting one's own limits and maintaining time for self-care activities and

4) **general** coping strategies, such as self-nurturing and seeking connection. Pearlman and Saakvitne (1995)

Characteristics of Trauma Resilient Employees

- In a 2005 study, supervision officers identified the following characteristics as crucial to protecting themselves from secondary trauma and performing well on the job.
 - Flexibility
 - Technical competence
 - Self-confidence
 - Empathy
 - Patience
 - Integrity
 - Honesty
 - Humor

(White, Gasperin, Nystrom, Ambrose & Esarey, 2005)

“Trauma Resilient” Agencies

- Agency leaders and policymakers should work to create an environment that is as supportive as possible and **take proactive steps to preserve the emotional and psychological welfare of front line professionals.**

How Agencies Can Be Trauma Resilient

- Provide specialized sex offender training that contains a component on secondary trauma
- Establish clear boundaries
- Create a safe forum for “venting”
- **Make clear that an offender’s failure does not reflect an employee’s failure**
- **WE DON’T CONTROL BEHAVIOR, WE TRY TO MANAGE IT.**

Professional Self-Care Strategies

- In this 2005 survey, respondents were asked to rate items in a list of common professional self-care strategies based on each strategy's degree of importance in helping to maintain the individual's physical and mental health and high job performance.
- The rating options were 1 (not important), 2 (important), or 3 (very important).

Professional Self-Care Strategies (Continued)

<u>Avg.</u> <u>Rating</u>	<u>Stress Reducing Activity</u>
2.9.....	Cultivating a sense of humor
2.9.....	Having healthy intimate and family relationships
2.7.....	Having one or more healthy relationships at work in which I can express emotions related to my work experience
2.7.....	Having enjoyable hobbies or leisure activities
2.6.....	Maintaining relationships with professional peers who work outside the criminal justice system
2.6.....	Having one or more close friendships away from work in which I can express my emotions related to my work experience
2.6.....	Avoiding or self-monitoring potentially harmful approaches to stress management (e.g., smoking, drinking, risk-taking, cynicism, and negativity)

Professional Self-Care Strategies (Continued)

<u>Avg.</u> <u>Rating</u>	<u>Stress Reducing Activity</u>
2.5.....	Physical self-care (e.g., healthy diet, regular physical checkups, etc.)
2.5.....	Attending professional training
2.4.....	Cultivating relationships with other supervision officers who have a positive attitude
2.4.....	Having alone-time rituals that keep me focused (e.g., meditation, prayer, self-reflection, etc.)
2.4.....	Getting regular exercise
2.1.....	Maintaining relationships with supervision officers who work in other offices
1.9.....	Daily goal-setting and/or self-evaluation at end of the day

Professional Self-Care Strategies (Continued)

<u>Avg.</u> <u>Rating</u>	<u>Stress Reducing Activity</u>
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1.9.....	Having one or more professional mentors
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1.9.....	Doing volunteer work unrelated to my job
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1.7.....	Using particular stress management techniques (e.g., biofeedback, meditation, progressive relaxation, etc.)
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Remember

“To keep the lamp burning we have
to keep putting oil in it.”

By Mother Teresa

Potentially protective measures

Applied Research

Perception and Memory Storage

- What we perceive/notice goes through the Hippocampus for short term memory storage as a way station before it is sent to the neocortex for long term explicit memory storage and pairing with other thoughts and memories.
- If experiences are not moved to the neocortex they are likely forgotten as the Hippocampus erases information to make room for new information.
- They are several things that encourage memories to be stored long term: emotional pairing (fear, anxiety, joy), identification, personalizing, pairing with other memories, sleep.
- Conversely there are several things that can interfere with memory formation and one's perception of reality

- **Eye-movements reduce the vividness, emotional valence and electrodermal arousal associated with negative autobiographical memories**

Alastair L. Barrowcliff ab; Nicola S. Gray ac; Tom CA Freeman a; Malcolm J. MacCulloch cd [Journal of Forensic Psychiatry & Psychology](#), Volume 15, Issue

[2](#) June 2004 , pages 325 - 345

The aim of this study was to examine the effect of eye-movements on subjective and psychophysiological measures of arousal and distress associated with positive and negative autobiographical memories. Engagement in eye-movements compared to the eyes-stationary condition resulted in significant reductions on measures of vividness and emotional valence for both positive and negative autobiographical memories. Reductions in electrodermal arousal were only observed when engaging in eye-movements following elicitation of the negative memory.

- **Eye Movement Desensitization and Reprocessing (EMDR) therapy (1995. Shapiro, Francine)**

- **Demanding visual search tasks** requiring sequential shifts of spatial attention (Where's Waldo?) were interposed during delays of the target image viewing impaired binding memories and features.

