Trauma Management: Self-Care Techniques

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'Everybody has a right to have a future that is not dictated by the past'

Karen Saakvitne

Every individual generally feels stressed out at times due to some awful, overwhelming situations and circumstances. The word *trauma* is used in day-to-day language to mean a highly stressful event that devastates a person's ability to cope. Stress is a part of everyday life and is a natural physical and mental reaction to life experiences. But trauma from a violent event is much beyond the average physical, mental, or emotional strain of daily living. The events that cause trauma can be extremely upsetting and severely damaging in nature like having met a life-threatening accident, losing a loved one, going through a divorce, rape or torture. Therefore, trauma is not a part of normal life; it leaves the victim with a deep wound, changing his life entirely as it once existed. The American Psychiatric Association's Diagnostic and Statistical Manual (DSM-IV) defines a 'traumatic event' as one in which a person experiences, witnesses, or is confronted with actual or threatened death or serious injury, or threat to the physical integrity of oneself or others. The term 'trauma' originates from the Greek word *trauma* (wound). This term can be interpreted in the context of both physical and psychic wound. In other words, trauma refers to both a medical as well as a psychiatric condition. Medically, 'trauma' refers to a serious or critical bodily injury, wound, or shock. Psychiatrically, 'trauma' has assumed a different meaning and refers to an experience that is emotionally painful, distressful, or shocking, which often results in lasting mental and physical effects (National Institute of Mental Health, 2001).

While trauma is a normal reaction to a terrible event, the effects can be so severe that they interfere with an individual's ability to live a normal life, thereby impacting him not only physically but psychologically as well. Psychological trauma is the experience of an event or enduring conditions, in which, the individual's ability to integrate his/her emotional experience is overwhelmed, or, the individual experiences (subjectively) a threat to life, bodily integrity, or sanity (Pearlman & Saakvitne, 1995).Psychological trauma devastates the coping ability of the affected person, who then begins to dread death, annihilation, mutilation etc. There can be

multiple events leading up to the traumatic experience. It includes incidents that are private (e.g. sexual assault, domestic violence, child abuse/neglect, witnessing interpersonal violence) or public in nature (e.g. war, terrorism, natural disasters). It also includes the responses to chronic or repetitive experiences such as child abuse, neglect, combat, urban violence, concentration camps, battering relationships, and enduring deprivation. There are two components to a traumatic experience: the objective and the subjective. It is the subjective experience of the objective events that constitutes the trauma. The more one believes that one is endangered, the more traumatized one would be(Jon Allen, 1995). Psychologically, the bottom line of trauma is overwhelming emotion and a feeling of utter helplessness. There may or may not be bodily injury, but psychological trauma is coupled with physiological upheaval that plays a leading role in the long-range effects. It is an individual's subjective experience that determines whether an event is traumatic or not.

In other words, trauma is defined by the experience of the survivor. Different individuals react to trauma in their own way, depending on the nature of their traumatic experiences and the circumstances surrounding them. Two people could undergo the same noxious event and one person might be traumatized while the other person might remain relatively unaffected. Moreover, the difference lies in the specific aspects of an event that may be traumatic for one individual and not for the other. The details or meaning of an event those are most distressing for one person may not be same for another person. Trauma comes in many different forms and types, and there are vast differences among people who experience trauma. But the similarities in response patterns intersect the array of causal factors and victims.

The prevailing belief is that greater amount of harm is done when a person is directly exposed to traumatic experiences. The victims or the individuals who experience the trauma are obviously the intensely affected population. However, second-hand exposure to trauma can also be equally or more traumatic, according to the National Institute of Mental Health (NIMH, 2006). Secondary traumatic stress is the natural and inevitable consequence, over time, of working with trauma-effected clients. It has been identified as a ‘job hazard’ of trauma counselling. Working with trauma-affected individuals over time affects the counsellor’s frame of reference about self, others, and the world as well as their self-capacity, ego resources, and memory (Pearlman & Saakvitne, 1995). More specifically, this kind of work has a cumulative

transformative effect on counsellors because they empathically enter into the traumatized person's experience and suffering. While primary victims of crime might be identified easily, secondary victims such as family members or care-providers may not be so readily identifiable and may not receive needed services. Therefore, it is of utmost importance for the care-givers to not only help their clients but also to help themselves in remaining physically and mentally healthy while attending to the needs of their clients and providing them treatment.

The chapter covers this crucial requirement of the affected population, by putting together the aspects of trauma in victims, care-givers, and then moving on to the management techniques, specifically throwing light upon the self-care techniques which can be used by the affected person, that is, the victim and the caregivers for management of their own trauma.

Trauma in Victims

Trauma can be caused by an overwhelmingly negative event that causes a lasting impact on the victim's mental and emotional stability. While many sources of trauma are physically violent in nature, others are psychological. Some common sources of trauma include: rape, domestic violence, natural disasters, severe illness or injury, the death of a loved one and witnessing an act of violence. Trauma is often but not always associated with being present at the site of a trauma-inducing event. Trauma can also be sustained after witnessing something from a distance. It depends on a person's vulnerability and his coping ability that how well he would be able to deal with it and take care of his social and emotional well-being. Substance Abuse and Mental Health Services Administration (SAMHSA), describes individual trauma as resulting from 'an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being'.

