The Spirit of Caring:

A Volunteer Education Resource

Module 8: Developing an Understanding of Crisis and Trauma

Developed by:
Provincial Spiritual Health Care Management Network

Module 8– Session Guide

Developing an Understanding of Crisis and Trauma

Facilitators Overview/Outline

TIME	ACTIVITY	RESOURCE	COMMENT
15 minutes	Discussion: What is the relationship between crisis and trauma? Why is trauma awareness so important?	Pages 2-3	Establish the importance of reckoning with the reality of crisis and trauma in spiritual care
15 minutes	Brainstorm: How does trauma impact the human spirit?	Pages 5-9	Examine Spiritual needs in light of the impact of trauma on the spirit
15 minutes	Reflection exercise: In your own experience, how has the experience of trauma impacted your spiritual life?	Pages 9-12	It is important to demonstrate how an immediate crisis can trigger historic trauma responses
15 min	BREAK		
15 minutes	Have each participant write down three qualities they believe are essential to caring for trauma survivors – share them.	Pages 12-13	Important: caring can harm if it is done in a manner that can not be received – this is especially true in relation to trauma survivors
15 minutes	Discussion: What is second hand trauma?	Pages 13-14	Emphasize the importance of self-care when caring for trauma survivors
15 minutes	Conclusion and Questions	Pages 14-15	Share resources

Warning:

Whenever trauma is discussed, it is quite possible that the experiences of trauma that members of the group have experienced will come to the surface.

- **Be prepared that this may happen,**
- **Let your group know that it may happen,**
- **Let them know that if this is becomes their personal experience that outside help should be sought and**
- **Let the group know that you are not going to move into the role of dealing with personal trauma that arises.**

Crisis and Trauma

Larry Hirst

Learning Objectives

1. To define crisis and trauma
2. To develop an understanding of the impact of crisis and trauma on the human spirit
3. To understand the difference between the immediate crisis and historic trauma
4. To identify the qualities that are essential in caring for survivors of crisis and trauma
5. To raise the awareness of the possibility of second hand trauma or vicarious trauma

Introduction:

Trauma Response is a normal response to an abnormal experience. Crisis and Trauma impact not only the body but the spirit. This is being recognized in the medical community as evidenced in the way health services organizations and medical schools are beginning to address this matter.

> The Alberta Health Services website, on its "Spiritual Care" page begins with this statement: "Deeply personal questions arise when people are faced with life challenging crises created by illness or trauma. Spiritual Care Services staff members and volunteers provide spiritual and emotional care for patients/residents and their families as they rely upon their own beliefs and spiritual resources while in the hospital."[1]
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> Four staff members at the University of Virginia School of Medicine wrote in a paper titled ***Spiritual Care Services in Emergency Medicine,*** "Spiritual/pastoral care services provided in Emergency Departments are a significant aspect of treating the whole patient during a health crisis or trauma. Above all, the effort to recognize and address the spiritual needs and differences of patients through spiritual/pastoral care because of injury or disease demonstrates cultural competency."[2]

"Trauma survivors are at risk of being re-traumatized in every social service and health care setting. This is due to a lack of knowledge about the effects of traumatic events

[1] http://www.albertahealthservices.ca/services.asp?pid=service&rid=4828
[2] http://www.med-ed.virginia.edu/courses/culture/PDF/marcuschapter007spiritualcarerevisedgc.pdf

and a limited understanding of how to work effectively with survivors. When re-traumatization happens, the system has failed survivors and leaves trauma survivors feeling misunderstood and unsupported, which perpetuates a damaging cycle that prevents healing and growth. This can be prevented with basic knowledge and by considering trauma-informed language and practices."[3]

When we care for those who are hospitalized and in long term care we are often caring for people who have experienced crisis and trauma. It is important that spiritual heath care volunteers have at least a rudimentary understanding and awareness of the impact of crisis and trauma on the human spirit.

When thinking about crisis and trauma we need to be aware of two different realities. First is the reality of the immediate situation. Many health situations can have the flavor of crisis and trauma: A car accident or cardiac incident that brings a family to the ER for example or being hospitalized and having the doctor tell you that they have discovered cancer or some other life threatening disease can certainly fit the definition of crisis and trauma.

