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Trauma has been recognized as a significant public health crisis. Untreated trauma leads to social, emotional, mental and physical issues. This has been well documented and researched. Organizations are beginning to take the effects of trauma, and vicarious trauma seriously as it undermines the productivity, quality of life and wellbeing of an organization, its employees, and those they serve.
(Everything underlined is a hyper link, connected to more information)

I. What is Trauma**:** In general, trauma can be defined as a psychological, emotional response to an event or an experience that is deeply distressing or disturbing. It may be caused from a single significant event, or many events that accumulate. This can lead to progressively greater responses over time from repeated exposures. Trauma is a subjective experience, an event can cause lasting issue for one person, but not another due to many factors.

II. Symptoms of Trauma

A. Cognitive Symptoms
- Intrusive Thoughts
- Nightmares
- Visual Images of the Event(s)
- Loss of memory and concentration abilities
- Disorientation
- Confusion
- Mood Swings

B. Behavioral Symptoms
- Avoidance of activities, places, or reminders of the events
- Social isolation or withdrawal, relationship problems
- Lack of interest or pleasure in activities

C. Physical Symptoms
- Fatigue
- Restlessness
- Racing heart, high blood pressure
- Extreme startle reflex
- Unexplained pain

D. Psychological Symptoms
- Overwhelming fear
- Obsessive and compulsive behaviors
- Detachment from people and emotions
- Emotional numbing
- Depression
- Guilt
- Shame
- Shock
- Disbelief
- Irritability
- Anger
- Anxiety and panic

E. Effects of untreated trauma

- Substance abuse
- Alcoholism
- Sexual problems
- Inability to maintain close, healthy relationships
- Hostility
- Constant arguments
- Self destructive behaviors
- Impulse behaviors
- Uncontrollable reactive thoughts
- Difficulty making healthy occupational or lifestyle choices
- Dissociative symptoms
- Depression, shame, hopelessness, worthlessness
- Feeling ineffective, or not good enough
- Feeling permanently damaged or broken
- Loss of former beliefs
- Overly negative beliefs about self
- Compulsive behavior patterns

II. The benefits of early intervention

A. A diagnosis of PTSD can not be made until 3 months after an incident. It takes time for the incident to be consolidated and moved into long term storage. When PTSD develops, traumatic memory is encoded in a maladaptive and incomplete form. This results in the symptoms listed above. It is possible to avoid PTSD by engaging in the right treatment as soon as possible.

B. Early intervention promotes resilience and longevity in highly stressful work environments.

III. How is trauma treated? There are several options for the treatment of trauma. It is well established that traditional talk therapy, and/or debriefing do little to counteract the effects of trauma. Body based, neurological treatments are the best option.

A. EMDR therapy: EMDR is recognized by the World Health Organization, Veterans Affairs, Insurance companies just to name a few, as a first line treatment for trauma. There have been over 30 and counting research studies that have validated the effectiveness, and efficiency of EMDR Therapy. EMDR can be done individually and in group. After an incident that effects many people, group treatment can be a powerful way to heal.

B. Only licensed clinicians, who have either a Masters Degree or a PhD, can practice EMDR Therapy and must complete basic training prior to advertising that they provide this treatment. Certification requires advanced training and consultation hours and shows commitment to this modality

C. EMDR in a group format is a specialty and requires specialized training.

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IV. What is Vicarious Trauma: Also known as secondary trauma, can be described as indirect exposure to a traumatic event through first-hand account or narrative of that event. People in the helping professions– rescue workers, police officers, doctors, and lawyers, medical professionals, or anyone who regularly works with those who have experienced trauma –may be at risk of vicarious traumatization. Ultimately, the symptoms are the same as those who have PTSD.

A. Symptoms that may be missed
    i. Often times individuals who are experiencing a stress response do not want to talk about, or address the issue ie avoidance.
    ii. Effects are minimized to themselves and others
    iii. One's own life gets transposed onto the experiences of those they encounter at work ex: picturing what it wold have been like, imaging your kids in the flood, intrusive images of being in the events you have heard about.
    iv. Emotional responses to life are extreme or out of proportion to the reality of the event.
    v. A change in world view ex: seeing the world as dangerous, people as violent..