There are various and diverse types of trauma. The extent to which trauma influences the mental health of an individual depends on the nature of trauma, as well as on the individual's coping capabilities. Often trauma is followed by depression, anxiety, and PTSD. Traumatic events include events in which a person experiences or witnesses something very frightening and horrifying (APA DSM-IV, 2000). Traumatic events involve threats to life or physical and emotional integrity, such as sexual violence, torture or forced displacement of oneself or of

others. They are accompanied by a sense of powerlessness and loss of control. Trauma fighter's differently views their traumatic experiences, many survivors have triggers which they have experienced and lead to intense physical and emotional reactions. Schneider (2017) in her article, 'Self-Care when you are healing from trauma', stated that there are wide range of people who are impacted by trauma in diverse forms, for example a mother whose baby died in womb, a childhood sexual abuse survivor, a father whose teenage child committed suicide, a survivor of 5 miscarriages and failed attempts of IVF, person working in intolerably toxic work environment, a child who witnessed domestic violence, child or women who has survived trafficking. The people who have managed to survive these types of trauma have common shared experiences of suffering and loss. However, the stories of the individuals would be different but the loss they have faced is similar and working towards their healing and recovery is like giving a new life to the individual. Response of a client to trauma is as unique as the individual. Few may show evidence of Post-Traumatic Stress Disorder(PTSD) via symptoms of hypervigilance, numbness, intrusive flashbacks, generalized unease and dread(DSM-V, 2014) and some may develop complex PTSD i.e. a more severe and pronounced version of PTSD as a result of exposure to chronic sustained trauma over a long period of time (Herman, 2015).

The impact of trauma on individuals, families, and communities is a behavioral health concern that requires an appropriate consideration to manage it effectively. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, or sexual orientation. For this reason, the need to address trauma is increasingly seen as an integral part of the healing and recovery process of effective behavioral health care programs.

Signs and Symptoms of Trauma in Victims

While the causes and symptoms of trauma are various, there are some basic signs of trauma that should be taken care of. The impact of trauma is personal and varies from one individual to another in intensity and kind. People who have experienced trauma are impacted physically, emotionally, behaviourally, cognitively, spiritually, neurobiologically and relationally. According to Morgan Adams (2019), people who have endured traumatic events will often appear shaken and disoriented; they may not respond to conversation normally and might often appear withdrawn or lost. Another prominent sign of a trauma victim is anxiety. Anxiety

due to trauma can manifest in problems such as night terrors, edginess, irritability, poor concentration and mood swings. These are some of the common symptoms of trauma however, they are not exhaustive. Individuals respond to trauma in different ways. Sometimes trauma is virtually unnoticeable even to the victim's closest friends and family members, at other times, it may manifest slowly and may go un-noticed. Trauma can manifest in days, months or even years after the actual event.Victims may face a wide range of immediate, short-term, and long-term reactions after the trauma. Individual trauma is also affected by pre-victimization and post-victimization factors related to one's experiences, degree of personal and social support, resilience, and exposure to supportive services. The symptoms of trauma can broadly be summarized as physical or emotional in nature.

Emotional Symptoms of Trauma

Emotion is one of the most common ways in which trauma manifests. Trauma tends to evoke two emotional extremes: feeling either heightened level of emotions (overwhelmed) or too little emotions (numb). Some common emotional symptoms of trauma include denial, anger, sadness and emotional outbursts. (Adams, 2019). Victims are likely to experience a wide range of different emotions, such as fear, anger, sadness, guilt, etc. In the immediate aftermath the victim may feel vulnerable, the world might seem threatening, and the future uncertain. Therefore fear and panic are explainable emotional responses. Sometimes, victim might even feel angry because one doesn't feel in control of his life any more. Some people may start blaming themselves for what happened and feel guilty about the event. Some may experience survivor guilt (guilt over surviving while others did not), although they aren't responsible for it in any way (Z. Lewczuk and J. Bell, 2005). Victims of trauma may redirect the overwhelming emotions they experience toward other sources, such as friends or family members. This is one of the reasons why trauma is difficult for care-givers as well. It becomes extremely difficult for the care-givers to help such victims who affect their emotional state. But a little caution on part of the counselor or the family members can help ease the entire process. Psychological or mental trauma involves painful feelings and frightening thoughts invoked by witnessing or experiencing a traumatic event. While most people process and deal with these feelings after a short time, some people are unable to do so.

Physical Symptoms of Trauma

Trauma often manifests physically as well in addition to the emotional and psychological symptoms. Some common physical signs of trauma include paleness, lethargy, fatigue, poor concentration and a racing heartbeat. The victim may have anxiety or panic attacks and be unable to cope in certain circumstances. The experience could trigger physical symptoms such as palpitations, patchy sleep, poor concentration, agitation, dizziness, etc (Z. Lewczuk and J. Bell, 2005). Increased risk of cardiac distress, irritable bowel syndrome, chronic pain, sleep disturbances, lethargy, fatigue of body, loss of appetite, decreased libido etc. are some other physical symptoms that a victim may display. The physical symptoms of trauma can be as real and alarming as those of physical injury or illness, and care should be taken to manage stress levels after a traumatic event.

