Trauma Informed Care

Understanding and Addressing Vicarious Trauma in Helping Professionals

Tatiana Rojas

Licensed Marriage and Family Therapist

Growth and Enlightenment Therapy Services

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Objectives for Today

- Understand and apply the principles of Trauma Informed Care (TIC).
- Describe the six types of trauma and the four trauma responses.
- Differentiate vicarious trauma from burnout, compassion fatigue, and secondary traumatic stress.
- Recognize signs of vicarious trauma in themselves and colleagues.
- Identify resilience approaches for immediate use.

Grounding Exercise

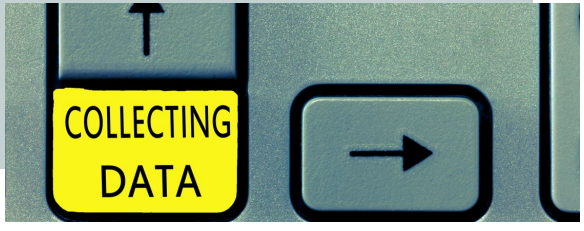
Foundations of Trauma Informed Care

What is Trauma?

The word trauma can be used to describe both an event that is traumatic and the after effects of experiencing a traumatic event.

Trauma results from experiences that are:

- **Physically or emotionally harmful or life threatening**
- **Have lasting adverse effects on a person's functioning.**
- **Impact mental, physical, social, emotional, or spiritual well-being.**



Conducted by the CDC and Kaiser Permanente in the 1990s

Statistics

Understanding the Impact of Early Adversity

- **Studied 17,000+ adults to explore how early adversity impacts health and well-being**
- **Identified 10 categories of Adverse Childhood Experiences (ACEs):**
  - **Abuse: physical, emotional, sexual**
  - **Neglect: physical, emotional**
  - **Household dysfunction: mental illness, substance use, domestic violence, parental separation/divorce, incarceration**
- **Found a dose-response relationship — the more ACEs experienced, the higher the risk for:**
  - **Chronic health conditions**
  - **Mental health challenges**
  - **Substance use**
  - **Early mortality**
  - **Highlighted the importance of prevention, early intervention, and trauma-informed care across systems**

Statistics

Violence in Los Angeles County is pervasive. Two key indicators for violence, deaths and medical visits, show how widespread violence in the County really is. Suicide and homicide are two of the top five causes of premature death. During 2020, over 1,500 county residents lost their lives to homicide (n=693) or suicide (n=829). Between 2016 and 2020, each year county residents made over 30,000 emergency department visits for assaults and over 6,000 visits for suicide attempts.

Violence leaves a wake of trauma in its path. This trauma has long lasting impacts for individuals, families, and communities. It shows up in our schools, workplace, libraries, and parks.

County of Public Health
Office of Violence Prevention

6 Types of Trauma

ACUTE

Results from a single distressing event that overwhelms a person's ability to cope.

CHRONIC

Occurs through repeated and prolonged exposure to highly stressful or threatening events.

COMPLEX

Results from multiple, cumulative traumatic experiences, often beginning in childhood, particularly within caregiving relationships.

SECONDARY OR VICARIOUS

Trauma experienced indirectly through hearing or witnessing others' traumatic stories, common among helping professionals.

HISTORICAL OR INTERGENERATIONAL

Cumulative, collective trauma experienced across generations due to historical oppression or systemic harm.

DEVELOPMENTAL

Trauma that occurs during critical developmental periods (infancy–adolescence) and disrupts emotional, cognitive, and relational growth.

Types of Trauma Examples

- DOMESTIC VIOLENCE
- TRAUMATIC LOSS
- SEVERE INJURY
- ASSAULT

- EMOTIONAL ABUSE
- PHYSICAL ABUSE
- NEGLECT

- MEDICAL TRAUMA
- WITNESSING A DEATH
- COMMUNITY VIOLENCE
- COMBAT TRAUMA

- RELIGIOUS TRAUMA
- CHILDBIRTH
- MISCARRIAGE
- TRAUMATIC LOSS

4 Trauma Responses

FIGHT

Responding to threat by aggressively confronting or standing up to it.

May appear as anger, irritability, or assertiveness.