B. How would you help a coworker or employee who seems to be experiencing vicarious trauma?
    i. Encourage them to seek information and resources so they can make a decision for them self vs suggesting a diagnosis.
    ii. Reach out individually to your colleague or seek the support of a supervisor
    iii. Refer them to HR, employe assistance programs, or your health insurance.
    iv. Employers can decrease the stigma by discussing this reality regularly, providing treatment options, and by encouraging open discussion amongst peers and from management down.
    v. Provide education and resources to manage trauma on an ongoing basis during work hours.

V. How would addressing trauma assist in the completion of large public works projects -including flood recovery and post-fire flood mitigation projects.

A. Trauma negatively effects decision making. The brain that is in a traumatized state is less connected to logic and the emotional state that facilitates decision making.

B. Judgment is compromised under stress.

C. Prosocial and cooperative behavior is decreased during an acute stress response. Working cooperatively as a community and with those that are trying to facilitate public work projects is diminished during a stress response.

D. Attending to the possible vicarious trauma of employees who are at high risk, could decrease use of insurance benefits, improve attendance and overall well being of the organization.

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About Me:

Early in my career I realized that much of what people came in to the mental health center for, had its roots in trauma. I quickly learned that I would need new skills to address the trauma if I wanted to help people eliminate symptoms versus learn to cope with them. Eventually, I found EMDR therapy and it revolutionized the way that I work.
Finally, I was able to assist people in deep healing that was not possible in any other modality that I had found. This work was fulfilling to me and rewarding to watch, as people heal themselves, freeing them from their pain.

After the flood in 2013, I was shocked by the level of trauma that was experienced on a widespread basis right in my community. My practice was inundated with those who were struggling to move on after loosing their homes, witnessing many losses, death and generally feeling unsafe. I have never experienced anything like this, and felt that my 1:1 therapy practice was not efficient enough to address the level of trauma this event had created. At the time, my training did not encompass the knowledge to deal with traumatized groups of people.

I did ultimately find the methods to make this efficient, and effective therapy modality available on a broader scope. Research has backed the efficacy of EMDR in an individual setting, and is now being shown to be effective in a group format as well. The ability to treat 10's to hundreds of people at one time is cost effective, efficient and research is showing that it significantly decreases the instance of PTSD developing when early intervention is applied. Simultaneously, decreasing the need for individual intervention later on.

That flood also began my interest in helping first responders, and others who interact with traumatized individuals in their daily life at work. This includes: medical professionals, teachers, family care givers, first responders, lawyers, veterinarians, court reporters, public works developers, and. Many others that you would to typically think of. It is being widely recognized that these giving groups of people are not necessarily getting the help that they need to sustain longevity in their profession, their mental health and well-being all at the same time. Instances of suicide are alarming, substance abuse, domestic violence, burnout, anxiety and depression are common.

So began my interest in treating vicarious trauma for first responders, therapists, teachers, parents, caregivers, anyone providing service, whether paid or not, who assist with the "victims" of traumatic events. Often "victims" have services available to them, sadly those who assist them are often forgotten.

Helpers carry the burden of experiencing traumatic events over and over and over, eventually taking on the symptoms of those they help. We know that trauma is accumulative, and there is a way to help unload this out of the system before mental health issues, empathy fatigue, and burn out become the reality for so many.

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It is my goal to address vicarious trauma in a group setting utilizing research and techniques from:

- Neuropsychology
- Mindfulness
- EMDR Therapy resourcing and reprocessing
- Skills training
- Positive Psychology

Working within a group format is efficient, effective and powerful. We would work to build resiliency and buffer against ongoing traumatic stress as much as possible.
Then, utilizing EMDR Therapy in a group format to reprocess the traumatic experiences which cannot be avoided in service to others.

I would love the opportunity to discuss this with you further.

Sincerely,
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