



**CONQUERING THE OBSTACLES OF PAINFUL EXPERIENCES: GOING
BEYOND THE TRAUMA**

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Conquering the Obstacles of Painful Experiences: Going Beyond the Trauma

Abstract

In order to assist those whom have experienced trauma of any kind, one must be able to aid individuals in identifying obstacles that may result from unprocessed trauma and provide non-judgmental support as they work to process their trauma and tell their trauma story. This workshop will explore the idea of story-telling and expound on the impact it has on the healing process of trauma. This workshop will teach participants how to use the Critical Incident Stress Debriefing Process to aid individuals in telling their trauma story.

Introduction

There is a story a young teenage girl that grew up in a single parent home. Her family was considered poor. Throughout her childhood she and her family experienced frequent moves from place to place and school to school. One move stood out amongst the others. After being settled into what they hoped would be their last move, this teenager experienced a horrific incident. Their new home was broken into by a stranger. The stranger raped this young teen girl and threatened to kill her if she screamed. This stranger not only stole money from her purse, but he stole something she valued greatly; her virginity. Traumatized by the incident, it was some time before this teen broke her silence. Her mother and sister, never spoke of the incident again. She was left to her emotions, thoughts and fears without any answers or direction. Can you imagine how this little girl felt? I can, because this little girl was me. I did not experience true healing until I told my story.

Defining and Recognizing Trauma

According to Barker (2003), “Trauma is defined as, an injury to the body or psyche by some type of shock, violence, or unanticipated situation. Symptoms of psychological trauma include numbness of feeling, withdrawal, helplessness, depression, anxiety, and fear” (Barker, 2003, p.441). Survivors of trauma can experience one or more of these symptoms. These symptoms can also reappear at various times and can have various triggers. This is exactly what was happening for me. I felt fear, anxiety, and helplessness. I experienced these symptoms at a variety of times after the assault. They occurred at any given moment.

When signs and symptoms of trauma are recognized in others they should not be ignored. It is imperative to acknowledge the recognition of these symptoms, offer assistance if possible or refer the individual to someone that can help.

Trauma and Its Commonality

Trauma is more common than we may think. More than 60% of youth age 17 and younger have been exposed to crime, violence and abuse either directly or indirectly. Young children exposed to five or more significant adverse experiences in the first three years of childhood face a 76% likelihood of having one or more delays in their language, emotional or brain development (<http://www.recognizetrauma.org/statistics.php>).

The number of children exposed to trauma each year continues to grow. The impact of this exposure is evident in the increase in teen suicides, drug use and other risky behaviors. As the number of traumatic events experienced during childhood increases, the risk for the following health problems in adulthood increases: depression; alcoholism; drug abuse; suicide attempts; heart and liver diseases; pregnancy problems; high stress; uncontrollable anger; and family, financial, and job problems. Exposure to these and other traumatic/painful experiences

without proper processing and support can have a negative impact on a survivor's ability to be successful and overcome future painful or traumatic life experiences.

Responding to Trauma

Having negative feelings in connection to a traumatic experience is normal, however one must process these negative feelings, combat any irrational thoughts, and learn proper and positive coping mechanisms for addressing these emotions. "It is not unusual to want to avoid remembering or re-experiencing a traumatic event" (Williams and Poijula, 2013, p. 94). However, when trauma is not processed properly it can cause a downward spiral of negative, self-destructive thought patterns that are not valid.

After the rape my mother asked if I wanted to go to counseling. I declined. As a child, I really did not understand the significance of counseling. I was embarrassed. I did not want to be judged, and I did not want to repeat the experience over and over again. As I look back I wish my mother had forced me to go. A critical step in my healing process would have been to face what I wanted so desperately to avoid. In hindsight, I realize that I needed a space to talk openly and freely about my experience. Perhaps if I had done so, I would not have been overwhelmed by blame, guilt and shame. I believe that Satan traps the traumatized by encouraging silence. Talking about your traumatic experiences will not only aid in your healing, but it will help you come to a place of acceptance and acknowledgement of the traumatic experience.

Telling Your Story

"Telling someone else what happened to you, having your story be believed, and having its seriousness validated are all a part of the healing process" (Copeland and Harris, 2000,

p.127). It is important for those that have experienced trauma to have a capable mental health care provider that can assist them in telling their story. “Regardless of the degree the mental health care provider has, you want someone who listens, explains, and tries to develop a set of common goals with the client” (Sedner, 2013, p. 63).

