

# Trauma-Informed Practices and Vicarious Trauma with DTIX

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Office of Respect, Emory University

A small green seedling with several leaves is growing out of a crack in a dark, textured surface, likely asphalt. The background is a soft, out-of-focus light color.

# Goals for today

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- Discuss Universal Concepts of Trauma
- Consider How Trauma Shows Up in Our Spaces
- Trauma-Informed Practices
- Vicarious Trauma, Burnout and Resilience
- Updates on the Office of Respect and Referral Strategies
  
- Spend Quality Time Together

# EMILY PALMIERI, PHD, LPC (GA), LCMHCS (NC)

## Education Background

MS, EdS in Couple and Family Counseling and Community Mental Health

PhD in Counselor Education and Supervision

Dissertation topic: Gratitude, burnout, and resilience in clinical mental health counselors

## Theoretical Orientation

Relational Cultural Approach rooted in Psychodynamic/ Attachment and Family Systems theories.

Often incorporate Cognitive, ACT, Internal Family Systems, Interpersonal Neurobiology, Brainspotting, psychoeducation interventions.

## Work Background

Community Settings since 2009:

*Intensive In-Home, Outpatient Psychiatric Practice, Inpatient Hospitals, Emergency Behavioral Health and Hospital Chaplaincy prior to higher ed*

Higher Ed since 2016:

*Staff Counselor, Eating Disorder Services Coordinator, Training Coordinator, Assistant Director of UCC and Director of Safe Office*

Practitioner Instructor and Adjunct Faculty



## What to do:

- Take Care of Yourself
- Stay Open to New Ideas
- Own your own Experience
- Reflect and Implement what you have learned

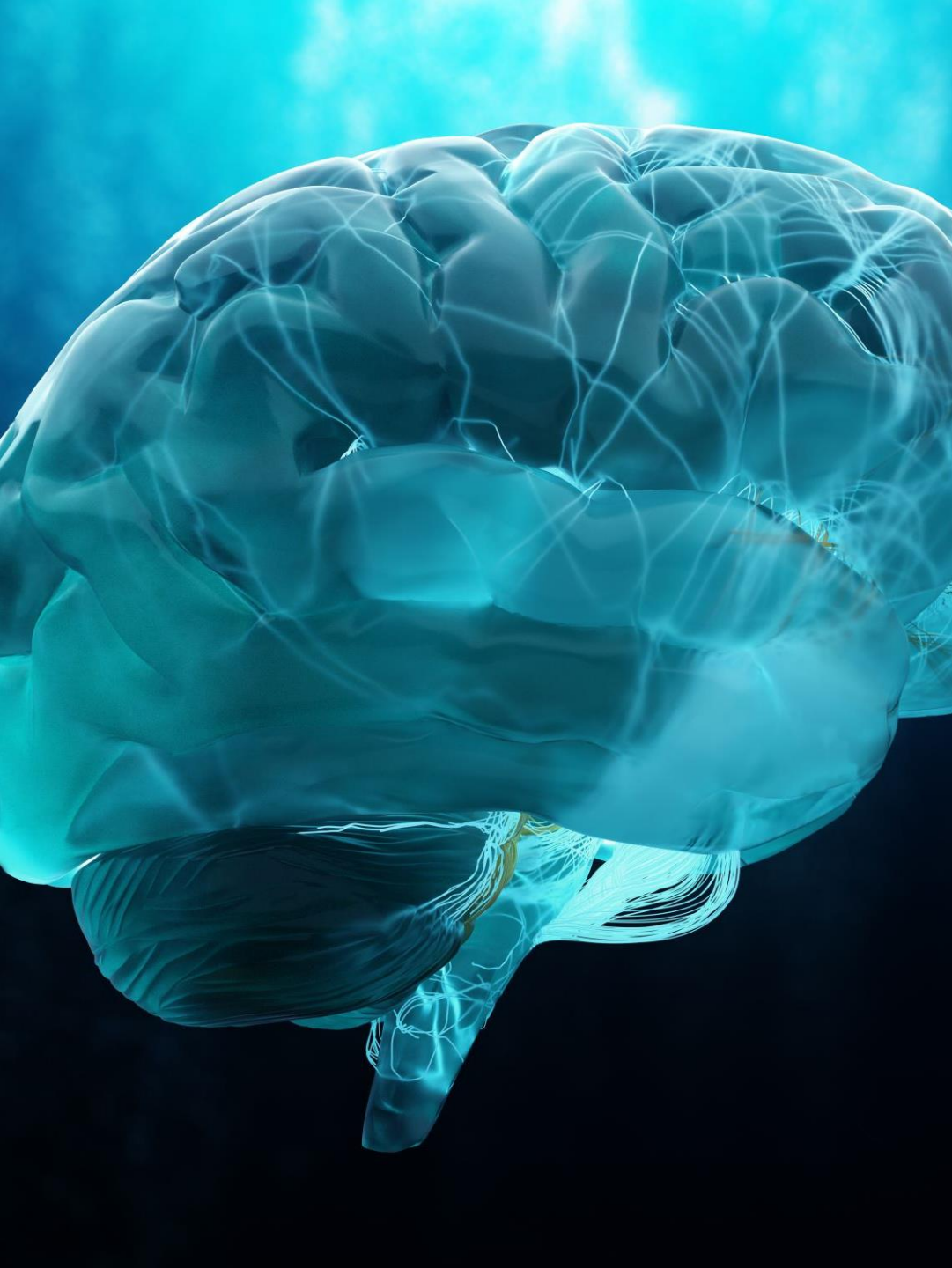
# Trauma is...

