

Welcome

Addressing Trauma in your Jewish Community through Trauma-Informed Care

Presented by: Dr. David Pelcovitz

Dr. David Pelcovitz

JEWISH WOMEN
INTERNATIONAL
JWI

Clergy Task Force on
Domestic Abuse in the
Jewish Community

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Dr. David Pelcovitz

Dr. Pelcovitz holds the Gwendolyn and Joseph Straus Chair in Psychology and Education at Yeshiva University's Azrieli Graduate School, where he also teaches pastoral psychology courses and serves as Special Assistant to the President of Yeshiva University.

Before assuming his position on the faculty of Yeshiva University, Dr. Pelcovitz was a clinical professor of psychology in psychiatry at New York University School of Medicine and director of psychology at North Shore University Hospital-NYU School of Medicine.

Dr. Pelcovitz has published and lectured extensively on a variety of topics related to the psychological impact of trauma and loss, child and adolescent behavior problems, parenting, and the impact of divorce and stress on children.



Defining Trauma (SAMHSA)



Traumatic experiences can be dehumanizing, shocking or terrifying, singular or multiple compounding events over time, and often include betrayal of a trusted person or institution and a loss of safety.

Defining Trauma (SAMHSA)

Trauma can include physical, sexual and institutional abuse, neglect, disasters, life-threatening accidents or illness all of which can induce feelings of powerlessness, fear, recurrent hopelessness, and a constant state of alert.



Defining Trauma (SAMHSA)

Trauma can impact one's spirituality and relationships with self, others, communities and environment, often resulting in recurring feelings of shame, guilt, rage, isolation, and disconnection. Healing is possible.

Defining Trauma-Informed Care (SAMHSA)



Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.

It changes the paradigm from one that asks, "What's wrong with you?" to one that asks, "What has happened to you?"

Understanding the Impact of Interpersonal Trauma

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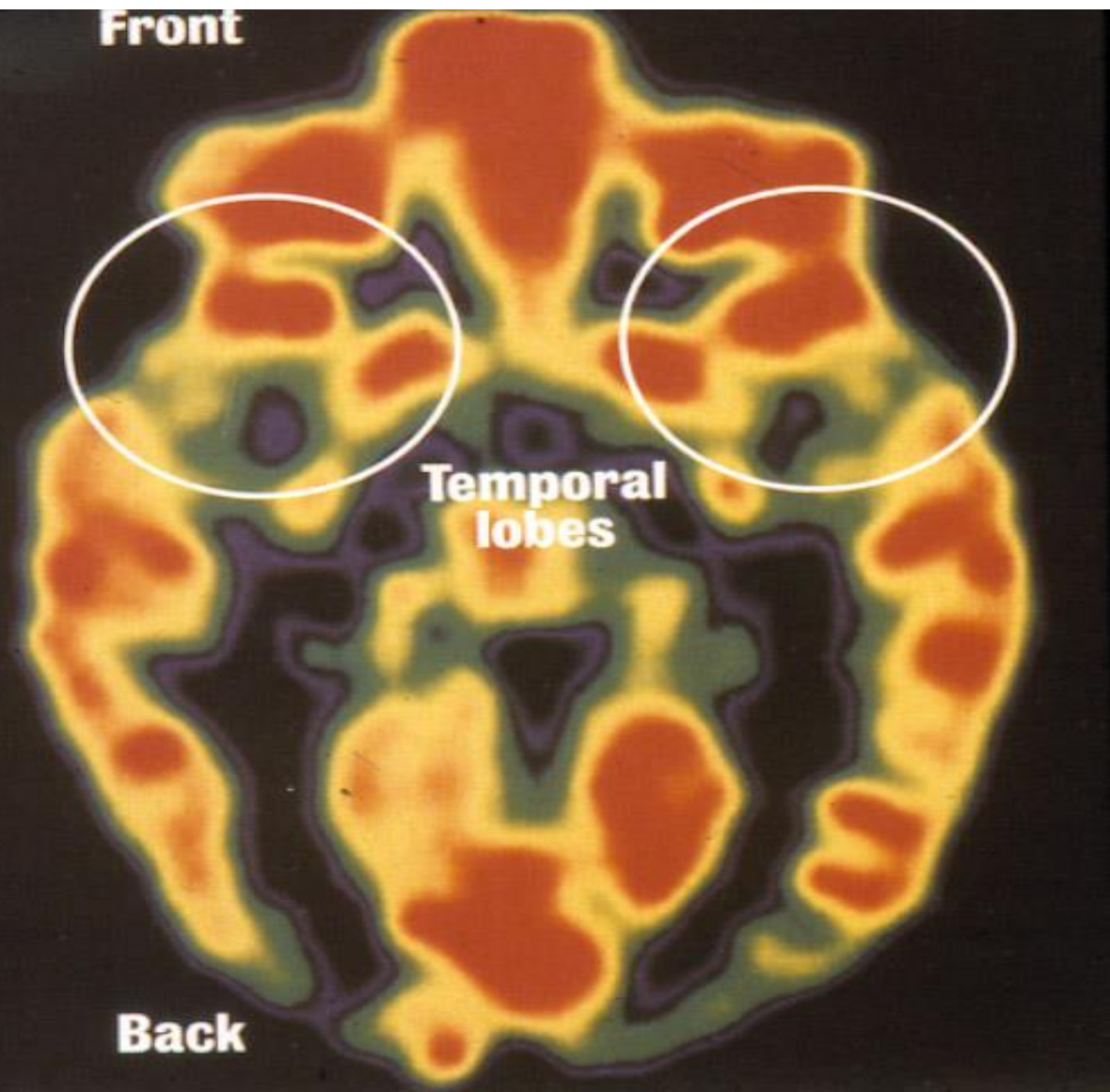
Alterations in Affect and Impulse Regulation