Johnson, Jeffrey S., Andrew Hollingworth, and Steven J. Luck. "The role of attention in the maintenance of feature bindings in visual short-term memory.(Report)." Journal of Experimental Psychology: Human Perception and Performance 34.1 (Feb 2008): 41(15). Academic OneFile. Gale. Northeastern University. 27 Jan. 2009

- Being instructed to **forget an image** before viewing the image showed a positive effect, confirming that when participants attended to the memory instructions, there was a significant **forgetting** effect.

Fawcett, Jonathan M., and Tracy L. Taylor. "Forgetting is effortful: evidence from reaction time probes in an item-method directed forgetting task.(Author abstract)(Report)." Memory & Cognition 36.6 (Sept 2008): 1168(14). Academic OneFile. Gale. Northeastern University. 27 Jan. 2009

Moving attention from Right to Left Brain Interferes with Memory formation

- Recent research has shown that for healthy volunteers, playing ‘**Tetris**’ soon after viewing traumatic material in the laboratory can reduce the number of flashbacks to those scenes in the following week.
- They believe that the computer game may disrupt the memories that are retained of the sights and sounds witnessed at the time, and which are later re-experienced through involuntary, distressing flashbacks of that moment.

ScienceDaily (Jan. 9, 2009) — Playing ‘Tetris’ after traumatic events could reduce the flashbacks experienced in post-traumatic stress disorder (PTSD), preliminary research by Oxford University psychologists suggests

Additional potentially protective interventions:

- **Stereo images activate memory** more than mono images. Using one eye, the right eye, may be preferred when view potentially harmful images.

Van Strien, N.M., H.S. Scholte, and M.P. Witter. "Activation of the human medial temporal lobes by stereoscopic depth cues.(Report)." Neuroimage 40.4 (May 1, 2008): 1815(9). Academic OneFile. Gale. Northeastern University. 27 Jan. 2009

- **Using distracter images that disrupt the image** viewing sequence can interfere with memory formation of the target image. Target image should have minimal eye movement and **distracter images should have maximum eye movement.**

Olson, Ingrid R., Katherine Sledge Moore, and David B. Drowos. "The contents of visual memory are only partly under volitional control.(Author abstract)(Report)." Memory & Cognition 36.7 (Oct 2008): 1360(10). Academic OneFile. Gale. Northeastern University. 27 Jan. 2009

Protecting the mind by tricking the brain

(Changing perception by dislocating experiences from emotion)

Distorting images of one's own hand or arm injury by viewing the injury through **inverted binoculars** with the image appearing very far away:

- **Reduces** reports of pain,
- **Reduces** swelling
- **Reduces** recovery time from pain.

Conversely magnifying the images:

- **Increases** pain, swelling and recovery time.

Study from Oxford University

Moseley, G. *et al* (2008). Visual distortion of a limb modulates the pain and swelling evoked by movement. *Curr.*

Biol. 18 DOI: [10.1016/j.cub.2008.09.031](https://doi.org/10.1016/j.cub.2008.09.031).

Changing visual fields can inhibit memory formation

- Negative memories are stored better when negative information is presented directly to the **right hemisphere**, likely because of the specialization of the right hemisphere for processing both visual detail and negative emotional information.

- Conversely, less memory benefit when negative emotional information is presented to the **left hemisphere**.

- Author(s): Elizabeth A. Kensinger and Elizabeth S. Choi.

- Source: [Journal of Experimental Psychology: Learning, Memory and Cognition](#) 35.1 (Jan 2009): p247(7).

- Viewing images through the right eye (right visual field) activates the left hemisphere (left brain). **The right brain, left eye, is better for storing emotion/fear based images** so the left brain will be weaker in storing emotional memories.

- (When side matters: hemispheric processing and the visual specificity of emotional memories.(BRIEF REPORTS)(Author abstract)(Report).

- Author(s): Elizabeth A. Kensinger and Elizabeth S. Choi.

- Source: [Journal of Experimental Psychology: Learning, Memory and Cognition](#) 35.1 (Jan 2009): p247(7).)

- Working memory (WM) is susceptible to disruption by irrelevant speech and some music (vocal vs instrumental).

Alley, Thomas R., and Marcie E. Greene. "The relative and perceived impact of irrelevant speech, vocal music and non-vocal music on working memory.(Author abstract)(Report)." *Current Psychology* 27.4 (Dec 2008): 277(13). Academic OneFile. Gale. Northeastern University. 27 Jan. 2009

Possible protective protocols for disrupting memory when viewing images of child sexual abuse

- 1. Teams of two officers.**
- 2. Predetermined questions**
- 3. Protective glasses (inverted binoculars)**
- 4. Right eye viewing**
- 5. Green image**
- 6. Instruction to “forget the images”**
- 7. Reframing narrative**
- 8. Distracting music and/or conversation during viewing**
- 9. Distracting images requiring multiple eye movements between viewing**
- 10. 3 seconds to answer a question. Total viewing time of images should not take more than 2 to 5 minutes.**
- 11. Viewing should occur early in the day**
- 12. Faces and other details in the image that are not necessary.**
- 13. 15 minute minimum period of playing Tetris**