Effects of Trauma in Victims

The devastating effects of trauma can take place either over a short period of time or over the course of weeks or even years. The sooner the trauma is addressed, the better chance a victim has of recovering successfully and fully. Short-term and long-term effects of trauma can be similar, but long-term effects are generally more severe. Short-term mood changes are fairly normal after trauma, but if the shifts in mood last for longer than a few weeks, a long-term effect can occur. Trauma can result in changes to the brain and immune systems, increase physical and mental stress, Reactions during and in the immediate aftermath of trauma as described by Spiegel (2008) include: being dazed, unawareness of serious injury, experiencing the trauma as if it were in a dream, floating over their own body attachment difficulties, seeking comfort from imaginary protectors, also referred to as ego-states (in cases of child abuse). If traumatic events are not handled adequately and there is no or insufficient intervention, trauma remains unresolved. Levine (2005) states that unresolved trauma can potentially have some or all of the effects, like: alter people's habits and outlook on life, take its toll on family and interpersonal relationships, trigger physical symptoms and disease, cause problems with decision-making, lead to addictions, cause dissociation, and precipitate self-destructive behaviours. Any effects of trauma should be addressed immediately to prevent permanence, and to help the affected population recover timely.

Trauma of Caregivers

Trauma impacts not just the survivor, but everyone around them including their families and related communities. Such a widened scope of impact may be the cumulative effect of working with perpetrators of trauma or survivors of traumatic life events, as part of everyday work, thus, referred to by different nomenclature as Vicarious Traumatization (VT), Compassion Fatigue (CF), or Secondary Trauma (Osofsky, Putnam & Lederman, 2008).According to the American Counselling Association, vicarious trauma is the term that describes the phenomenon associated with the 'cost of caring' for others (Perlman & Saakvitne, 1995). In this context of understanding vicarious trauma, it is also important to differentiate the phenomenon from another closely related term 'burnout' which is a phenomenon that builds up over a period of time and can also be taken care of with a change in routine or time off (Figley, 1996).

The ripple effect of trauma on the caretakers has been acknowledged in the Diagnostic and Statistical Manual – V (2013)for the efforts driven towards immediate engagement with the crisis and sustained care provided to meet the physical and emotional needs of the survivors (Siegel, 2014). In this regard, the manual recognises the work of frontline responders such as doctors, nurses, police, fire fighters, counsellors and teachers. Many victims of trauma experience physical, behavioural, cognitive and emotional problems which may require continuing care for many years. Such experiences of victims requires persistent caregiving by spouses, parents, or other family members who are called informal caregivers for their services alongside the professional role of service providers in the administrative, medical and health sectors (Blake, 2008).

With due credits to the service provided by every individual in varied roles and professions in helping the victims of trauma, this section focuses on the formal caregiving role of mental health professionals and the informal role of family and peers. The emphasis on these caregiving roles is based on the association of the role with a range of adverse effects including anxiety, depression, poor physical health and poor quality of life among informal caregivers (Blake, 2008). Psychiatrists are more susceptible to secondary traumatization than other health care workers with direct patient care (Sprang, Clark, & Whitt-Woosley,2007).Further, in case of counsellors, vicarious trauma, is a state of tension and preoccupation of the stories/trauma experiences described by clients which more often than not results in a state of arousal, thus,

having an impact on the counsellor's health and personal life (American Counselling Association, n.d.).

A deeper understanding of vicarious traumatization would need a look into the causal factors of the phenomenon.

Etiology of Vicarious Traumatization

There are many causal factors of vicarious traumatization. Many researchers have identified the contribution of different factors. According to Bloom (2003), the causal factors of vicarious traumatization may be classified as biological, psychological, social, organisation and moral.

- ***Biological factors:*** The people suffering from trauma are often overwhelmed by their emotions. In such a state, the role of a good caregiver lies in helping the victim to express their emotional states and respond by regulating their own emotional contagion. While such an act facilitates the sufferer of trauma, it suppresses the caregiver's own physiological states of hyperarousal, fear, anger, and grief which is likely to have a negative impact on the physical and emotional health of the caregiver, thus, resulting in vicarious traumatization.
- ***Psychological factors:*** A central focus of the concept of vicarious traumatization is a disturbed frame of reference. An experience of trauma is likely to destroy the positive ideas and beliefs about oneself, others and the world. Similarly, constant exposure to traumatized people can have an effect on the positive illusions of the caregivers, thus, disturbing and misaligning their frame of reference about their self and the world. This would result in an unhealthy state of mental health and well-being.
- ***Social factors:*** The training imparted to mental health professionals includes development of careful listening skills, avoiding giving in to their own inclinations to distance themselves, and to empathize with the experience and emotions of others. These skills forbid the caregivers, specifically the counsellors and psychologists from using social defenses like ignorance and shifting topics of discussion, which may lead to experience of vicarious traumatization by mental health professionals.
- ***Organisational factors:*** Organizational settings that refuse to accept the severity and pervasiveness of traumatic experience in the population they are serving will thereby

refuse to provide the social support that is required for caregivers. The caregiver, embedded in a situation of powerlessness and lack of social support, may find that all efforts to bring this assistance to bear are foiled by the institutional setting within which he or she is practicing. In this way, organizational factors may also contribute to the development of vicarious trauma.