- Pervasive depressed mood or sense of emptiness or deadness
- Physically self destructive acts e.g. self mutilation
- Over inhibition of anger or excessive expression of anger
- In case of sexual abuse can include over inhibition or excessive expression of sexual drive e.g. lack of sexual drive following rape, promiscuity following sexual abuse

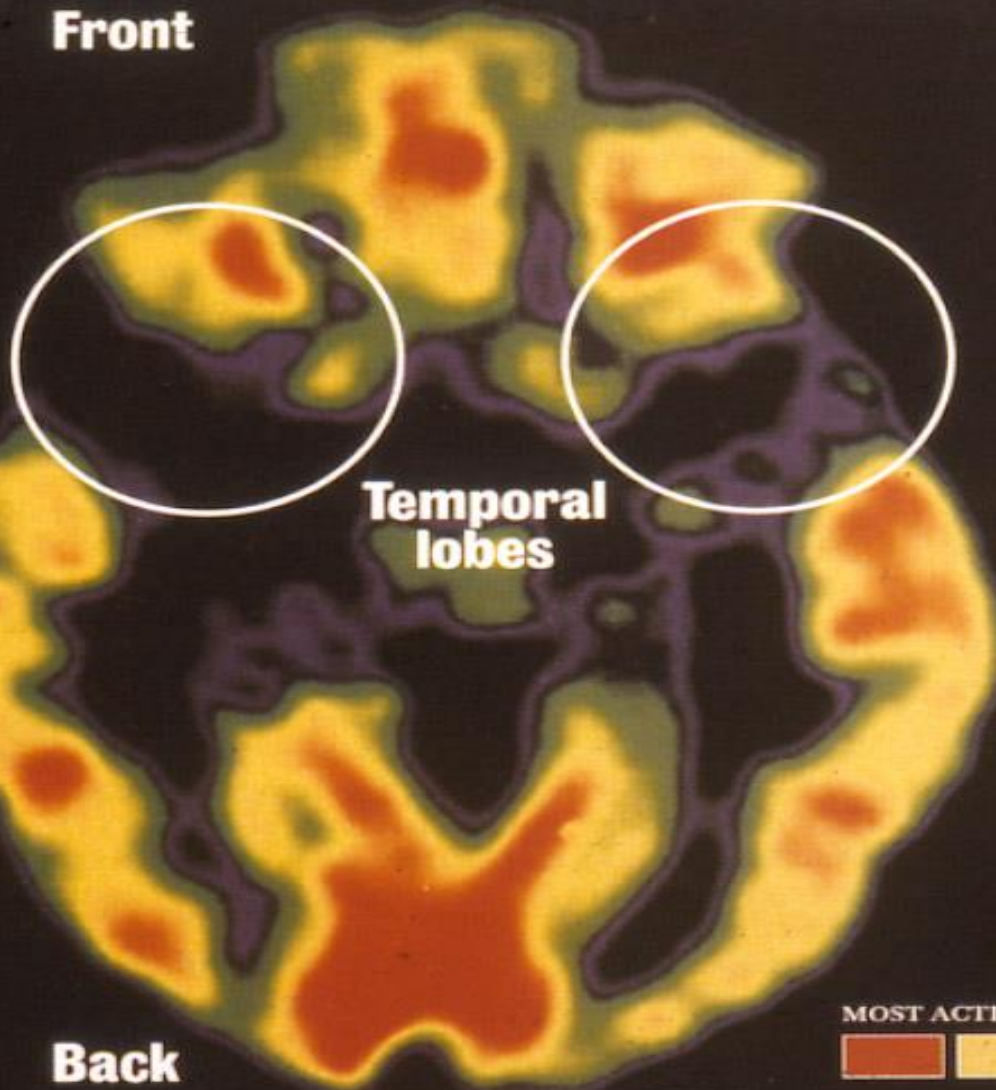


Healthy Brain

This PET scan of the brain of a normal child shows regions of high (red) and low (blue and black) activity. At birth, only primitive structures such as the brain stem (center) are fully functional; in regions like the temporal lobes (top), early childhood experiences wire the circuits.