- **An emotional response** to an event or set of circumstances that is physically or emotionally harmful or life threatening and that has **lasting negative effects on a person's *mental, physical, social, emotional, or spiritual well-being.***

# Types of Trauma

- Type 1: Single Incident, such as a natural disaster, violent event, car accident, etc
- Type 2: Pattern of traumatic incidents, such as intimate partner violence, childhood abuse, bullying, etc
- Historical, Collective and Intergenerational Trauma: Racism, Slavery, Forcible removal from a family or community, Genocide, War
- Vicarious/ Secondary Trauma: Hearing or witnessing someone's traumatic experience and experiencing some of the experiences of the traumatized person.
- Other types of traumas: Losing a job, Relocating, Loss of a loved one





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## Biologically Speaking

- Limbic System is activated; amygdala (“reptilian brain”/ reactive) takes over
  - FYI, Prefrontal cortex (regulates for self-control) is still developing in students in their 20s
- Brain is easily overwhelmed
  - Difficult to take in information unnecessary for immediate survival
- Fight, Flight, Freeze, or Feign responses
- Feign responses are very common in marked power differentials (again, for survival)
- Each person’s response is unique- and each person’s reactions to various or similar events can vary drastically

## The continuum

Stress

Something that happens in a person's environment that is overwhelming and that the person believes will stretch their ability to cope in a healthy way.

(Lazarus as cited by Dulmus & Hilariski, 2003)

Crisis

A situation that disrupts the status quo, leaves the person feeling powerless, and causes the individual to feel "that things might never be the same."

(Everstine & Everstine, 2006)

Trauma

"Trauma is an experience that causes a person to feel afraid, overwhelmed, out of control, and broken. Trauma affects how people view themselves, others, and the world around them."

(Corrado, 2019)

Allostatic load /  
Chronic stress

Allostasis helps us adapt and survive in the face of stress, crisis, and trauma. We can experience allostatic load if we put too much pressure on this system (allostasis) to calm us down from ongoing stress. Allostatic load leads to significant health consequences.



# During disclosures, you may see...

- Tonic Immobility (12%-50%)
- Blunted emotions/affect
- Extreme exhaustion
- Short responses/irritation
- Laughing/cheerful
- 1000-yard stare
- Fragmented memories
- Difficulty retaining new information
- Minimizing
- Concern about confidentiality
- Don't want police involved
- Worried parents will find out
- Want to forget / get back to normal
- Worried about rumors or losing friends

# What those experiencing trauma may look for...

- **Validation**
  - You CAN validate the emotions while remaining neutral of the event/issue
- **Humanity & Compassion**
- **Authenticity**
- **Provide support options**
  - Listen to the need and tailor the options to those applicable to the situation and person
  - Ask the survivor if they would like to be connected to Respect counselor/advocate
  - Ask the accused student if they would like to be connected with CAPS counselor to process
  - Ask the Faculty member if they would like to be connected with Ombudsperson or FSAP
  - Call Respect with student at moment or provide contact number for Respect and invite student to call at later time
- **Accurate information**
  - What would make them feel safe?