Secondly there is the crisis and trauma that are historic – that may not at all be known or immediately apparent but that influence much of what is being experienced in a health care situation. For example a PCH staff may be puzzled as to why a recent female admission with dementia screams every time a male HCA seeks to provide care. Or why an aboriginal patient in the hospital freezes every time the chaplain (who wears a big gold cross around her neck) comes in the room. If the staff knew that the new resident had been repeatedly raped by an older brother when she was a girl, it would be clear that a male HCA or nurse should never be assigned to provide personal care for the woman. Or if the chaplain was aware that the First Nations gentleman had been brutally beaten by a nun who wore a big gold cross when he attended residential school, she would understand that she may be the wrong person to offer spiritual care to this man.

Defining Crisis and Trauma:

Crisis[4]

1. a. A crucial or decisive point or situation; a turning point.
   b. An unstable condition, as in political, social, or economic affairs, involving an impending abrupt or decisive change.
2. A sudden change in the course of a disease or fever, toward either improvement or deterioration.
3. An emotionally stressful event or traumatic change in a person's life.
4. A point in a story or drama when a conflict reaches its highest tension and must be resolved.

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[3] Trauma-informed: The Trauma Toolkit, Klinic Community Health Centre, 2008, page 9
[4] http://www.thefreedictionary.com/crisis

Trauma[5]

1. A serious injury or shock to the body, as from violence or an accident.
2. An emotional wound or shock that creates substantial, lasting damage to the psychological development of a person, often leading to neurosis.
3. An event or situation that causes great distress and disruption.

"Trauma refers to experiences or events that by definition are out of the ordinary in terms of their overwhelming nature. They are more than merely stressful – they are also shocking, terrifying and devastating to the victim, resulting in profoundly upsetting feelings of terror, shame, helplessness and powerlessness." [6]

The training manual for the Basic Critical Incident Stress Management course offered by the Office of the Fire Commissioner in Manitoba states that "any situation that is sudden, unexpected, perceived as life damaging, perceived as resulting in physical, emotional or property loss, that disrupts one's sense of control and disrupts one's beliefs and values – is an incident that will precipitate a crisis and potentially traumatize an individual."[7]

"1 in 10 people in Canada suffers from Post-Traumatic Stress Disorder."[8] And many more have experienced traumatic events and have been deeply impacted by them but have never been diagnosed with PTSD.

According to these definitions and statistics it is reasonable to expect that when a person is hospitalized or diagnosed with a serious of terminal disease or when a person's world is turned upside down by an accident or the death of a loved one or even admitted into LTC, that they may very well come with some past experience of trauma and therefore, those caring for the spiritual well being of individuals in health care facilities should be aware of and informed as to how trauma changes a person and the sensitivities that are important when offering care.

Questions for personal reflection:

1. What are some of the crises that you have experienced in your life?
2. How were these experiences been traumatic for you?
3. Are you conscious of the impact these experiences may have had on your spirit?

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[5] http://www.thefreedictionary.com/trauma

[6] C. Courtois, recollections of Sexual Abuse: Treatment, Principles and Guidelines, Norton, New York, 1999, from Trauma-informed: The Trauma Toolkit, Klinic Community Health Centre, 2008, page 17

[7] Basic Critical Incident Stress Management Training Manual, Manitoba CISM Network, Manitoba Emergency Services College, January 2004 – Gord Flavelle

[8] Trauma-informed: The Trauma Toolkit, Klinic Community Health Centre, 2008, page 8

Understanding how Crisis and Trauma impact the spirit:

The experience of crisis and trauma are extremely individual and experiential; what may traumatize one person may have little impact at all on another. However, during times of crisis it is not unusual for people to feel afraid, lonely, or confused. Many people draw from spirituality as a source of comfort and strength during a crisis.[9]

"The core experiences of psychological trauma are disempowerment and disconnection"[10] Such experiences have a direct impact on a person's spirituality as spirituality is defined in part by one's connection to oneself, others, the world and the divine. Spirituality also involves agency; "the capacity, condition, or state of acting or of exerting *(personal)* power".[11] It is by the exercise of our agency that we make the choices that determine what it is that we believe and what it is that gives our lives meaning and purpose to our lives. It is by the exercise of our agency that we establish and maintain our personal boundaries but this capacity is often the capacity deeply impacted when a person experiences trauma. So, when crisis and the accompanying trauma injure the spirit it causes disconnection and disempowerment: not only a psychological but a truly spiritual crisis.