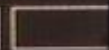
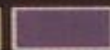
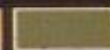
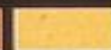
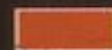
Front



Temporal lobes

Back

MOST ACTIVE



LEAST ACTIVE

An Abused Brain

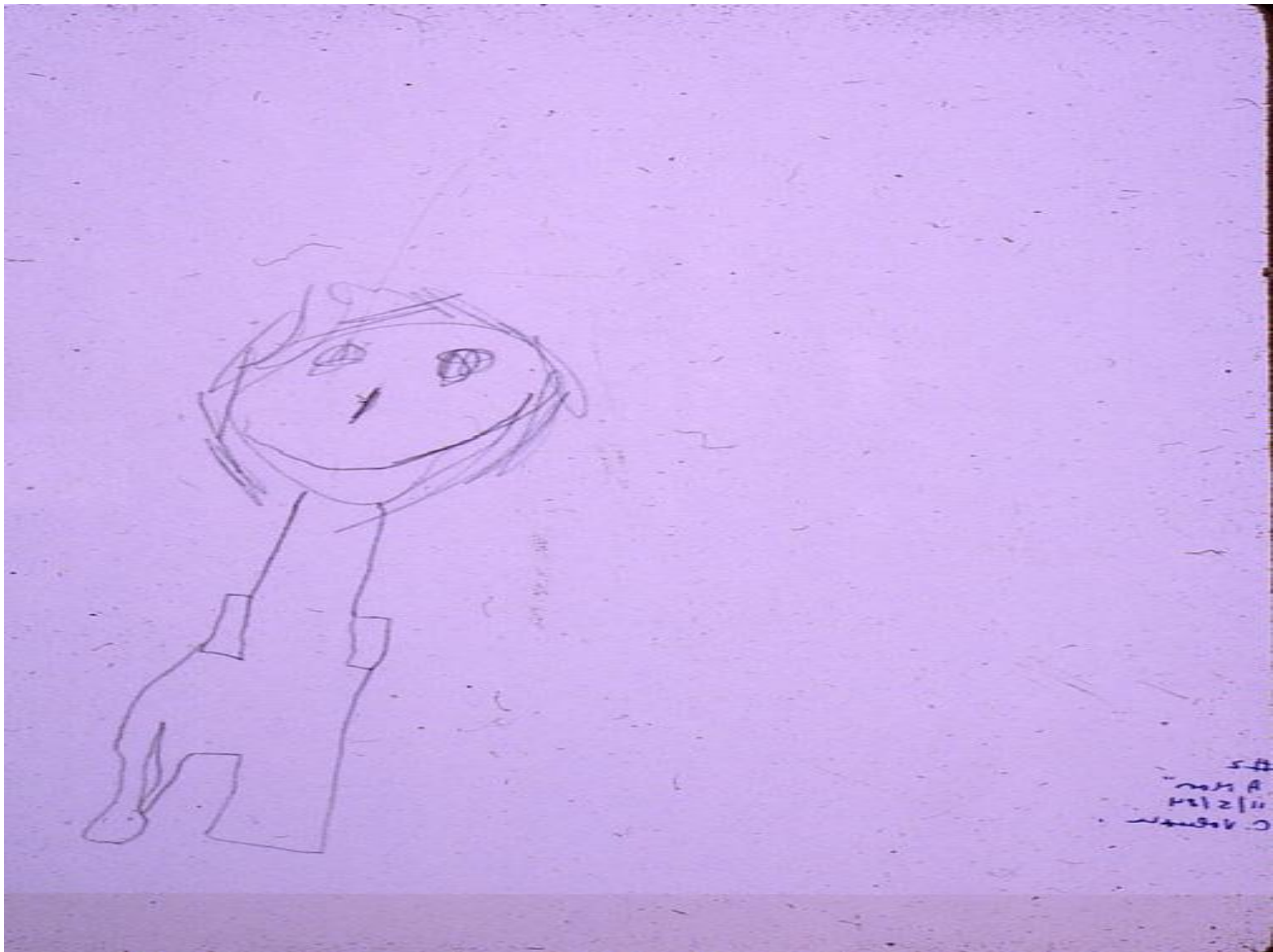
This PET scan of the brain of a Romanian orphan, who was institutionalized shortly after birth, shows the effect of extreme deprivation in infancy. The temporal lobes (top), which regulate emotions and receive input from the senses, are nearly quiescent. Such children suffer emotional and cognitive problems.