FLIGHT

Escaping or avoiding danger by physically removing yourself from the situation.

May show up as anxious, restlessness, overworking or busyness.

FREEZE

Becoming immobile or unable to act when faced with a threat.

May look like feeling stuck, numb, detached, or unable to respond.

FAWN

Trying to please or appease the threat to avoid conflict or harm.

May appear as conflict avoidance or prioritizing others' needs over one's own.

Signs of Trauma

- SWEATING OR SHIVERING
- PHYSICAL SENSITIVITY
- SHORTNESS OF BREATH
- MUSCLE TREMORS
- EASILY STARTLED
- SLEEP DISTURBANCES
- INCREASED HEARTBEAT, BLOOD PREASSURE
- HYPERSENSITIVITY
- FEELING FOGGY, BLURRY, FLOATY
- SENSORY SENSITIVITY

- DETACHMENT
- SUDDEN OUTBURST OF ANGER OR RAGE
- RESTLESSNESS
- DIFFICULTY CONCENTRATING
- DEPERSONALIATION
- EMOTIONAL FRAGILITY
- EXTREME FATIGUE
- NAUSEUA/ STOMACHACHE
- FLASHBACKS

What is Trauma Informed Care?

Trauma Informed Care

Trauma informed care is an adjusted approach based on the acknowledgment of the prevalence of trauma. Traditionally, we ask “what is wrong with this person?” In a trauma informed approach, we have a changed perspective and would instead ask “what happened to this person?” This shift is an invitation to consider that their behavior may be a deeper root cause to a person’s displayed behavior. It is a renewed commitment to curiosity and empathy for another person’s life experiences.

What is Trauma Informed Care?

Trauma-Informed Care is a strength-based framework that:

- **Is grounded in an understanding of and responsiveness to the impact of trauma.**
- **Emphasizes physical, psychological, and emotional safety for both providers and survivors.**
- **Creates opportunities for survivors to rebuild a sense of control and empowerment.**

4 R's of Trauma Informed Care

Realization

Understanding the widespread impact of trauma and its potential effects on individuals, families, and communities.

Recognition

Identifying the signs and symptoms of trauma, both overt and subtle, in individuals and systems.

Response

Providing compassionate and supportive care that takes into account the experiences of trauma survivors and avoids re-traumatization.

Resist Re-Traumatization

Actively working to prevent further trauma or triggers in policies, practices, and interactions with individuals.

4 R's of Trauma Informed Care

Realize

Understand that trauma is common and affects how people think, feel, and relate. Recognize that both clients and staff can carry trauma histories.

- Approach every interaction with the assumption that trauma could be present.
- Stay curious instead of judgement- ask "What happened?" not "What's wrong?"
- Learn how trauma impacts brain, body, and behavior.
- Reflect on your own reactions and triggers.

4 R's of Trauma Informed Care

Recognize

Identify trauma's signs in clients, colleagues, and yourself. These can be emotional, behavioral, physical, or relational.

- Notice shifts in clients' tone, body language, or engagement — especially when safety or control are themes.
- Recognize your own secondary stress responses (irritability, fatigue, avoidance).
- Use supervision or consultation to process patterns that might signal trauma responses.

4 R's of Trauma Informed Care

Respond

Use trauma knowledge to guide your communication, environment, and approach — every policy and interaction reflects a trauma-aware mindset.

- Create predictability: explain what to expect before transitions or interventions.
- Offer choice whenever possible (timing, seating, topics).
- Maintain transparency about confidentiality and limits.
- Integrate grounding and regulation skills into sessions.
- Model calm and compassionate communication.

4 R's of Trauma Informed Care

Resist Re-Traumatization

Avoid repeating power dynamics, environments, or interactions that could recreate trauma or a sense of helplessness.

- Avoid coercive or overly authoritative approaches.
- Be mindful of tone, posture, and facial expressions.
- Check that physical spaces feel safe (lighting, noise, exits visible).
- Invite feedback — "How is this pace for you?" "Is there anything I can do to make this feel safer?"
- Encourage organizations to embed staff wellness and reflection time as part of care delivery.