"The Effects of Trauma[12]

The effects of being traumatized are very individual, and survivors are impacted physically, emotionally, behaviorally, cognitively and spiritually.

Physical
- Eating disturbances
- Sleep disturbances
- Pain in areas on the body that may have been involved in the traumatic experience
- Low energy
- Chronic unexplained pain
- Headaches
- Anxiety/panic

Emotional
- Depression, spontaneous crying, despair and hopelessness
- Anxiety
- Extreme vulnerability

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[9] http://www.interiorhealth.ca/YourStay/AmenitiesAndServices/Documents/Spiritual%20Care%20-%20RIH%20Brochure.pdf
[10] Judith Herman, MD, Trauma and Recovery: The aftermath of violation from domestic abuse and political terror, Basic Books, 1997, New York, page 133
[11] http://www.merriam-webster.com/dictionary/agency
[12] Trauma-informed: The Trauma Toolkit, Klinic Community Health Centre, 2008, page 43-44

- Panic attacks
- Fearfulness
- Compulsive and obsessive behaviors
- Feeling out of control
- Irritability, anger and resentment
- Emotional numbness
- Frightening thoughts
- Difficulties in relationships

Behavioral

- Self-harm such as cutting
- Substance abuse
- Alcohol abuse
- Gambling
- Self-destructive behaviors
- Isolation
- Choosing friends that may be unhealthy
- Suicide attempts

Cognitive

- Memory lapses, especially about the trauma
- Loss of time
- Being flooded and overwhelmed with recollections of the trauma
- Difficulty making decisions
- Feeling distracted
- Withdrawal from normal routine
- Thoughts of suicide

Spiritual

- Guilt
- Shame
- Self-blame
- Self-hatred
- Feeling damaged
- Feeling like a "bad" person
- Questioning the presence of God
- Questioning one's purpose
- Thoughts of being evil, especially abuse is perpetrated by Clergy
- Turning away from the faith or obsessively attending service and praying
- Feeling that as well as the individual, the whole race or culture is bad"

Co-occurring Disorders: Substance Abuse and Trauma

- A mental health diagnosis (Post Traumatic Stress Disorder is a mental health diagnosis)
- Substance abuse – "Co-occurring disorders are so common with trauma survivors that they should be considered expected rather than an exception." [13]

Understanding Spiritual needs

It is also helpful to be aware of the universal spiritual needs of people, regardless of race or religion or historical setting. When a spiritual health care volunteer understands what to look for to assess how crisis and trauma may be impacting a person's spirit it provides a useful starting point in seeking how to approach the caring relationship. In a paper titled ***Spiritual Care Services in Emergency Medicine*** the work of Harold G. Koenig of Duke University Medical Center is referenced. Harold Koenig describes the spiritual needs of patients as follows:

1. A need to make sense of the illness. Patients need to understand why they have been singled out for illness, what it means for them, their future, and their families' future. They need to know how they are going to cope with, and bear the burden of, a changed life that may involve long-term physical discomfort.
2. A need for purpose and meaning in the midst of illness. Patients need renewed purpose and meaning in order to continue to fight illness. They need to know that they can still contribute, despite their illness. Religious and spiritual beliefs often lie at the core of what gives life purpose and meaning in these circumstances.
3. A need for spiritual beliefs to be acknowledged, respected, and supported. When patients are sick and in the hospital, religious or spiritual beliefs become increasingly important. Patients need their health professionals to acknowledge, respect, and support those beliefs.
4. A need to transcend the illness and the self. Patients need to get their minds off of themselves to counteract the obsessive preoccupation with self that almost always accompanies serious illness. Focusing on spiritual matters often helps patients put their own concerns into perspective.
5. A need to feel in control and give up control. Hospitalization and illness makes patients feel isolated from others. Spiritual beliefs, visits from their pastor or a member of their congregation, [a hospital chaplain], or knowing that members of the faith community are praying for them, all help to re-establish connection with others. Feeling connected to, cared for, and loved by God also helps to relieve loneliness.
6. A need to acknowledge and cope with the notion of dying and death. Having illness serious enough to warrant hospitalization sends a terrifying message to

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[13] Co-occurring Mental health and Substance Abuse Initiative of Manitoba (2004). No Wrong Door: CODI Update as quotes in The Trauma-informed Toolkit, Klinic Community Health Centre, 2008, page 51

many patients that they cannot live forever. Many fear death less than they fear the process of dying, and the discomfort, isolation and loss of control associated with it. Spiritual beliefs provide a world-view that makes sense of life, death, and suffering – and gives answers that medicine and science cannot provide. On the other hand, patients may not feel spiritually ready to die. They may fear punishment after they die, or worry about their relationship with God.

