

# The effects of trauma on clients and counselors



Counseling in Trauma The history of traumatology starts back with the first developing field of psychoanalysis pioneered by Sigmund Freud. The illness and affliction of mental illnesses associated from crisis and disasters was not acknowledged. It was the pioneers into the subjects of sexual abuse in women and the neuroticism of war which sparked the interest in studying trauma. Trauma and stress is seen everyday whether for domestic violence or through natural disaster. When acting as a therapist in trauma cases it is important to recognize the continuity of trauma and how to triage. When dealing with big populations that everyone is suffering from a case of disaster, there are different levels of treatability. This is where triage comes into play. Some people do not need as much help as some others do. It is also important to recognize that you have to meet the needs and help the patient not only right after the disaster, but also continuous checkups after the incident to make sure they are coping properly and mental illnesses have not developed (Saleh, 1996). Two of the main trauma setting points in current United States history was the natural disaster known as Hurricane Katrina and the terrorist attack on the World Trade Centers on September 11th. Hurricane Katrina had an enormous impact on the United States when it realized that it was ill equipped to deal with this natural disaster. It destroyed the city of New Orleans, killed many people and left many scarred and homeless. It also destroyed everyone's possessions as well as destroyed the financial stability. Due to the United States inability to diagnose the situation easily and act quickly, many people were without food, water, and other services for days. People were dehydrated and malnourished in addition to other physiological and psychological conditions. This would produce a fairly traumatic experience. It has been researched that the

relationship between disasters and mental health results in approximately a 74% frequency in the development of PTSD. In reference specifically to Katrina, it was estimated that 39% developed moderate symptoms of PTSD and 24% developed the severe aspects of the disorder (Satcher, Friel, & Bell, 2007). It was important to triage in that there were those that were upset that they had to survive through the experience to they had lost their entire family or were unaware of the whereabouts of family members. As a therapist helping people through this, it is important to provide the necessary psychological care because most people are not in the right mindset right after disaster has occurred. There is also importance in the continuity of treatment realizing that the effects of trauma and stress may not appear evident at the beginning of the recovery, but may take years to develop. The terrorist attack of September 11 on both the World Trade Centers was a wake up call for America in that it showed that we were still vulnerable even with our shield of weapons and technology. Despite the massive loss of life, the psychological trauma associated in the event was a massive pandemic. It affected everyone on a different level in that it made everyone question how safe they actually were (Dingman & Ginter, 1995). When people deal with disasters, both manmade and natural, it always has a serious impact especially when there is a personal attachment between the person and the event. Not only was proper counseling needed at ground zero, but panic and fear broke out across America leading to people having to go out and deal with the panic/trauma associated with it. Triage is also important here because there are different ways in which people were dealing with this tragedy. When counselors are going into the field to deal with emotionally and mentally disturbed people, it is expected that there

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might be some transference on some level of consciousness. Maintaining one's thoughts and composure is especially important when dealing with people scarred by trauma. Vicarious trauma can occur as a result of the constant dealing of people under trauma and that are disturbed. It involves disruption in the cognitive processes, memories and emotions in the therapist which can cloud their judgment and hinder their ability to effectively interact with crisis patients (Trippany, White, & Wilcoxon 2004). This can then translate into physiological symptoms such as fatigue and sickness and can lead to mental countertransference which results in a repetitive loop of causality which assumes a parasitic type relationship. In order to prevent this, it is important to not completely submerge yourself in the feelings and thought processes of the person. This is because in the end, you have to pull yourself out along with them. Further education and research is needed in helping therapists prevent vicarious traumatization when dealing with crisis. There is a correlation between trauma and the effect of vicarious traumatization, but the exact link is unknown (Baird & Kracen, 2006). The field of traumatology is always expanding especially with increasing violence across the world and the propensity of natural disasters occurring is increasing due to changes in climate. An ever developing theory in dealing with trauma and stress is needed in order to deal with this critically in today's world. Therapists need to adequately prepare themselves in order to know how to deal with this, but also to make sure they do not become engrossed and trapped with the patient in their mental issues.

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