6 Principles of Trauma Informed Care

Safety	Trustworthiness and Transparency	Peer Support
Collaboration and Mutuality	Empowerment Voice and Choice	Cultural, Historical and Gender Issues

6 Principles of Trauma Informed Care

Safety

The physical setting provided is safe, and the interpersonal interactions further promote that sense of safety.

Trustworthiness & Transperancy

The organization's operations and decisions are made based on trust and transparency. The trust of individuals served is built and consistently maintained.

Peer Support

Peer support is a key vehicle for establishing safety, building trust, enhancing collaboration, and utilizing lived experience to promote recovery and healing.

6 Principles of Trauma Informed Care

Collaboration & Mutuality

The effectiveness of mutual decision making and sharing of power is harnessed. This concept highlights the role everyone in an organization plays in providing trauma-informed care.

Empowerment Voice and Choice

A focus on recognizing, empowering, and building upon the strengths and experiences of trauma-impacted individuals.

Cultural, Historical & Gender Issues

The organization makes an effort to move past cultural stereotypes and biases; utilizing policies, protocols, and processes that respond to racial, ethnic, and cultural needs.

6 Principles of Trauma Informed Care Application

Safety

- Create calm, predictable spaces
- Explain what to expect during sessions or interventions.
- Avoid sudden changes- prepare clients for transitions.
- Model emotional regulation and nonjudgemental responses.

Trustworthiness & Transparency

- Be upfront about limits of confidentiality and boundaries
- Follow through on commitments; if something changes, explain why.
- Use clear, plain language- avoid clinical jargon.
- Share decision-making processes openly within teams and with clients.

6 Principles of Trauma Informed Care Application

Peer Support

- Encourage peer mentoring or group support for clients.
- Encourage reflective supervision
- Incorporate voices of lived experience in program design or training
- Normalize seeking support instead of isolating.

Collaboration & Mutuality

- Involve clients in goal-setting and treatment planning.
- Use language like “we” and “let’s work on this together”
- Value every team member’s input, regardless of title.
- Facilitate multidisciplinary collaboration and shared leadership
- Acknowledge that everyone plays a role in creating a trauma-informed culture.

6 Principles of Trauma Informed Care Application

Empowerment, Voice and Choice

- Offer choices whenever possible (e.g, seating, session focus, pacing).
- Validate client's experiences and strengths rather than focusing solely on symptoms.
- Ask for feedback regularly- "What's working for you? What's not?"
- Encourage self-advocacy and celebrate progress.
- In organization: involve staff in policy decisions that affect their work.

Cultural, Historical, and Gender Responsiveness

- Acknowledge the impact of systemic oppression, racism, and marginalization.
- Incorporate culturally relevant healing practices and community voices
- Avoid assumptions about identity or experience
- Use inclusive language and respect pronouns
- Ensure leadership and materials reflect the diversity of the populations served.

Vicarious Trauma

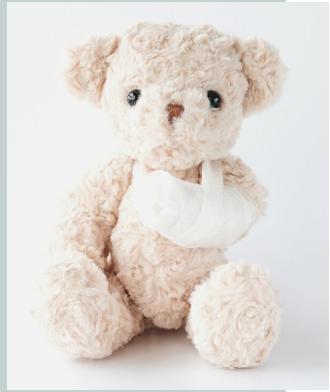
The Impact on Providers

Vicarious Trauma

DEFINITION

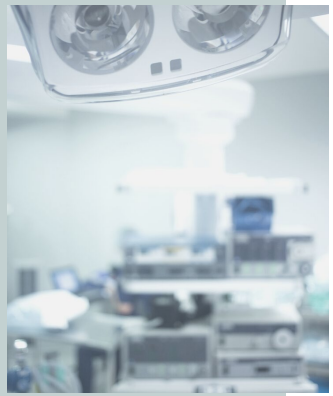
It is the psychological and emotional distress experienced by individuals who witness, hear about, or learn about the traumatic experiences of others. It is a form of secondary trauma that occurs indirectly through exposure to another person's trauma.

What's the Difference?



Burn Out

Burnout refers to a state of physical, emotional, and mental exhaustion that develops when ongoing stress and high demands outweigh a person's sense of satisfaction, control, or support in their work.