- ***Moral, Spiritual and Philosophical factors:*** There are profound conflicts inherent in the ideological framework of present-day caregiving which play a role in making caregivers more vulnerable to the effects of vicarious traumatization (Bloom, 1995).The effects of such conflicts are not direct, but instead comprise a background 'noise'. These include the violation of healing, the commodification of health care, the shortcomings of the medical model, a bias towards individualism, and the issue of individual violence embedded within a context of cultural violence.

Signs of Caution for caregivers

It is a prevailing belief that the nature provides ample indications in the direction of a red or a green signal for behaviour. In the context of vicarious traumatization, Mueller (n.d.) classifies the warning signs at personal, interpersonal and organisational level.

At the personal front, a caregiver may suffer from hyper-vigilance, hopelessness, inability to embrace complexity, inability to listen and avoidance of the victim. The behavioural manifestation of these symptoms would be in the form of anger, fear, cynicism and sleeplessness. This might further result in chronic exhaustion, physical ailments, minimizing tendency and guilt. Such disturbances would extend to have an impact on interpersonal relationships in the form of increased conflict, negative feelings when reached out by others, losing interest in family rituals, routines and social activities. An effect of these actions would result in the inability to manage relationships and work, feelings of helplessness, detachment and withdrawal. Further, an undulated effect of interpersonal signs would be on the high rates of turnover, absences and tardiness in the organisation, poor communication between individuals/departments, missed deadlines, incomplete/poor work quality, increased customer complaints, negative atmosphere/low morale, less motivation/energy and finally, a lack of psychological safety.

Despite having knowledge of these signals, the onus of recognition of these signs and responsibility of appropriate actions on the signals is on the concerned individual.

Risk Factors of Vicarious Trauma

Risk factors are realities that make a person more vulnerable to experiencing vicarious trauma. According to the Headington Institute (n.d.), personal risk factors arise from an interaction between the individual, the situation in which the caregiver is placed and the cultural context. Understanding these risk factors will simplify the process of identification of strategies to be adopted to prevent or address vicarious trauma.

1. Personal factors

• ***Personality and coping style:*** Vicarious Traumais dependent on the personality and coping styles of individuals. For people who tend to avoid problems or difficult feelings, blame others for their difficulties, or withdraw from others when things get hard, coping may be more problematic.On the other hand, people who are able to ask for support, understand themselves andothers, and who actively try to solve their problems may be less susceptible to severe vicarious trauma.

• ***Personal history***: It seems possible that people with a history of trauma are likely to identify more closely with the particular type of pain or loss experienced by others. Such care givers have a tendency to readily imagine, or even remember, such losses happening to themselves, thereby increasing their vulnerability to experience severe vicarious trauma and distress related to their own personal trauma histories.

• ***Current life circumstances:*** Stress and competing needs in an individual's life could accumulate and make it more challenging to take care of themselves while also working effectively and compassionately with those suffering from trauma. Such added stressors in other areas of life can make the caregiver more vulnerable to vicarious trauma.

• ***Social support:*** Research strongly suggests that lack of good social support puts you at increased risk for vicarious trauma because everyone who works with people or communities

that have been harmed or traumatized, will at times find it difficult to describe to friends or family the nature and challenges of this sort of work.

• ***Spiritual resources:*** A source of meaning, purpose, and hope provides a context to the comprehension of events in the surroundings. A lack of connection with such a source may be a risk factor for developing more problematic vicarious trauma.

• ***Work style:*** Unsustainable professional and work-life boundaries coupled with unrealistic ideals and expectations about work can contribute to vicarious trauma.

2. Situational factors

• ***Professional role, work setting, and exposure:*** Situational challenges vary with time and space. However, research suggests that caregivers who are in a position of responsibility and engaged with the victims for a longer duration are likely to experience vicarious trauma.

• ***Agency support:*** Organizations fostering poor culture of effective management, open communication, and good staff care, increase their staffs' risk of vicarious trauma while providing care to victims.

3. Cultural factors

• ***Cultures of intolerance:*** Sexism, racism, injustice, intolerance, and ethnic hatred are part of the fabric of many societies. This opens the chance of caregivers feeling unwelcomed or generally perceived as part of the problem by the victims of trauma or their immediate family. Such feelings increase their vulnerability to experiencing more intense vicarious trauma.

• ***Cultural styles of expressing distress while extending and receiving assistance:*** The ways in which an individual typically expresses distress and extends or asks for support are greatly influenced by the culture in which he/ she grows up. Inability to understand cross-cultural differences in expressing distress and extending and receiving assistance can contribute to an increased risk of vicarious trauma.

