

BUILDING RESILIENCE IN SOCIAL WORK STAFF

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CAUSES OF PSYCHOLOGICAL TRAUMA

Psychological trauma can occur when a person's ability to manage events in her life is overwhelmed by the occurrence of a particularly challenging or unfamiliar event. The following are definitions of psychological trauma.

Psychic trauma occurs when an individual is exposed to an overwhelming event resulting in helplessness in the face of intolerable danger, anxiety and instinctual arousal. Eth and Pynoos¹ pg 38

Psychic trauma is the mental result of one sudden, external blow or a series of blows, rendering the young person temporarily helpless and breaking past ordinary coping and defensive operations. Terr²

Traumatic events...overwhelm ordinary human adaptations to life. Herman³

Psychological trauma theory recognizes the role of distressing life events in the development of many of the psychological problems people suffer from. Recovery most effectively occurs in the context of a society and a set of personal relationships where the reality and the injustice of traumatizing, often abusive, events are acknowledged. And before any recovery can be expected, the traumatizing events must cease. Child protective social workers play a key role both in the social acknowledgement that child abuse occurs and in guaranteeing that efforts are made to ensure that these children are safe in the future. Mental health professionals cannot help children recover from the traumatic effects of abuse experiences if the abuse itself has not stopped. Protective workers thus play a critical role not only in ensuring that children are safe from abuse but also in the effort to address the psychological trauma which results from child abuse and neglect.

Psychological trauma **can** occur when a person's coping abilities are overwhelmed. But it's important to remember that having one's abilities overwhelmed is also a normal developmental process. We often learn and grow by being forced to "stretch", to develop new capacities which help us address new tasks. Being overwhelmed in and of

itself is not necessarily traumatizing. The trauma effect can occur when we are **overly overwhelmed**, and usually when the event causing the trauma is a negative incident which we would hope would never have occurred.

Ronnie Janoff-Bulman⁴ views trauma as the result of shattered assumptions about ourselves and the world. Janoff-Bulman reasons that we develop assumptions about ourselves and the world which allow us to build a life with purpose, coherence and meaning, and that traumatic events tend to shatter these assumptions. She posits that the following are key assumptions which, when shattered, can lead to psychological trauma.