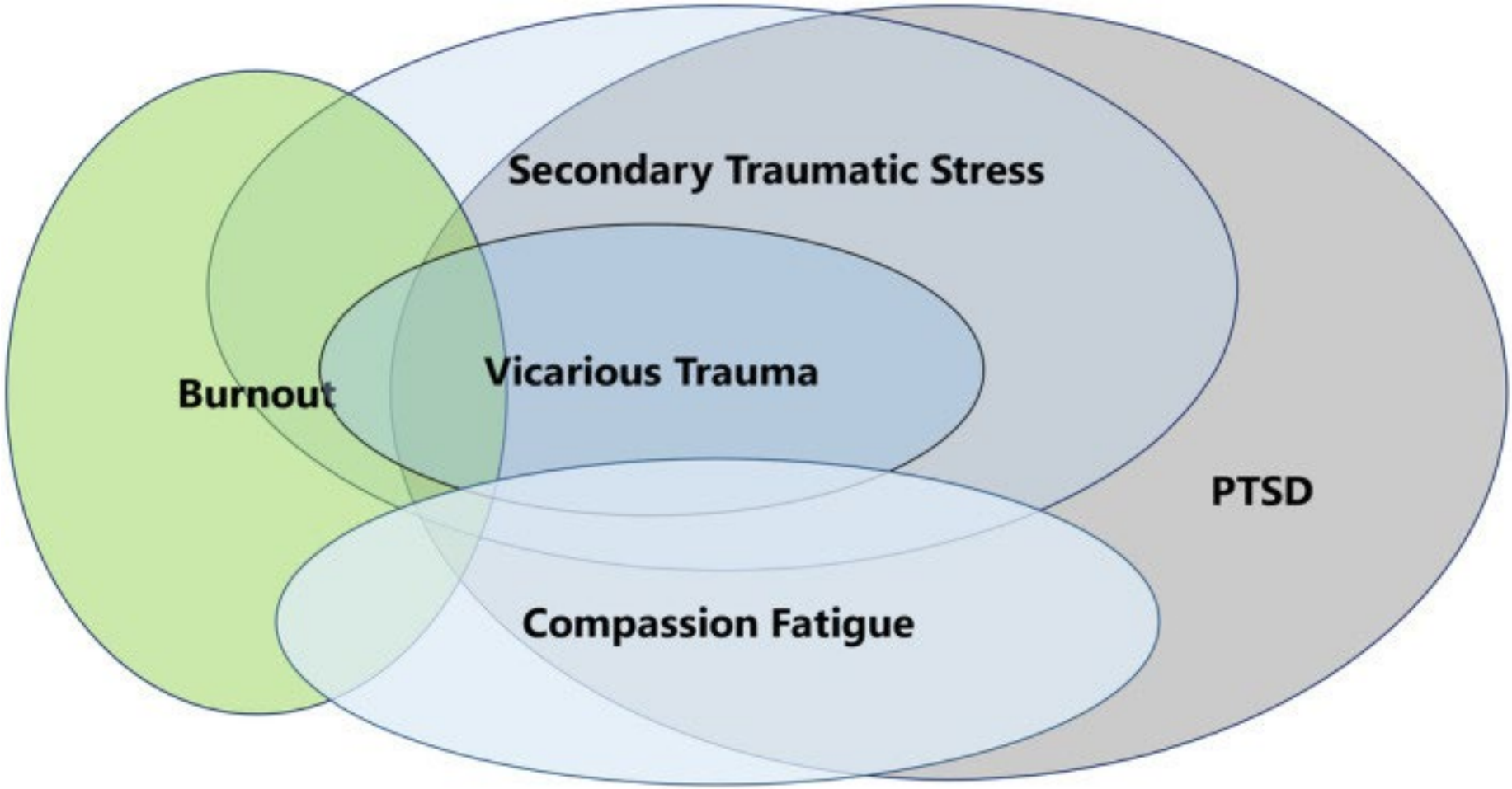
Compassion Fatigue

A state of emotional and physical fatigue that develops when we continually witness or support others through pain and suffering. Over time, the act of caring itself begins to drain the energy that once fueled our compassion.