• ***The culture of humanitarian work:*** Caregiving as a profession is often characterized by self-neglect, toughing it out, risk-taking, and denial of personal needs. All of these can contribute to be a severe cause of developing vicarious trauma.

Thus, vicarious trauma is a dynamic process encompassing factors that are most problematic. The factors influencing the experience at a particular time and space is variable and therefore, may be different from what will affect caregivers on another day. This reinforces the need to develop effective and culture specific ways of working with trauma.

Trauma Management

Management is a learned behavior and a part to be integrated in the victims and caregivers. By commitment and consistent practice one can help themselves in improving their management skills. The sufferers and caregivers can help themselves by proactively supporting self-care management practices, by building or strengthening healthy state of mind and engaging in activities would help in lowering the physiological adrenal surge (which gets active in fight or flight mode situation). This helps the people suffering from trauma to reprocess and release their traumatic events and the recovery and healing becomes possible. As per Schneider (2017) self-care is vital to trauma as it is the pillar to recovery and helps survivors encompass the spiritual, physical, social and emotional facets of healing. Further, it has been found that lack of awareness among survivors and caregivers related to the self-care is very limited. With reference to this few self-care techniques have been described further that would help in catering the needs of care givers and victims.

Trauma Management in Victims

An individual's care towards self is very important for healing and coping with trauma. There are different techniques to manage trauma and its effects, as explained by various mental health professionals, social workers working in the field of trauma, psychologists, and therapists. There could be no one practice which will be probably best for individuals suffering from trauma. Different self-care techniques have been suggested by Arabi (2016) and Alameda County consumers and family members (2013) to help the victims choose the best option for themselves and strengthen their self with confidence.

1. Positive affirmations

The trauma sufferer's subconscious mind needs to be reprogrammed with positive assurance as it gets affected by the actions, abusive words to which victim have undergone. This makes the

sufferer negative about himself and automatically destructive thoughts arise among them affecting their day to day lives. Feelings of the victims get mixed and hold the sufferer back from embracing the power and agency to rebuild oneself. Here, a thought reminding oneself like *'I am beautiful, inside and out'*, whenever the harmful thought or emotion associated with trauma occurs will help victims in giving self the assurance that it is not the his/her fault. Many a times thoughts are not even of the victims but the voices of the abusers, bullies who continuously taunt the victims after the traumatic event has ended, which is reflected as inner critic of the sufferer. Thus, to reduce this, the brain needs to be reprogrammed and positive affirmation can be a benefit to it by tailoring their particular wounds and insecurities.

Positive affirmation releases oneself from apprehension, negativity, blame, distress and agony. To illustrate, the victim is insecure about his appearance that the abuser has presented to inculcate in the sufferer, he or she can be gently interrupted by replacing the negative ruminating thought with an affectionate one such as, '*I am Valuable; I am Worthy; I love Myself; I am beautiful'*. The caring words can be used by recording the constructive words by victims' voice and asking them to listen it in a routine daily. This would aid the victim to drive out the bully hassling inside the victim's head (Arabi, 2016).

2. Heal the mind through the body

According to trauma expert Dr. Bessel van der Kolk, the trauma survivors live their distressing experiences in their physiques as well as thoughts. To overcome this, it's important for the survivors to find one form of physical outlet for intense emotions like anguish, rage and hurt which the victim is feeling in order to combat the paralysis that accompanies trauma making the survivor feel numb. Along with listening to the positive affirmation on a daily basis, the survivor should engage in physical activity of which they are passionate like kickboxing, yoga, dance, cardio, running etc. (Van der Kolk, 2014; Arabi, 2016).

3. Breathe

The breathing exercise whether it is for five minutes or an hour helps in managing the emotions of victims and addressing the survivors' painful triggers non-judgmentally. Mindful breathing exercises and meditation are helpful in managing individuals' responses i.e. fight, flight, freeze or responses to ruminating thoughts and flashbacks. Further, meditation factually rewires our

brain so that the survivor is able to mindfully approach any maladaptive responses that may keep them locked into the traumatic event (Arabi, 2016).

4. Channel pain into creativity

Van der Kolk (1996) reported that trauma affects the Broca's area of the brain which deals with the language. It disables the survivor's brain from expressing what is occurring. Therefore, allowing oneself to express the trauma in a somatic way is important because trauma and the dissociation that comes with it can be difficult to process into words as to when we are dissociated from the trauma, our brain protects itself from the traumatic event by giving us an outsider perspective to the trauma, disconnecting us from our identity, thoughts, feelings, and memories related to the trauma. While, trauma can disconnect us from both our minds and bodies through processes of depersonalization, derealisation, and even amnesia. Since, art can help us reintegrate self from where the individual is previously disconnected. Whether it's writing, painting, drawing, making music, doing arts and crafts – it's important to release the trauma in alternative ways that engage both mind and body. Moreover, when an individual create something, he/she can also have the option of sharing our art with the world –In this way, harnessing pain into creativity can be a life-changing experience – both for victims and for caregivers (Arabi, 2016).