ASSUMPTION OF INVULNERABILITY
WORLD AS MEANINGFUL
POSITIVE SELF-PERCEPTIONS

EFFECTS OF PSYCHOLOGICAL TRAUMA

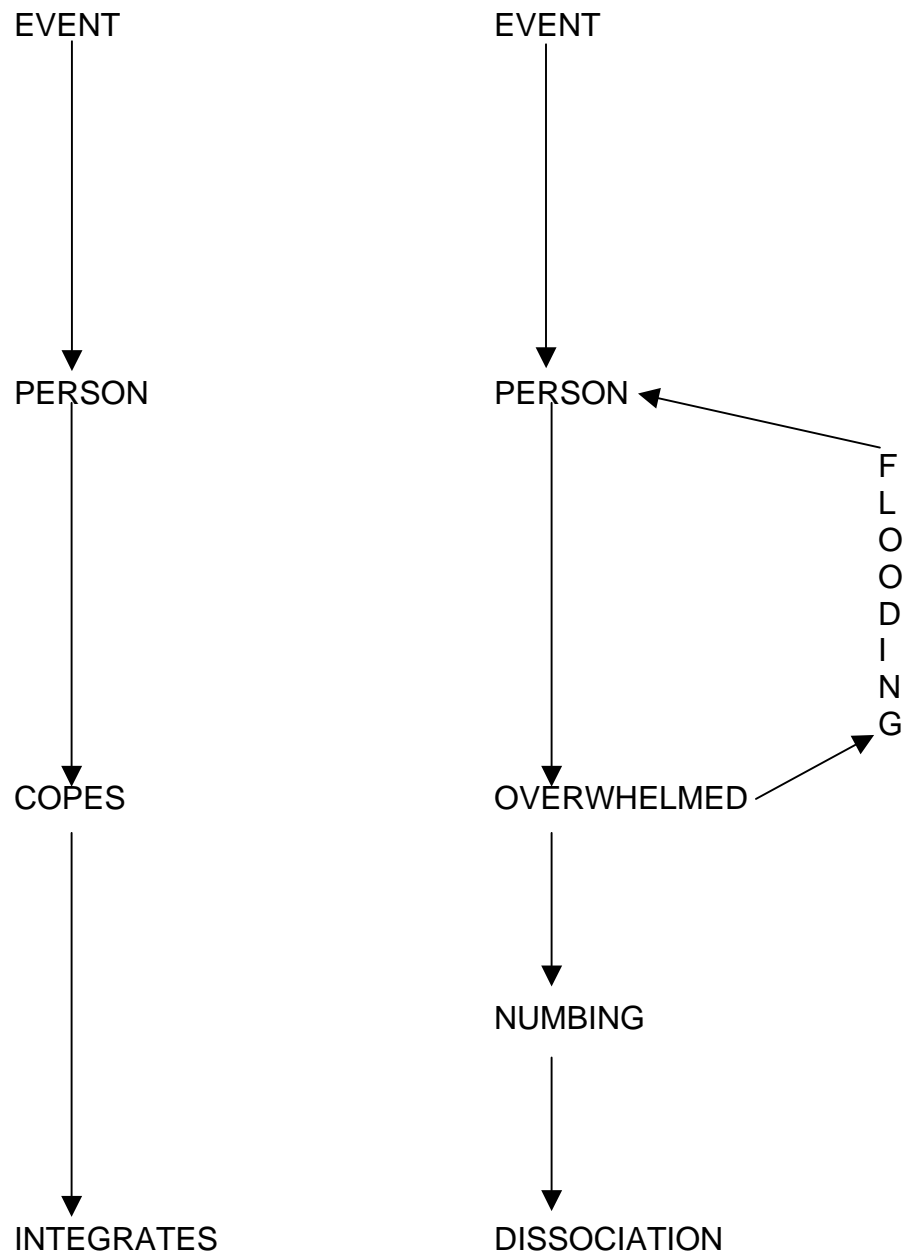
The following is a list of some effects of psychological trauma.

IRRITABILITY	INTRUSIVE THOUGHTS
STARTLE RESPONSE	DISSOCIATION
NIGHTMARES	NUMBNESS
FLASHBACKS	HYPERVIGILANCE
DETACHMENT	REPETITIVE MEMORIES
CHANGED ATTITUDES	PARALYSIS
PANIC	TIME DISTORTIONS
SHOCK	CONFUSION
ANXIETY	SELF-DESTRUCTIVENESS
AMNESIA	INSTABILITY
DEPRESSION	AGGRESSION
FEARS	IMMOBILIZATION

People develop psychological means of protecting themselves when overwhelming events occur. Often the overwhelming material gets pushed away, through the psychological mechanisms of **numbing**, **dissociation** and **denial**. But these thoughts or feelings are seldom pushed away completely, and they tend to reappear in the form of **flooding**, **intrusive thoughts** and **repetitive behaviors**. The effects of psychological trauma can be broken down into the **numbing** and the **flooding** types of responses.

Life experiences which are warded off through numbing or dissociation remain with a person. They tend to reemerge through flooding mechanisms, often set off by triggers. **Flooding** refers to **intensive remembering, through intrusive thoughts or feelings**, of traumatic events which previously were pushed away from conscious experience. **Triggering stimuli**, which are not harmful in and of themselves but rather evoke memories of an earlier critical incident, operate to set off painful, confusing responses. Flooding responses can be helpful in that they encourage a person to integrate past experiences, yet hurtful in that they can be the source of constant and often severe retraumatization.