Alterations in Relations with Others

- Inability to trust or to be intimate with others
- Increased vulnerability to being revictimized by a different perpetrator



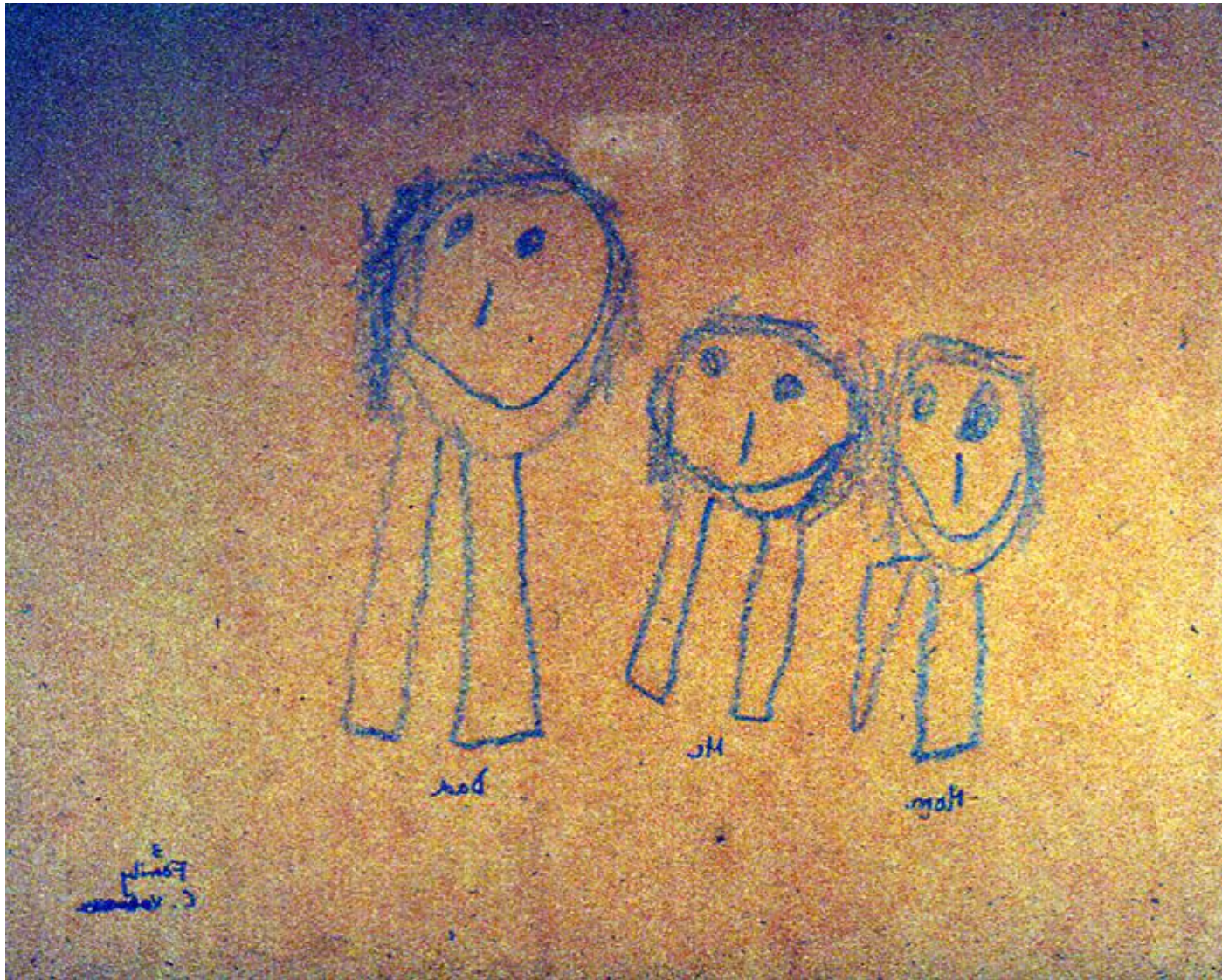




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Alterations in Self-Perception



- A generalized sense of being ineffective in dealing with one's environment that is not limited to the traumatic experience - ranging from lack of confidence in one's own judgment to total immobilization
- The belief that one has been permanently damaged by the stressor
- Exaggerated sense of guilt or responsibility for the trauma
- Persistent shame, embarrassment, or humiliation regarding others' knowledge of the traumatic experience
- The feeling that nobody else can understand the traumatic experience

Systems of Meaning

- Impact of trauma on religion and spirituality
- Finding in longitudinal study in Island of Hawaii that religion was one of the primary predictors of resilience



High Conflict Divorce as Example: How Might this Play Out in Synagogue?

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Vignette 1: Levys' Divorce

You were as shocked as the rest of your synagogue to learn of the Levys' divorce. They seemed no different than any other couple in your community. Over time, it became apparent that this will be a very bitter and contentious divorce with litigation and much conflict. Synagogue members are asking you for direction. Three of their four children seem sad but are coping. The 16-year-old son is no longer coming to services and is on the verge of rebelling.

Vignette 2: Jessica

You have a message on your machine from an attorney who identifies himself as the “law guardian” of Jessica, one of the girls in your synagogue whose parents are in the middle of a contentious divorce. He urgently needs to speak to you about her. Before you even have a chance to respond, there is a comparable message from a “forensic psychologist” asking for a call and alerting you to several rating forms that have been mailed to you and need to be promptly returned.