5. Ask for help

Seeking help does not make the sufferer restricted, reliant on someone, helpless or powerless, it is in fact a strong recognition of realising the power within to be able to seek help and openly receive it. If victim is juggling with trauma effects, then seeking help from a validating mental health professionals and having the support of a professional throughout the process can ensure that victims are able to address their trauma triggers in a safe space. It is important to choose a validating, trauma-informed counsellor who can meet the victims' needs and gently guide with the appropriate therapy that addresses the symptoms and triggers (Arabi, 2016).

Along with the techniques, the other methods as proposed by Alameda County consumers and family members (2013)which can help the victims recover better and improve their skills are mentioned below:

1. **Spiritual practices:** The spirituality includes belief and trust in some high power or supernatural being or having a broad thought that things happen for a reason and that struggle can be a growth process for example connection to something higher and prayer. The healing practices help the sufferer to have comfort, safety and ease with a thought that there is something superior to suffering and the higher power is at work which is serving to guide the sufferer during struggle and cares about the health and well-being. Few examples of spiritual practices include, asking support from traditional healer, reading the religious books in form of praying and talking to God, spending time and feel in connect to nature, listening to spiritual music etc.

2. **Peer Support:** Trauma can form a state of mind of being alone, being deprived, or devastated. Peers help victims by being understanding, non-judgmental and accepting themselves as they are. Their support to survivors will help them in relating with other people with similar experiences, hearing to their stories, having shared the experiences with people who have been there and feel in common are central aspects of healing. Some of the instances of peer support include, attending the community based programs, connecting to peers or others who listen to the victims and let their story share to others, being around such people who helps and understand the victims, identifying the people who can help during the emergency, trying to help someone else who is in the same situation, staying joyful and surround oneself with encouraging people etc.

3. **Empowerment through learning and psychoeducation:** Empowerment is a process of supporting individuals and communities to reconnect with personal power and strength. People who have experienced trauma may feel disempowered with a sense of powerlessness and hopelessness. By empowering the victims and psycho-educating them would built their inner strength. Below are techniques to empower through learning and psychoeducation:
   - ***Action*** refers that victims should do something or anything in the life and taking chances for transformation and development instead of sitting alone and just venting, figuring out what can be done about it.
   - ***Employment*** states to finding the jobs will help the victims have a feeling of productivity and distract the victims from ruminating thoughts related to the traumatic events.

- ***Finding role models*** is finding suitable role models who have gone through traumatic experiences, listening to their experiences, how they dealt with situation will help the sufferers gain more strength to deal with the situation.
- ***Psychoeducation*** is gaining the information and support to understand the illness better and cope with it. So, victims can psycho-educate themselves by examples like knowing one's rights, educating self about trauma and knowing what could be done to stay safe, get introduced to the idea of recovery being an alternate and understanding what is happening to the self and mental health, being brave enough by having the ability to share and educate the friend, family and neighbours by good knowledge and skills about what's going on, learning about trauma and its impacts to normalize the experiences and create a sense of agency (that individual can do something about it), educating self on what mental health is and what different disorders mean etc.

4. **Individual Therapy:** Individual Therapy helps the sufferers to lessen the impact of the trauma faced by them and benefit them in living life more pleasantly. Thus, individual therapy is a safe, confidential space to help people work on the issues they are facing. Examples of individual therapy healing practices include:
   - *Animal therapy (using therapeutic animals):* Animals roles in society have commonly known as having good company and a healer. As per the empirical evidence, the animal used in form of therapy help in contributing positively on human's health and well-being (Altschiller, 2011).
   - *Dance:* is the psychotherapeutic technique to support intellectual, emotional, and motor functions of the body. A variety of approaches to dance depends on the clients need. These may include codified dance forms (such as partner dances, Modern Dance, ballet, folk and circle dances etc.).
   - *Music:* Music therapy is a creative arts therapy, consisting of a process in which a music therapist uses music and all of its facets—physical, emotional, mental, social, aesthetic, and spiritual—to help clients improve their physical and mental health.
   - *Art and Expressive art therapy:* Expressive arts therapy combines psychology and the creative process to promote emotional growth and healing. This multi-arts, or intermodal, approach to psychotherapy and counseling uses our inborn desire to create—be it theater,

poetry, or other artistic form such as psychodrama, sculpture, painting, and drawing—as a therapeutic tool to help initiate change. If necessary, though, therapists may choose to combine several techniques in order to provide the most effective treatment for the individual in therapy. Popular therapeutic approaches may involve the use of various drawing and art techniques, including finger painting, the squiggle drawing game (sometimes used in other therapeutic approaches, especially with children), mask making, the kinetic family drawing technique etc.