A simple version of the operation of numbing and flooding mechanisms is graphically represented below.



WHAT HELPS AFTER PSYCHOLOGICAL TRAUMA HAS OCCURRED

Help for the effects of psychological trauma takes many forms. Psychotherapy can provide a useful forum for sorting out both details of the memories and effects of the critical event, and for developing coping strategies. Most of the recovery and healing which can take place after trauma has occurred happens in the daily life of the traumatized person. A person who has been traumatized must learn to live in the world anew, to rebuild safe and working relationships with self and others. Traumatized children, especially those traumatized by abuse or abandonment within their families, are especially vulnerable to the negative effects of trauma. They may have few

established, effective coping skills to fall back on, and their young, emerging personalities can be greatly shaped by the fallout from the traumatizing event. Children need opportunities to develop the relationships and coping skills which will allow them to stay attuned to themselves, connected to others and motivated to function and thrive in the world around them.

Healing from psychological trauma occurs in three stages, stages which a person may cycle through a number of times as the negative effects of the traumatic event recede.

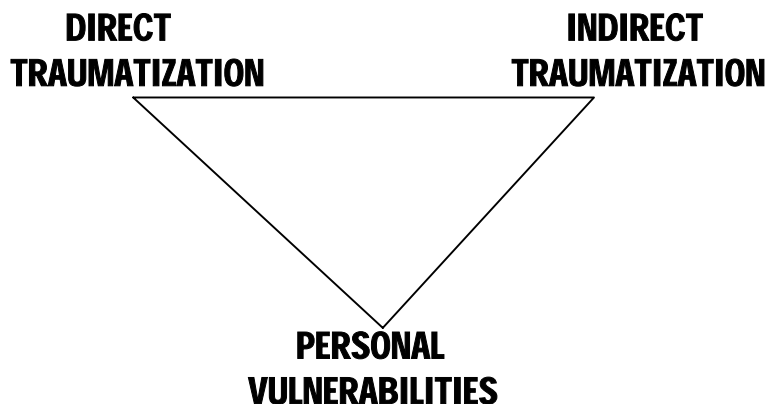
GET SAFE

GET UPSET

GET IT TOGETHER

SOCIAL WORKERS AND PSYCHOLOGICAL TRAUMA

Social workers can be effected by psychological trauma. This trauma can best be understood by examining the effects of **direct traumatization** and **vicarious traumatization** on social workers, and by considering the role of **personal vulnerability** in traumatization.



RESPONSES SOCIAL WORKERS MIGHT EXHIBIT⁵

INTRUSIVE THOUGHTS
SOMATIC SYMPTOMS
ISOLATION
DEPRESSION
DIMINISHED CAPACITY
TO WORK INDEPENDENTLY

NIGHTMARES
WITHDRAWAL
ANGER
DECREASED MORALE
DIMINSHED JOB COMMITMENT

**SOCIAL WORKER SELF-INVENTORY
MANAGING TRAUMATIZING WORKPLACE EVENTS**

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Particular casework scenarios affect different social workers in varying ways. An incident which may overwhelm one person is manageable for another. Yet all of us have areas of vulnerability, and the range of psychological trauma which clients experience is likely to include areas in which most social workers would experience some vulnerability.

The following questions have been designed to assist you in identifying workplace events which could have a negative psychological impact on you. Addressing these questions, alone or with a friend, colleague or supervisor, may prove useful in managing any potential negative effects of these workplace events. The goals of this exercise are stated below.

Identify the trauma effects posed by specific workplace events

Develop strategies for addressing these issues

Enhance your awareness of your own vulnerabilities

1) What is the current event which may directly or indirectly traumatize you?

2) What themes relate to this event? (circle below)

Trust Safety Rape Power Loss Hope

Caretaking Hopelessness Connection Evil

Abandonment Violence Betrayal Powerlessness

Others _____

3) Does this event remind you of events in your own life? What are they?