7. A need to forgive and be forgiven. Because illness can sometimes be perceived as punishment and because it forces us to confront our ultimate mortality, the need to give and receive forgiveness is greatly enhanced. Religious and spiritual rituals exist that help patients to forgive others and accept forgiveness themselves, releasing them from the emotional turmoil that guilt and bitterness produce.
8. A need to be thankful in the midst of illness. Being thankful and grateful for the health and relationships they still have helps patients to adapt more quickly to illness and maintain a positive outlook. Religious beliefs and stories both encourage an attitude-of-gratitude, and provide role models to help accomplish them.
9. A need for hope. Hope is the engine of motivation. Without hope, patients give up, neglect themselves, and strike out at others trying to help them. Spiritual beliefs are a powerful source of hope for many patients.14"

Questions for reflection:

1. Have you ever thought about your own spiritual needs
2. Are you aware of your own spiritual needs?
3. How do you most often become of your own spiritual needs?
4. When you become aware of a particular spiritual need, what do you generally do about it?

Each of these nine needs can be significantly impacted by the experience of trauma. The more often and the more severely trauma has impacted a person will determine the depth to which each of these nine spiritual needs will be impacted.

One or more of these needs may acutely emerge, be felt and expressed in the context of an accident, disease and illness. Therefore, being aware of these needs and attune to which of these needs may be acute in a time of crisis and trauma is an important skill for a spiritual health care volunteer to develop.   These nine spiritual needs can serve then as an assessment tool to determine whether the current hospitalization should be considered a traumatizing crisis in the patient/residents life and how the spiritual health care volunteer should plan care in the present and in future interactions.

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[14] Koenig, Harold G. Meeting the Spiritual Needs of Patients. The Satisfaction Monitor. (Jul/Aug 2003): 1-4.

Simply noting the acuity of a spiritual need does not necessarily mean that the person is experiencing or has experienced trauma, but it provides a place to begin in inviting the person to explore the spiritual impact of the present situation. Because trauma so often severely impacts agency and the ability to trust, it is very important that a spiritual health care volunteer not take an aggressive posture, but offer care and wait for the invitation to be accepted. Moving deeper into the exploration of a spiritual need should be done slowly and when resistance is met, the spiritual health care volunteer should respect the boundary the resistance represents. By carefully empowering (respecting the agency of the individual) the person, he/she may understand that your presence is not threatening and you are for them with no other agenda than to offer respectful care.

Spiritual Crisis/Trauma Assessment Tool

Spiritual Need	Degree that this need is evident Very evident -----------Not evidence Plot assessment along the line
1. A need to make sense of the illness	VE---------------------------------NE
2. A need to find purpose and meaning in the midst of illness / crisis	VE---------------------------------NE
3. A need for spiritual beliefs to be acknowledged, respected, and supported	VE---------------------------------NE
4. A need to transcend the illness and the self	VE-----------------------------------NE
5. A need to feel in control and give up control.	VE-----------------------------------NE
6. A need to acknowledge and cope with the notion of dying and death	VE-----------------------------------NE
7. A need to forgive and be forgiven	VE-----------------------------------NE
8. A need to be thankful in the midst of illness.	VE-----------------------------------NE
9. A need for hope	VE-----------------------------------NE

This tool could be used after the initial interaction with a patient to reflect on the encounter. As the spiritual health care volunteer carefully listens for these needs and identifies those which come to the fore-front of the conversation, the volunteer can begin to formulate a plan for caring for the individual. Many times, those needs that are acute will emerge without prompting as the spiritual health care volunteer talks with the patient. Those needs that are evidenced in that initial conversation should be later noted on the assessment tool providing a context for further interactions with the patient or in referrals to Spiritual Health Care professionals.