# What are the goals of trauma informed care?



Organizational structure and treatment framework that involves **understanding, recognizing, and responding** to the **effects of all types of trauma**



Emphasizes **physical, psychological and emotional safety for both survivors and responders**



Helps survivors rebuild a sense of **control** and **empowerment**



Shifts the philosophical approach

# Six Tenets of Trauma Informed Care

**Cultural Competence**

**Collaboration**

**Choice**

**Empowerment**

**Safety**

**Trust**

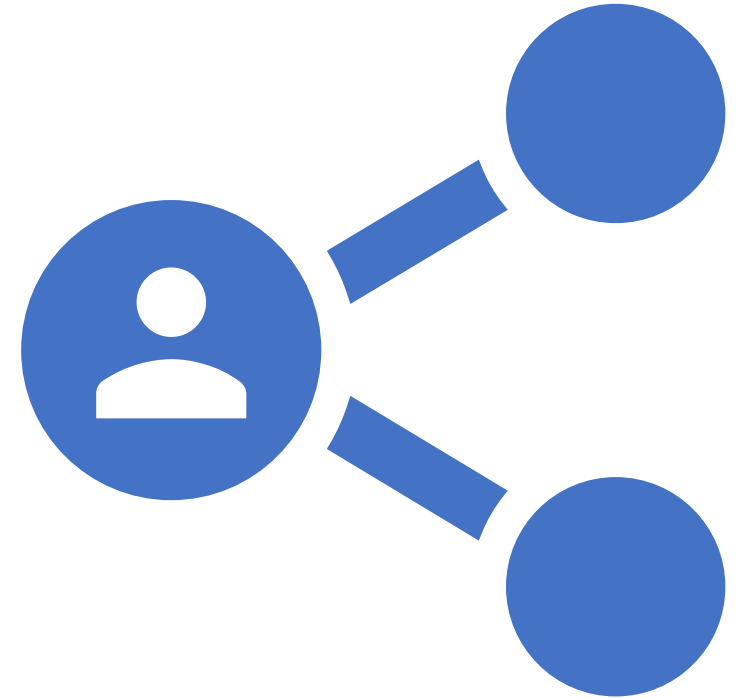
# Implementing Trauma Informed Care

- Focus on trust, safety, and providing culturally competent and sensitive services
- Understand the whole individual and context of their life experience
- Minimize the possibilities of victimization and re-victimization
- Facilitate recovery, growth, resilience and healing
- Form a relationship based in partnership
- Minimize the power imbalance as much as possible with check-ins and choices
- Respect survivors' choices and control over their recovery
- Emphasizes strengths
- Connection with resources



# Suggested Supportive Statements

- “Thank you for sharing this with me”
- “I’m sorry to hear you’re going through this”
- “Would you like me to walk with you/call a resource?” (Office of Respect, CAPS, etc.)



# Typically, We Advise Against these Statements...

Were you drinking or using drugs?

What were you wearing?

Where were you?

Why did you..? Why didn't you?

You need to...

But DTIX  
often must  
ask some  
of these...

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Prefacing the question that can feel victim-blaming/ shaming with the context of why you need to ask

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This helps reduce the risk of re-traumatizing or “the second wound”

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Offer breaks, reassurance of time and space

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Sometimes moving can help move out of a trauma response (in therapy, we call it a “bottom-up approach”)

# Vicarious Trauma, Secondary Trauma

- Exposure to someone else's trauma (either witnessing it or hearing about it) can shift worldviews, sense of safety, etc
- Care for self is ESSENTIAL
- Strategies that help
  - In the moment grounding
  - Debriefing with a trusted colleague
  - Change locations
  - Stretch
  - "...Remember all the beauty that remains"- Anne Frank
  - Permission to feel and receive support
  - Permission to let go of the other person's experience