4) What themes are sources of vulnerability for you?

Trust Safety Rape Power Loss Hope

Caretaking Hopelessness Connection Evil

Abandonment Violence Betrayal Powerlessness

Others _____

5) Does this workplace event evoke vulnerable themes in your life?

6) Do you identify with the clients involved in this event?

7) How could this event traumatize a social worker?

8) What trauma effects is this event having on you?

9) Is there a place where you can safely discuss this event and be understood?

10) What can you do to limit on-going exposure to this direct or indirect trauma?

1. _____

2. _____

11) What can you do to take care of yourself in the face of this event?

1. _____

2. _____

Resilience refers to the ability to weather the storm, to bounce back after a critical event with little evidence of psychological trauma. The following factors have been found to correlate with resilience in childhood.

INDIVIDUAL CORRELATES OF RESILIENCE⁶

AGE - VULNERABLE TO SEPARATION AGES 6 MONTHS TO 4 YEARS

TEMPERAMENT - EASY-GOING ARE MORE RESILIENT

IQ - GREATER SKILL, GREATER SENSITIVITY

INTERNAL LOCUS OF CONTROL

POSITIVE SENSE OF THE FUTURE

HUMOR

FAMILY AND COMMUNITY CORRELATES OF RESILIENCE⁷

ONE GOOD PARENT

POSITIVE ADULT IDENTIFICATION FIGURE

STABLE FAMILY

POSITIVE RELATIONSHIP WITH CARETAKERS

EXTERNAL SUPPORT

MEDIATING MECHANISMS

RISK REDUCTION

NEGATIVE CHAIN-REACTIONS

SELF-ESTEEM

OPPORTUNITIES

FIVE CHARACTERISTICS OF RESILIENCE

POSITIVE

**Display a sense of security and self-assurance
that is based on their view of life as complex but
filled with opportunity**

FOCUSED

Have a clear vision of what they want to achieve

FLEXIBLE

**Demonstrate a special pliability when
responding to uncertainty**

ORGANIZED

**Develop structured approaches to
managing ambiguity**

PROACTIVE

Engage change rather than defend against

From Connor, Managing at the Speed of Change

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1. Eth., S. & Pynoos, R.S., (1985). Developmental Perspective on Psychic Trauma in Childhood, in Trauma and Its Wake, Volume I, Figley, C.R., ed., Brunner/Mazel, New York.
 2. Terr, L. (1991). Childhood Trauma: An Outline and Overview, American Journal of Psychiatry, 148:1, 10-19.
 3. Herman, J. (1992). Trauma and Recovery, Basic Books, New York.
 4. Janoff-Bulman, R. (1985). The Aftermath of Victimization: Rebuilding Shattered Assumptions, in Trauma and Its Wake, Volume I, Figley, C.R., ed., Brunner/Mazel, New York.
 5. Dyregrov, A. & Mitchell, J. T. (1992). Work with Traumatized Children-Psychological Effects and Coping Strategies. Journal of Traumatic Stress, 5(1), 5-17; Lyon, E. (1993). Hospital Staff Reactions to Accounts by Survivors of Childhood Abuse. American Orthopsychiatric Association, Inc., 63(3), 410-416.; Utterback, J. & Caldwell, J. (1989). Proactive and Reactive Approaches to PTSD in the Aftermath of Campus Violence: Forming a Traumatic Stress React Team. Journal of Traumatic Stress, 2(2), 171-183.
 6. Garmezy, N. (1983). Stressors of childhood, in Stress, Coping and Development in Childhood, Garmezy, N., & Rutter, M., eds., McGraw-Hill, New York; Garmezy, N. & Rutter, M. (1983). Stress, Coping and Development, Random House, New York; Rutter, M. (1983). Stress, coping and development: Some issues and some questions, in Stress, Coping and Development in Childhood, Garmezy, N., & Rutter, M., eds., McGraw-Hill, New York.
 7. Id.