Assessing the immediate spiritual impact of a crisis on an individual is important. However, it is also important that a spiritual health care volunteer be aware that an historic crisis and corresponding trauma often emerge in the context of the present

crisis. When this happens it may appear as if the person's response to the present crisis is out of proportion to the immediate crisis or that there is a surprising lack of response to what should be, in many, a very traumatic event.

The present reality of historic trauma on a person's spirit:

The incidents of childhood sexual, physical and emotional abuse are well documented and staggering. The reality of domestic abuse is likewise all too prevalent to ignore. Many people have experienced a traumatic event other than abuse at some time in their life and it is not uncommon for these historic events to carry a continuing and present impact on a person's spirit. Traumatic events in the past that may have never been successfully dealt with at times emerge when people come into an Emergency Room, are hospitalized or even when people come to live in a LTC facility.

This happens because in times of crisis and trauma, the normal defenses that a person has developed around past trauma often fall apart. Any crisis may have the ancillary impact of triggering the trauma response that belongs to a crisis event that happened long ago. "Long after the (traumatic) event, many people feel that a part of themselves has died."[15]

This sense of deadness is evidence that trauma has had a significant impact on the spirit of the individual. Another way trauma damages the soul is that many times it "violates a persons faith in a natural and divine order and casts the victim into a state of existential crisis…Traumatic events destroy the victims fundamental assumption about the safety of the world, the positive value of self and the meaningful order of creation."[16] "Trauma shatters the sense of connection between the individual and community creating a crisis of faith, especially when the traumatic events themselves involve the betrayal of important relationships."[17] "Traumatized people lose their trust in themselves, in other people and in God."[18]

It may not be that the immediate crisis is traumatizing, but that the context that the immediate crisis places the person in either stirs historic trauma or stimulates the need or desire to speak about historic trauma and the ongoing impact it has on the person's life.

Judith Herman writes that "the ordinary response to atrocities is to banish them from consciousness." But later in the introduction to her book she writes, "Atrocities, however refuse to be buried. … Remembering and telling the truth about terrible events are prerequisite both for both the restoration of social order and for the healing

[15] Judith Herman, page 49
[16] Judith Herman, page 51
[17] Judith Herman, page 55
[18] Judith Herman, page 56

of individual victims."[19] Because this is so, at times the person's ability to banish the trauma from consciousness (a defense against the trauma) is disrupted by the immediate crisis and this defense fails and the trauma reemerges.

At times the hospital or LTC facility's physical safety and the emotional safety provided by a compassionate spiritual health care volunteer provides the context that allows a patient or resident to talk for the first time in their lives about what happened to them many years ago. Many victims have been silenced by those who perpetrated abuse against them. There is a means of rationalizing the abuse that perpetrators seem to instinctively know. Judith Herman describes it in this way: "After every atrocity one can expect the same sophisticated and elegant rationalizations: the victim lies; the victim exaggerates; the victim brought it on herself; in any case it is time to forget the past and move on."[20] The perpetrators power silences the victim, often locking the trauma in the soul until a situation that creates an environment of safety comes along in which some victims will then reveal for the first time the pain of their soul.

Those who have suffered abuse have been changed by it. They may not understand the way the trauma of abuse has changed them, others may notice a difference but be unable to understand why there is a difference, but trauma changes us. Judith Herman says, "Traumatic events produce profound and lasting changes in psychological arousal, emotions, cognition and memory."[21] She writes that these changes fall into three primary categories: 1) hyper arousal – the persistent expectation of danger; 2) intrusion – the indelible imprint of the traumatic moment and 3) constriction – the (emotional) numbing response of surrender.[22] These changes may vary in intensity and the manner in which they manifest themselves, but they are common in people who have experienced a traumatic experience or repeated traumatic experiences.

Questions for personal reflection (you will not be asked to share your reflection):

1. What is your experience with trauma?
2. How have you dealt with your own trauma?
3. Have you ever found yourself reaching out for care to deal with your trauma?
4. Did that experience prove helpful / not helpful – Why?