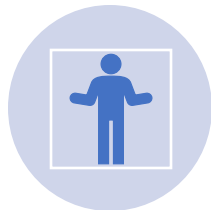
# Helpful Reminders



*Anything can be a possible trigger (for yourself or others)*



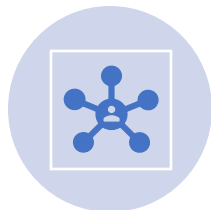
*Ask for permission, frequent and often*



***Common reactions:***  
*Anger, Denial, Sadness, Self-blame, Shame, Embarrassment, Fear*



*Be mindful of students' affect/ response during disclosure*



*Check in with yourself regarding boundaries, and how you are doing.*



*Treat others with humanity, respect, and decency*





# Let's Take a Breather

Then return for Office of Respect Updates



# UNDERSTANDING SEXUAL AND RELATIONSHIP HARM

## WHAT:

Sexual Assault, Sexual Harassment, Relationship Violence, and/or Stalking

## WHEN:

May include an issue that happened prior to Emory, or something that happened while here.

## HOW:

There is no "right way" to react to an incident.

- Trained counselor/advocates will hold space to help students identify and navigate potential avenues of healing/ support/ reporting.

SUPPORT BEGINS WITH *RESPECT*



# OUR PROGRESS



Office of Respect is no longer a mandatory reporter to Title IX AND is now a **confidential** resource under the same protections as CAPS and SHS



Created a welcoming lounge in the Office of Respect for students to connect with resources



Recruited additional staff including licensed therapists to serve as a Counselor/Advocates



# PURPOSE OF RESPECT

The Office of Respect exists to provide confidential support to student survivors of sexual and relationship harm as well as their allies at Emory through:







# AREAS OF SERVICE

## ADVOCACY

- Accompaniment
- DTIX Support
- Police/Court
- Medical Accompaniment
- Accommodations Requests
- Providing Resources
- Protected as FERPA education records
  - Shared as "need to know"

## COUNSELING

- Confidential therapy to students
- Individual Counseling
- Group Counseling
- Clinical Case Management
- Protected as FERPA treatment records
  - Shared with client's signed permission

## EDUCATION

Contributes to the foundations of education and support of our community through:

- Outreach
- Trainings
- Partnership

# COUNSELING SERVICES

## Short Term

- Single-Session Approach, Processing singular event
- Supplemental focused session(s) to main counseling
  - (Specific time-limited interventions such as Brainspotting, EMDR, Narrative processing)
  - Navigating reporting processes
- Consultation, Specific Support (such as space and resources)

## Long-Term

- Traditional approach that may be focusing on past traumatic experience(s) and navigating trust/interdependence
- No session limit: determined by need