Telling my story by writing a book and stage play, *Case Closed*, has helped to reduce fear, aid in creating healthy boundaries, assist in reducing the emotional control of the traumatic experience and enhanced my belief that I am a survivor and not a victim. Though my story came from my own courage to step out with boldness, I believe it is imperative that we assist others in telling their story so that they too can begin to experience similar positive effects.

A Therapeutic Approach

Many churches, schools and organizations provide services and support to individuals that have faced trauma, but do so without understanding the impact that encouraging them to tell their story can have on their healing process. In order to provide effective services to those that have faced trauma of any kind, practitioners must be able to identify obstacles that may be a result of unprocessed trauma, as well as utilize a proven approaches that includes practical steps in aiding them to tell their story. The Critical Incident Stress Debriefing Process a group approach that practitioners can use in day to day practice with individuals that have experienced trauma. According to (Everly and Mitchell, 1997), there are seven phases in the Critical Incident Stress Debriefing Process:

- Phase 1 – Introduction-In this phase, the team members introduce themselves and describe the process. They present guidelines for the conduct of the CISD and they motivate the participants to engage actively in the process. Participation in the discussion is voluntary and the team keeps the information discussed in the session confidential. A carefully presented introduction sets the tone of the session, anticipates problem areas and encourages active participation from the group members.

- Phase 2 – Facts-Only extremely brief overviews of the facts are requested. Excessive detail is discouraged. This phase helps the participants to begin talking. It is easier to speak of what happened before they describe how the event impacted them. The fact phase, however, is not the essence of the CISD. More important parts are yet to come. But giving the group members an opportunity to contribute a small amount to the discussion is enormously important in lowering anxiety and letting the group know that they have control of the discussion. The usual question used to start the fact phase is “Can you give our team a brief overview or ‘thumbnail sketch’ of what happened in the situation from your view point? We are going to go around the room and give everybody an opportunity to speak if they wish. If you do not wish to say anything just remain silent or wave us off and we will go onto the next person.”
- Phase 3 – Thoughts-The thought phase is a transition from the cognitive domain toward the affective domain. It is easier to speak of what one’s thoughts than to focus immediately on the most painful aspects of the event. The typical question addressed in this phase is “What was your first thought or your most prominent thought once you realized you were thinking? Again we will go around the room to give everybody a chance to speak if they wish. If you do not wish to contribute something, you may remain silent. This will be the last time we go around the group.”
- Phase 4 – Reactions-The reaction phase is the heart of a Critical Incident Stress Debriefing. It focuses on the impact on the participants. Anger, frustration, sadness, loss, confusion, and other emotions may emerge. The trigger question is “What is the very worst thing about this event for you personally?” The support team listens carefully and gently encourages group members to add something if they wish. When the group runs out of issues or concerns that they wish to express the team moves the discussion into the next transition phase, the symptoms phase, which will lead the group from the affective domain toward the cognitive domain.
- Phase 5 – Symptoms-Team members ask, “How has this tragic experience shown up in your life?” or “What cognitive, physical, emotional, or behavioral symptoms have you been dealing with since this event?” The team members listen carefully for common symptoms associated with exposure to traumatic events. The CISM team will use the signs and symptoms of distress presented by the participants as a kicking off point for the teaching phase.
- Phase 6 – Teaching-The team conducting the Critical Incident Stress Debriefing normalizes the symptoms brought up by participants. They provide explanations of the participants’ reactions and provide stress management information. Other pertinent topics may be addressed during the teaching phase as required.
- Phase 7 – Re-entry-The participants may ask questions or make final statements. The CISD team summarizes what has been discussed in the CISD. Final explanations, information, action directives, guidance, and thoughts are presented to the group.

Utilizing this debriefing process has proven to be successful in helping individuals that have experienced a traumatic event in their lives to share their story in a safe and healthy environment. The process is not a substitute for therapy, but rather a discussion tool used to discuss a traumatic event in one's life.

Conclusion

Trauma is all around us. It impacts us emotionally, physically, spiritually and socially. The aftermath of trauma can cause a ripple effect of negative outcomes in each of these key areas of our personal lives and the lives of the individuals we serve if we do not properly acknowledge and process trauma. One of the key ways to process trauma is by telling your trauma story. Marilyn Van De Bur describes unexpressed emotions as a ticking time bomb. (Van De Bur, 2003) In order to help prevent these ticking time bombs from exploding, we must be equipped to not only recognize signs and symptoms of trauma, but we must also be equipped to assist those exposed to trauma to tell their stories.

Telling my story has been one of the most freeing experiences I have ever had. I am among thousands of individuals that have survived to tell their story and that have experienced healing as a result of it. One story at a time we can help others conquer the obstacles of their painful experiences and go beyond their trauma.

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