Examples of Trauma[23]

Interpersonal Trauma

- Childhood abuse – sexual, physical, neglect, witnessing domestic abuse
- Sexual assault – any unwanted sexual contact

[19] Judith Herman, page 1
[20] Judith Herman page 8
[21] Judith Herman page 34
[22] Judith Herman page 35
[23] Trauma-informed: The Trauma Toolkit, Klinic Community Health Centre, 2008, page 31

- Historical trauma – colonization, residential school experiences, forcible removal from one's family, the destruction of one's culture or language
- Domestic abuse – physical, sexual, financial, spiritual, cultural, psychological
- Loss due to homicide
- Elder abuse – physical, sexual, financial, spiritual, cultural, psychological

External Trauma

- War – combat, killing, fear of being killed, witnessing death and extreme suffering, dismemberment
- Being a victim of a crime
- Sudden death of a loved one
- Suicidal loss
- Loss of a loved one to homicide
- Sudden and unexpected loss – of a job, housing, relationship
- Living in extreme poverty
- Natural disasters
- Accidents – vehicle, plane, etc.

Qualities and Characteristics essential to working with trauma survivors[24]

1. "Empathic – survivors need to feel supported and understood, not pitied."
2. "Able to talk openly" – survivors need listeners who are open, non-judgmental", not shocked or scandalized by what they need to say
3. "Self-aware" – survivors need those who care to be in touch with themselves, their own feelings, thoughts and an awareness of how they impact others
4. "Flexible" – trauma survivors need those who care to be willing to change routines and accommodate the some of the trauma survivors difficulties
5. "Comfortable with the unknown" – those who care for trauma survivors need to develop the capacity to be comfortable with the unknown, many of the experiences of a trauma survivor will be well outside your own the experience
6. "Willingness to learn from survivors" – the trauma survivor is the expert in their own life and experience and they can teach us much about their world and help us develop our knowledge base.
7. "Willingness to connect emotionally with the trauma survivor's experience of trauma" – When we can emotionally connect with those who have experienced trauma this communicates acceptance and genuine care.
8. "Willingness to step into the world of the survivor – (*those who care*) must be willing to step into t e shoes of the trauma survivor for the time they share together."
9. "Able to regulate own emotions" – those who care must be able to remain grounded even though hearing a trauma survivors story may stir deep emotional responses. Survivors may not be able to regulate their emotions so

[24] Trauma-informed: The Trauma Toolkit, Klinic Community Health Centre, 2008, page 59-61

those who care need to demonstrate calm and be in control of their own emotions.

10. "Able to treat the survivor as an equal" – being a trauma survivor does not render a person weak or less resourceful. One of the functions of the trauma experience is to create a sense of weakness in the survivor – those who care need to treat the survivor as an equal who possesses the capacity to deal with the challenges.
11. "Good listener" – good, active listening skills are essential in caring for trauma survivors as this kind of listening invites and encourages the survivor to put the trauma into words which is essential to healing
12. "Willingness to debrief" – working with survivors of trauma can take a toll on those offering care. The opportunity and a willingness to talk of our own difficulties in caring in these situations is essential to our own well-being.

Questions for reflection

1. Have you ever been with someone when they revealed to you that they had experienced abuse or some other traumatizing event?
2. How did you react / respond?
3. What did you learn from that experience?

Second-Hand Shock or Vicarious Traumatization:

"*Second-Hand Shock*...what image does that conjure up for you? We've all heard of second-hand smoke. Put yourself in a room with a heavy smoker. You breathe in the smoky air. It irritates your nose, your mouth, your lungs and your blood stream. After a while, you might start wheezing, coughing, and your eyes might become irritated. It will become difficult for you to breathe. Prolonged exposure will adversely affect your health and well-being, causing damage to your heart and your brain.

The experience of absorbing trauma, second hand, is much the same as inhaling second-hand smoke. Helping people in trauma day after day is a contaminant that, if left unaddressed, can kill you. Bearing witness to someone else's trauma is dangerous.

Helping professionals (*and volunteers*) can suffer from burn-out and compassion fatigue"[25] if too much of their work is spent dealing with trauma.

This in all likelihood will not be the case for the vast majority of spiritual health care volunteers. However, those who are themselves survivors of trauma may be at a

[25] http://www.vicarioustrauma.com/

greater risk of vicarious traumatization than those who have not themselves experienced trauma.