Changing the Narrative

In addition to technical strategies to interrupt visual perception, adjusting ones mind set by creating a reframing narrative going into potentially secondarily traumatic situations can be protective. An example of an alternative mind set is:

“I am going to look at images or hear about violence and abuse. These events are from the past. I do not have control over what happened to these victims. There is violence in the world that I can not stop. I am working to help stop this from happening again. I do not now have control over what happened in these events. I am not going to imagine that this is happening to my children and my loved ones. They are not being harmed. I have empathy and compassion for the pain of others but today I am going to understand but not feel the victim’s pain.”

Compartmentalization

- Difference between **Denial** and **Compartmentalization**.
- Suspending judgment of the person does not mean losing sight of the fact that the person's behavior is not acceptable, is illegal, and is harmful to victims.

Mind/Brain Regulation

- These are potentially protective strategies to use for prevention of Secondary Trauma.
- What else can we do if we have already been harmed?

- **Mindsight:**
 - Developing perspective of what your mind is doing to you.
 - Survival emotions (fear, anxiety, guilt, shame, pain) are often present when your survival is not at risk!
- **Mindfulness:**
 - Slowing down the mind to allow for processing and deeper integration of experiences.
 - Learning to choose what you think and feel.....

Mindfulness

One of the simplest ways to experience mindfulness, which can be done as you go about your daily activities is to focus on your breathing.

Breathe from your belly rather than from your chest in through your nose and out through your mouth.

Focusing on the sound and rhythm of your breath, especially when you're upset, can have a calming effect and help you stay grounded in the present moment.

Mindfulness Exercises - Everyday Mindfulness Exercises For Stress Relief

By [Elizabeth Scott, M.S., About.com](#)

Updated: January 18, 2008

About.com Health's Disease and Condition content is reviewed by the [Medical Review Board](#)

Mindfulness breath meditation

Close your eyes and sit up straight in a chair. Make sure your spine is upright. Take several deep, slow breaths and remove any tension from your body, breathing into area where you are holding stress. Consciously relax every muscle in your body.

Now put your entire focus on the process of inhaling and exhaling. Feel the breath move in and out of the body.

As you do this, observe the content of your thoughts without any attachment or judgment. Just witness what is coming up. See if you can allow your mind to settle into a place of inner stillness. Rest there for some time, not allowing your thoughts to pull you out of this awakened yet relaxed space.

Now, slowly shrug the shoulders out and open your eyes. Even if you do this basic mindfulness practice 10 minutes a day, you will see that it has a profound impact on your daily life.

Mindfulness Exercise: Listening to Music

Listening to music has many benefits — so many, in fact, that music is being used therapeutically in a new branch of complimentary medicine known as music therapy.

That's part of why listening to music makes a great mindfulness exercise. You can play soothing new-age music, classical music, or another type of slow-tempo music to feel calming effects, and make it an exercise in mindfulness by really focusing on the sound and vibration of each note, the feelings that the music brings up within you, and other sensations that are happening "right now" as you listen. If other thoughts creep into your head, congratulate yourself for noticing, and gently bring your attention back to the current moment and the music you are hearing.

Mindfulness Exercise: Cleaning House

The term "cleaning house" has a literal meaning (cleaning up your actual house) as well as a figurative one (getting rid of "emotional baggage," letting go of things that no longer serve you), and both can be great stress relievers! Because clutter has several hidden costs and can be a subtle but significant stressor, cleaning house and de-cluttering as a mindfulness exercise can bring lasting benefits.

To bring mindfulness to cleaning, you first need to view it as a positive event, an exercise in self-understanding and stress relief, rather than simply as a chore. Then, as you clean, focus on what you are doing as you are doing it — and nothing else. Feel the warm, soapy water on your hands as you wash dishes; experience the vibrations of the vacuum cleaner as you cover the area of the floor; enjoy the warmth of the laundry as you fold it; feel the freedom of letting go of unneeded objects as you put them in the donations bag. It may sound a little silly as you read it here, but if you approach cleaning as an exercise in mindfulness, it can become one. (I also recommend adding music to the equation.)

Mindfulness Exercise #5: Observing Your Thoughts

Many stressed and busy people find it difficult to stop focusing on the rapid stream of thoughts running through their mind, and the idea of sitting in meditation and holding off the onslaught of thought can actually cause more stress!

Rather than working against the voice in your head, you sit back and "observe" your thoughts, rather than becoming involved in them. As you observe them, you might find your mind quieting, and the thoughts becoming less stressful. (If not, you may benefit from journaling as a way of processing all those thoughts so you can decrease their intensity and try again.)

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Thank you

The end