Secondary Trauma Syndrome

Secondary Traumatic Stress is an acute stress reaction that mirrors symptoms of post-traumatic stress disorder (PTSD). It occurs when professionals experience emotional and psychological distress from hearing about or witnessing another person's trauma.

Understanding the Overlap: Burnout, Vicarious Trauma, and Related Concepts



Cost of Inaction

DEFINITION

- Staff burnout, turnover, ethical risk, emotional depletion
- Replacing a clinician = 1.5x annual salary
- Ripple effect: provider stress → team morale → client care

Vicarious Trauma

Can affect how we think, feel, behave and relate subtly over time. It's the emotional residue of exposure to others' trauma that changes how we see ourselves, others, and the world.

6 Signs

Changes in thinking

Changes in feelings

Changes in actions

Changes in the body

Changes in connection

Changes in worldview

CHANGES IN THINKING

Cognitive Signs

- **Intrusive thoughts or mental imagery related to clients' stories**
- **Difficulty concentrating or making decisions**
- **Cynicism or loss of faith in humanity**
- **Overgeneralizing danger ("the world isn't safe")**
- **Preoccupation with clients' trauma outside work**
- **Distorted sense of responsibility ("It's my job to fix it")**
- **Reduced sense of meaning or accomplishment**

CHANGES IN FEELINGS

Emotional Signs

- **Increased irritability or frustration**
- **Emotional numbness or detachment**
- **Heightened sadness, grief, or guilt**
- **Helplessness or hopelessness**
- **Anxiety or panic-like symptoms**
- **Over-identification with clients or their pain**
- **Difficulty experiencing joy or pleasure**

CHANGES IN ACTIONS

Behavioral Signs

- **Avoiding certain clients, topics, or cases**
- **Overworking or having trouble setting boundaries**
- **Increased conflict with colleagues or loved ones**
- **Isolation or withdrawal from social support**
- **Using humor to deflect pain (or lack of humor entirely)**
- **Engaging in unhealthy coping (e.g., substance use, emotional eating, doom scrolling)**

CHANGES IN BODY

Physical Signs

- **Fatigue or exhaustion**
- **Sleep disturbances (nightmares, insomnia)**
- **Headaches, stomach issues, body tension**
- **Heightened startle response**
- **Chronic illness flare-ups (immune suppression)**

CHANGES IN CONNECTION

Relational & Professional Signs

- **Difficulty maintaining empathy or compassion (“compassion fatigue”)**
- **Feeling detached from clients or mistrusting others**
- **Strained personal relationships**
- **Questioning professional effectiveness or purpose**
- **Considering leaving the field or job dissatisfaction**

CHANGES IN WORLDVIEW

Existential or Spiritual Signs

- **Loss of meaning or sense of purpose**
- **Feeling disillusioned or disconnected from spiritual beliefs**
- **Questioning fairness, justice, or hope in humanity**
- **Reduced belief in one's ability to create change**

Vignette

Monica is a 36-year-old Licensed Clinical Social Worker who has been working in community mental health for the past 8 years. She primarily supports adolescents with complex trauma histories—many of whom have experienced abuse, neglect, and chronic exposure to violence. Monica is known among her colleagues as warm, reliable, and deeply committed to her clients' well-being. Over the past six months, Monica has noticed a shift in how she feels about her work. She finds herself increasingly exhausted and emotionally depleted after sessions. She's having trouble sleeping, often replaying clients' stories in her mind. Lately, she's been catching herself feeling irritated with colleagues and disengaged during team meetings. She feels guilty for dreading certain sessions and notices she's becoming more protective of her own children, checking on them more frequently and worrying about their safety.

Last week, Monica met with a 14-year-old client who disclosed ongoing physical abuse. The session left her feeling overwhelmed. That night, she had vivid dreams about the client's experience and woke up anxious and tearful. She brushed it off and went to work the next day, but felt detached and "on autopilot" during sessions. When her supervisor asked how she was doing, Monica smiled and said, "I'm fine—just tired."