## Group Counseling

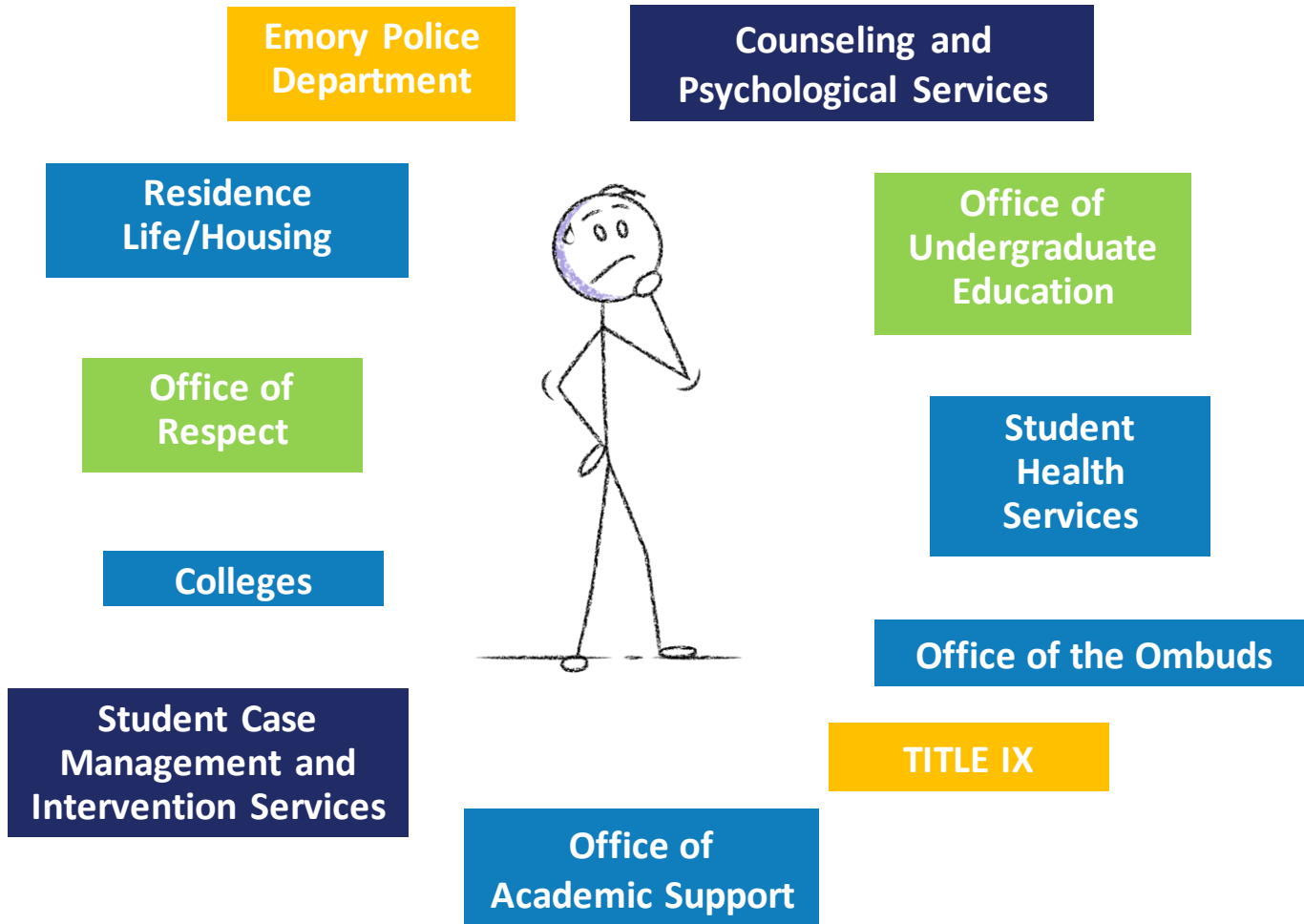
- Survivor Support Group

Regardless, we will coordinate care with appropriate providers



# CONSULTATION

Lack of coordinated clarity of response and support procedures.



Depending on the situation, the order in which students seek support can vary.

Emory offers many resources with distinct roles centered around **emergency response, advocacy and support.**

By **starting with Respect**, we can provide a survivor-led journey.



# OUR TEAM



**EMILY T. PALMIERI, PH.D, LPC**  
Director  
she/her



**GRACE HUBBY M.S.W.**  
Respect Educator  
she/her



**LOUISE TURNER, LPC**  
Counselor/Advocate  
she/her



**BETHANY MILLER, LCSW**  
Counselor/Advocate  
they/them



**NINA ACOSTA**  
Administrative Assistant  
she/her

**KENECHI ANUMBA**  
Summer Intern

**TBD**  
Graduate Assistant

**TBD**  
Graduate Assistant

Recognized Student Organization, Sexual Assault Peer Advocates also work closely with the Office of Respect.

# REFERRING TO RESPECT

## **Process**

1. Refer them directly to [respect@emory.edu](mailto:respect@emory.edu) or 470-270-5360 to be scheduled
2. Email/ call to discuss intention of referral and share background information.

\*Please consider sending a “warm introduction” email connecting the student to Respect to ensure the connection is made.

You can always walk them over to us at AMUC suite 110





# HOW TO CONTACT US



## AMUC Suite 110:

- Survivor Lounge available Monday – Friday from 9 a.m. – 5 p.m.
- On-call support is available 24/7 during the academic year.
- Email for non-urgent needs: [respect@emory.edu](mailto:respect@emory.edu)



470-270-5360



[respect.emory.edu](https://respect.emory.edu)



[@emoryofficeofrespect](https://www.instagram.com/emoryofficeofrespect)