Some of the signs that vicarious trauma may be at work are:[26]

- Difficulty managing your emotions;
- Difficulty accepting or feeling okay about yourself;
- Difficulty making good decisions;
- Problems managing the boundaries between yourself and others (e.g., taking on too much responsibility, having difficulty leaving work at the end of the day, trying to step in and control other's lives);
- Problems in relationships;
- Physical problems such as aches & pains, illnesses, accidents;
- Difficulty feeling connected to what's going on around and within you; and
- Loss of meaning and hope.

The Headington Institute has a very useful online self-study related to vicarious trauma that could serve as a helpful resource. Although the resources in written with the focus particularly on humanitarian workers who work in crisis situations, the principles are clearly stated in the Self-Study and could even be a good resources for a spiritual health care volunteer who is concerned about the possibility of experiencing second-hand shock. The Self-study can be found at:

http://www.headington-institute.org/Default.aspx?tabid=2648

Other helpful resources related to vicarious trauma:

1. ***Guidebook on Vicarious Trauma: Recommended Solutions for Anti-Violence Workers*** was prepared by **Jan I. Richardson** of the Centre for Research on Violence Against Women and Children in London, Ontario for the Family Violence Prevention Unit, Health Canada – available online in PDF form at http://www.mollydragiewicz.com/VTguidebook.pdf
2. A useful PowerPoint presentation on Vicarious trauma can be found at http://www.beststart.org/events/detail/bsannualconf11/webcov/presentations/PC2_A2_Greg%20Lubimiv.pdf
3. Trauma-Informed: The Trauma Toolkit , © Klinic Community health Centre, pages 75 - 77

Conclusion

Because trauma is such a common and universal experience; it would be foolish to assume that a spiritual health care volunteer will never confront the trauma caused by an immediate crisis or the historic trauma that is brought to the surface by an immediate crisis. This module is intended to raise the spiritual health care volunteer's

[26] http://www.headington-institute.org/Default.aspx?tabid=2650

awareness of this reality; expose the spiritual health care volunteer to some basic information about how trauma impacts the human spirit, give some basic guidance on how to respond to trauma that is shared and how to be aware of how listening and caring for people who have experienced trauma can affect oneself.

Resources:

Several useful workshops are provided by Klinic Community Health Centre in Winnipeg.

1. Trauma Informed Care Workshop (1/2 day)
   This half-day interactive workshop leads participants in a conversation about what is trauma, what it means to be trauma-informed and how to integrate a trauma-informed perspective into our everyday interactions.

2. Becoming Trauma Informed: Mind/Body Approaches To Creating Connection (2-day)

   This two-day interactive and dynamic training is for service providers with training and experience in counseling, and a basic understanding of the counseling and recovery process. The training invites participants to explore new paradigms and challenge the traditional understanding of the recovery and healing process. This training shifts the focus away from a position of "What is wrong with you?" to one that seeks to understand "What has happened to you and how can I help?" This exploration of trauma-informed counseling differs from a more traditional hierarchical/expert approach to one of curiosity, partnership and empowerment.

   Building on material already covered in the "Trauma-Informed Tool Kit" (www.trauma-informed.ca), the training provides participants with a better understanding of the impact of trauma, with particular emphasis on the relationship between trauma, emotions, neurobiology and recovery within supportive relationships. Participants examine their own understanding of healing and the role they play in facilitating this process in the context of trauma. The training provides practical tools for assisting people to better understand and regulate intense emotions. Each participant will receive a DVD that provides examples of various grounding techniques as well as a resource guide on trauma. Participants learn how to talk about trauma with clients/patients and build a therapeutic relationship that empowers trauma survivors and gives them control of their own healing. Over the course of the two days, service providers learn how they care for their own emotional self and protect themselves from the affects of vicarious trauma. At the end of the training participants will feel more confident and equipped to support people affected by trauma through the counseling and recovery process.

3. Trauma-Informed: The Trauma Toolkit – a 94 page, down-loadable resource that provides excellent information about becoming trauma-informed - http://www.trauma-informed.ca/

   This resources is available in PDF format or can be ordered from Klinic at the above site. At the least it would be an essential for the instructor to have a copy of this Tool Kit to use as a resource in leading this module.

   The Trauma-Informed Tool Kit has a helpful section (pages 63 – 74) with scenarios related to responding to a person who raised the issue of surviving a traumatic event.

4. Judith Herman, MD, Trauma and Recovery: The aftermath of violation from domestic abuse and political terror, Basic Books, 1997, New York