5. **Expressing Emotions:** Expression is an important part of recovering through the phase which a victim is facing. Emotions are an integral part of an individual and a natural tool that have built into managing ones' life. People generally express their feelings using different emotions. There are times when people are bottled up with emotions or let it go with the hope that it will just go away and many a times we lose control and feel overwhelmed by emotions. Thus, articulating feeling can be done alone or with others and in various ways – with words, actions, writing, art, tears or smiles. Some of the examples of expressing emotion are mentioned below:

   - ***Crying*** helps the victim to release and let their emotion out, allowing self to be sad. Also, having someone's support to cry will make the victim feel safe.
   - ***Humor*** therapy uses the power of smiles and laughter to aid healing. It helps you find ways to make yourself (or others) smile, being silly and laugh more.
   - ***Taking the time to withdraw, time to be alone:*** sometimes being alone, spending time with self or withdrawing self also helps victims to know self-better and acknowledging the various aspects of life.
   - ***Vent:*** venting out emotions is considered to be a good form of expression. It helps in release of stressors the victim is facing, this can be done in form of yelling or screaming.
   - ***Writing*** is other form of expression and venting out the emotions, it also known as journal therapy, is exactly what it sounds like – journaling for therapeutic benefits. Writing therapy is a low-cost, easily accessible, and versatile form of therapy. It can be done individually, with just a person and his pen, or it can be guided by a mental health professional. It can be practiced in a group, with group discussions focusing on writing. It's easy to see the

potential of therapeutic writing – after all, poets and storytellers throughout the ages have captured and described the cathartic experience of putting pen to paper.

Victims go through a difficult phase of having mixed feelings, expressions and emotions. If they are made aware of the techniques which they can use for themselves, it will help them have a better self-understanding and develop the skills and abilities to work on themselves.

Trauma Management in Caregivers

The health of caregivers is very important in terms of well being of the people being cared, maintenance of healthy relationships and effective functioning in other domains of life. To achieve this goal, the secondary traumatic stress can be treated at two levels: personal and organizational. Personal recommendations focus on the actions to be taken by the individual to recognize, reduce, or prevent the effects of vicarious traumatization. On the other hand, organizational recommendations focus on the active role of institutions and agencies in minimizing vicarious traumatization (Figley&Stamm, 1996; Stamm, 2002; 2005).These recommendations are classified with an aim to help the caregiver address vicarious trauma that is unique in the context of needs, experiences, interests, resources, culture, and value system of the caregiver.

To this effect, the management of vicarious trauma involves two important aspects of coping and transformation (Pearlman & McKay, Headington Institute, n.d.). Coping with vicarious trauma refers to the process of accepting it as part of the role of caregiving and learning to manage it efficiently on a day-to-day basis. At a practical level, it means identifying strategies to prevent vicarious trauma from becoming severe and problematic. The basic coping strategies include escape, rest, and play:

- **Escape:** This strategy focuses on getting away from the sources of vicarious trauma, physically or mentally by distracting oneself with books or films, taking a day or a week off, talking to significant people about things other than work etc.
- **Rest:** is a strategy that involves doing things that relaxes one's mind and body. These acts may be different for different people. Therefore, it is important to identify what best suits the needs of the particular person in the role of the caregiver.

- **Play:** is a strategy of engagement in activities that make a person laugh or lighten his/her spirits.

The second aspect of trauma management is transforming vicarious trauma. Transformation may be possible by reconnecting oneself with the goal and purpose of the work being done, noticing, consciously paying attention and celebrating the 'little things' – small moments of joy and also sympathizing with people you care about through traditions, rituals, or ceremonies. Therefore, it is a way of identifying ways to nurture a sense of meaning and hope in the act of caregiving. Transformation can be achieved by taking time to reflect upon one's challenging thoughts and beliefs and undertaking activities that promote personal growth like learning, writing in a journal, being creative and artistic etc.

In addition to these aspects of management, Awareness, Balance and Connection are the ABCs of designing an action plan for dealing with vicarious trauma:

- **Awareness:** It is an important element of dealing with vicarious trauma as an awareness of the physical, physiological and psychological state can help the caregiver identify and understand their own reactions to people and situations. An understanding of the way in which the caregiver responds along with the factors contributing to the same can lead the person to make a sense of what is needed to change or manage the course of vicarious trauma.
- **Balance:** It may be particularly important in terms of work-life and on the job activities. The ability to recognize the need to segregate the demands of work and personal life and execution of the same in reality would help the caregiver a long way in managing trauma.
- **Connection:** The caregiver would have to find a connection with self or others in the path of dealing with vicarious trauma. Connection with other people involves maintaining nurturing relationships and meaningful contact with family, friends, while, connection with our spiritual selves: leads to a sense of awe, joy, wonder, purpose, meaning, and hope. It is emphasized that, developing a strong connection with the self would be convenient in terms of independent coping with the process of trauma.