Vignette Questions

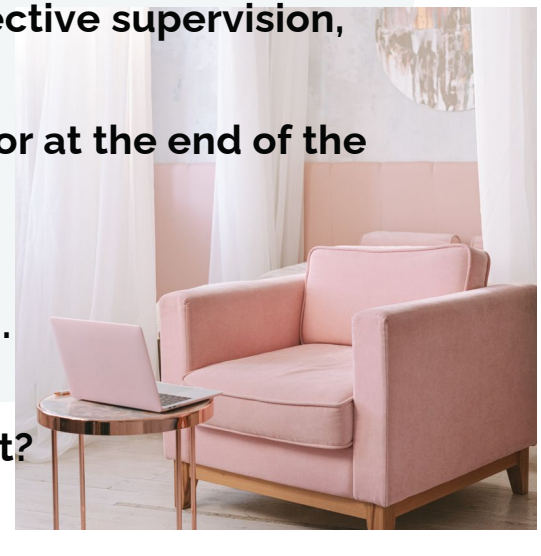
- **What signs of vicarious trauma are showing up for Monica (cognitive, emotional, behavioral, or physical)?**
- **How can we differentiate these from burnout or compassion fatigue?**

How can trauma-informed principles (safety, trust, collaboration, empowerment) be applied to support Monica as a provider?

- **Safety: What helps staff feel emotionally safe to share their struggles?**
- **Trustworthiness: How might leadership or supervision practices foster openness?**
- **Empowerment: How can Monica's strengths and values be re-centered?**

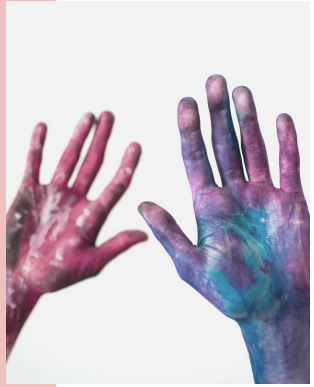
- **What individual strategies could Monica implement to manage her emotional load (e.g., grounding, supervision, self-compassion)?**
- **What organizational supports would help sustain her (e.g., reflective supervision, debriefing, caseload balance)?**
- **What boundaries or rituals could she create between sessions or at the end of the workday?**

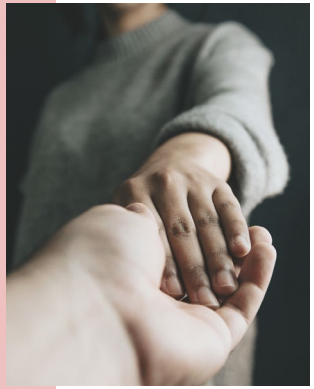
Think of a time you felt emotionally heavy after a client interaction.
What helped you recover?
What would you want from your team or supervisor in that moment?



Resilience & Prevention Approaches

Resilience and Prevention Approaches





Grounding & Self-Regulation

Reflective Practice

Peer Support & Supervision

Boundaries & Recovery Time

Self-Compassion & Cognitive Reframing

Creative & Physical Outlets

Reconnection & Meaning-Making

Resilience and Prevention

Approaches

Grounding & Self-Regulation

Re-center the body and nervous system when feeling activated or emotionally heavy.

Examples

- Sensory Grounding
- Deep Diaphragmatic Breathing
- Progressive Muscle Relaxation
- Guided Imagery
- Mindfulness Meditation
- Stretching

Reflective Practice

Create space to process experiences and emotions intentionally rather than internalizing them.

Examples

- Keep a reflection journal after difficult sessions
- Schedule regular supervision or consultation
- Ask reflective questions:
- “What’s mine, what’s theirs?”
- “What emotions did I carry our of that session?”

Resilience and Prevention

Approaches

Peer Support & Supervision

Isolation increases risk for VT — connection is protective.

Examples

- Regular check-ins with trusted peers.
- Participate in consultation or processing groups
- Normalize conversation about emotional impact in the workplace
- Share grounding or coping techniques with colleagues

Boundaries & Recovery Time

Structure your work and rest intentionally to prevent emotional spillover.

Examples

- Limit exposure to highly traumatic content when possible.
- Take short “transition rituals” between sessions (stretch, hydrate, breathe)
- Set a clear end to the workday
- Learn to say “no” or delegate when overloaded

Resilience and Prevention

Approaches

Self-Compassion & Cognitive Reframing

Counter the guilt, helplessness, or perfectionism that often accompanies VT.

Examples

- Use compassionate self-talk
- Acknowledge limits
- Celebrate small victories and meaningful moments
- Notice and challenge “should” statements that fuel burnout

Creative and Physical Outlets

Move trauma energy through the body and out of the mind.

Examples

- Art. writing, music, or crafting
- Yoga, walking, hiking, or any movement that feels regulating.
- Spending time in nature or grounding environments.

Resilience and Prevention

Approaches

Reconnection & Meaning Making

Rebuild a sense of hope, purpose, and joy beyond trauma work.

Examples

- Reconnect with personal values and reasons you entered the helping field.
- Keep a gratitude or “meaning moments” list (small wins, positive feedback).
- Engage in spiritual or mindfulness practices that remind you of your “why”.

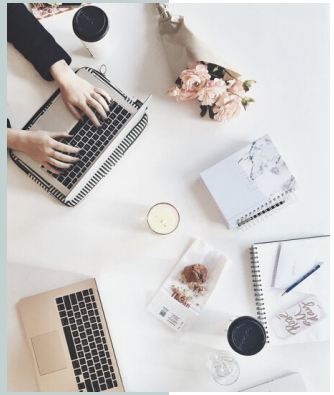
Container Exercise

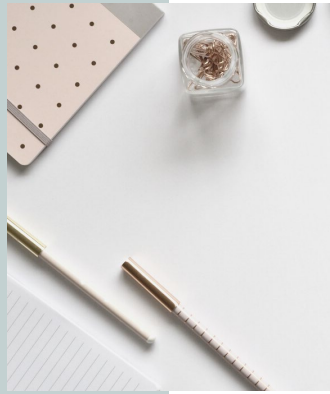
A THOUGHT TO CARRY WITH YOU

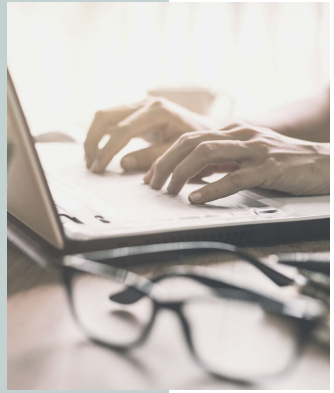
Trauma creates change you don't choose. Healing is about creating change you do choose.

- Michelle Rosenthal

Resources







SAMHSA – Trauma-Informed Care Framework

- Definition, 4 R's, and 6 Principles of Trauma-Informed Care

National Child Traumatic Stress Network (NCTSN)

- Resources for clinicians, educators, and systems

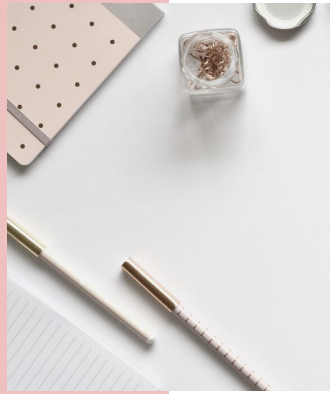
ACEs Aware (California Initiative)

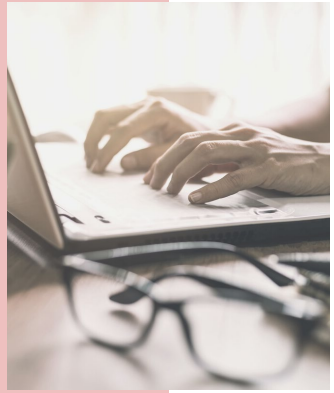
- Research, screening tools, and implementation resources

County of Los Angeles- Public Health

- Toolkits, workforce wellness guides, and organizational checklists

Resources





- U.S Department of Justice- Vicarious Trauma Toolkit (VTT)
- National Child Traumatic Stress Network (NCTSN)- Secondary Traumatic Stress Toolkit
- The Trauma Stewardship Institute
- Apps
  - Insight Timer
  - Calm
  - Headspace
  - Balance

Your presence today- and the work you do every day- makes a difference. Thank you for showing up for your clients, colleagues, and yourself.