Interventions for caregivers' management of vicarious trauma

'If compassion does not include you, then, the process is incomplete', quotes Lord Buddha. In this context, Blake (2008) emphasizes the need for identification of needs of caregivers followed by ways to meet the needs as the basic intervention strategies for dealing with vicarious traumatization:

- **Identifying caregiver needs:** The unmet needs of the caregivers are often related to lack of emotional support. Needs vary according to role relationships with the injured person. But, the need for identifications found to be reflected on the behavioural problems in the person being cared. Therefore, identification of caregiver needs would be important for the well-being of the person suffering from trauma as well as the caregiver.
- **Information provision:** Morris (2001) reports that providing information booklets to caregivers at initial levels of service could help to alleviate psychological distress. In addition to early information, counselling would often be required in the early stages along with a focus on the possible need for long term assistance to the victim.
- **Community care and family interventions:** Building healthier relationships at the immediate family level and the extended societal level would have a great impact on dealing with trauma. In this context, formation of a peer support group would be facilitating in shaping the positive mental state of the individual experiencing vicarious trauma**.**
- **Resources for Self-Care:** Self-care activities can include journal writing, processing the intrusions and integrating the memories, progressive relaxation and engagement in physical activities, appropriate diet and drawing upon spiritual strengths. These act as distracters along with a structured record of monitoring the health of the caregivers.
- **Self-assessment**: A number of self-administered checklists have been published and circulated which allow people to make their own assessment of the degree to which they experience secondary traumatization (Figley & Stamm, 1996; Stamm, 2002; 2005).Some of the psychometric tools that can be used to assess the prevalence of trauma in self are: Professional Quality of Life (ProQOL), Compassion Fatigue Self-Test, Self-Care Assessment Checklist (What About You?) etc.

- Telephone-based, individualized education and mentored problem-solving intervention have also been reported to be effective in improving the outcomes for caregivers of persons suffering from trauma (Powell et al., 2015).
- Several psychological intervention models have been reported to be effective in the treatment of vicarious traumatization. These include critical incident stress debriefing (CISD; Harris, 1995; McCammon& Allison, 1995). the multiple stressor debriefing model (Armstrong, O'Callahan, & Marmar, 199 1), a sensory-based therapy (Harris, 1995; Ogden & Minton, 2001), vicarious trauma treatment approach (Pearlman & Saakvitne, 1995), and Accelerated Recovery Program for Compassion Fatigue (Gentry, Baranowsky, & Dunning, 1997). However, the decision on appropriate intervention would be based on personal preference of the therapist being treated, the opportunity for an immediate intervention following a critical incident, or whether the awareness of vicarious trauma is readily embraced (Salston & Figley, 2003).

There is a great need to understand that, living with the changes caused by vicarious trauma can have adverse consequences on the whole family (Blake, 2008).The stress experienced by caregivers is likely to interfere with many aspects of their lives including their ability to carry out household or work responsibilities too. While being aware of the fact that the factors contributing to the experience of vicarious trauma for one person may not affect someone else in the same way, it is important for the caregiver to realize that meeting their own needs is very much required in order to be facilitative in the process of recovery of others.

Conclusion:

"*Understanding trauma and that we each respond to it differently will help us be supportive and non-judgmental toward each other*"

Stephanie S. Covington

Trauma has a life time impact on the victim and people around them which results in a stressful event or a situation that affects one's sense of well-being making them feel vulnerable in the day to day responsibilities. The victims' situation is associated with adverse psychological effects including anxiety, depression, post-traumatic stress disorder and sometimes getting more severe disorders like schizophrenia and delusional disorders, but the ones who are helping and playing a major role in helping the trauma victims also face its side effects like compassion fatigue or

vicarious trauma. Thus, the victims or caregivers who have faced trauma deal with severe issues and the caregivers who are involved in form of counselling, or mental health professionals and social workers help them overcome the issues and challenges they are facing. They listen to the tough times they have gone through, listen to the dominant culture, injustice and human cruelty which they have faced while experiencing the traumatic events. Working with the clients who have suffered traumatic events and being personally exposed to these certainties can take a toll on caregivers' emotional resources and may affect their perceptions and worldviews in fundamental ways. Personal knowledge of oppression, abuse, violence, and injustice can be a difficult and isolating aspect of work for many mental health professionals. As a result, some may become overwhelmed, cynical, and emotionally numb. Some may even leave the profession. Thus, it is evident that both require the management for their well-being.

The present chapter is an attempt to focus on the concept of trauma, its impact on the victims and caregivers and the management techniques for them. Therefore, understanding trauma and majorly focusing on the self-care techniques would help victims and caregivers to work effectively and efficiently towards self. The survivors and caregivers should ensure that throughout the journey of healing from trauma to being gentle, acknowledging that techniques being used is best with positive affirmation and compassionate towards self in any circumstances.

Being a trauma survivor and undergoing the repercussion of the events is thought-provoking one but also empowering. Trauma acts as the catalyst for the people facing the challenge and the one who is dealing with it to learn how to better engage in self-care and acquaint with boundless modalities for curing and articulating oneself enabling one to channel his catastrophe into transformation of better self and being stronger. Most importantly, it gives access to connect with the other victims and help them to transform and connect with themselves. Making a routine of good self-care habits can be a deep empowering experience for the people who have faced trauma and good self-care techniques can help in recovering well.

To conclude it can be said that healing and recovering from any type of traumatic event requires its own time and space for different individuals. Hence, there is no time limit for learning and healing, there is only the impact of transmuting our hardship into conquest with one small step at

a time and with dedication to personal and societal change, one can, flourish, create, educate, and move things forward in a positive direction when it comes to healing trauma.

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