Vignette 3: Sam

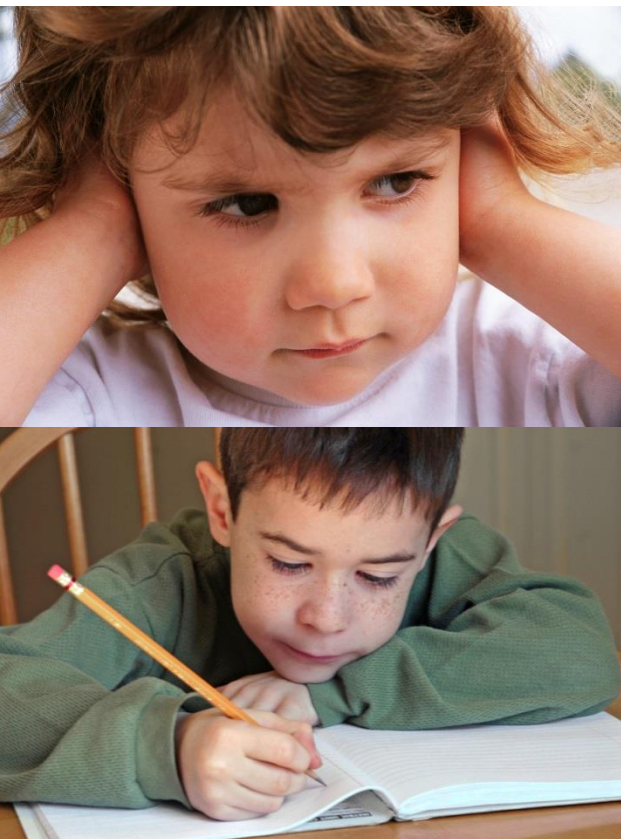
Sam is a student in your Hebrew School. On ordinary days, Sam is indistinguishable from any other child. However, every other week on Sunday morning and every Wednesday afternoon he is agitated and out of control. You are aware that he has visitations with his father every other weekend as well as every Wednesday night.



"My mom has a new boyfriend, my dad has a new girlfriend, and all I got was a new therapist."

The Impact of Divorce on Children

Common initial reactions include:



- loyalty conflicts
- fantasies of reconciliation
- anger
- insecurity, even about necessities such as food and shelter
- alignment with one parent, more with older kids

The Impact of Divorce on Children

Children of divorce compared to intact:

- lower academic achievement
- more behavioral problems
- poorer psychological adjustment
- more negative self concepts
- more social difficulties
- more problematic parent-child difficulties



Meta Analysis – Child/adolescent outcome
Included 92 studies, 13,000 children

Adult Outcomes of Children of Divorce



Adults raised in divorced families compared to those raised in two-parent families:

- less education
- more behavioral problems
- lower job status and standard of living
- lower marital satisfaction
- lower level of well being

Meta Analysis – Adult outcome children of divorce
Included 37 studies, 80,000 adult children of divorce

Helpful Trauma-Informed Interventions

- Coping
- Connection
- Creating Meaning



Coping Style

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Coping Styles



- From “why” to “what”
- Coping styles vary- what works for one person isn't what works for another

Active

- In general, children's active, problem-focused, or engagement coping has been associated with better developmental outcomes (e.g., fewer symptoms, higher social competence), whereas avoidant or disengagement coping often, but less consistently, has been linked to negative developmental outcomes
- It appears that problem-focused coping is associated with better adjustment in response to controllable stressors, whereas avoidant/disengagement coping might be more productive when stressors are uncontrollable
- Although stressors themselves such as 9/11 may be uncontrollable, the ways that one deals with some of their consequences might be more controllable

Active Coping and Resilience

- In a nationally representative sample of adults, Silver and colleagues found that coping strategies assessed within the first two weeks after the 9/11 attacks were the strongest predictors of posttraumatic stress symptoms over the next six months
- Use of active coping in the immediate aftermath of the attacks was protective against ongoing distress
- Immediately disengaging from coping efforts (e.g., giving up, denial, self-distraction) increased the likelihood of experiencing ongoing distress and posttraumatic stress symptoms over time



Silver, R. C., Holman, E. A., McIntosh, D. N., Poulin, M., & Gil-Rivas, V. (2002). Nationwide longitudinal study of psychological responses to September 11. *JAMA*, 288, 1235–1244.

Simchas as Loss Reminders



- Normally happy life events like bar/bat mitzvahs, weddings and graduations can serve as triggers
- Reminds the traumatized congregant of the ongoing absence of the safety of an intact and stable family
 - Need to plan for who will attend in context of having all family members feel safe
- Can evoke trauma symptoms like re-experiencing, physiologic arousal and avoidance
- May also elicit other distress reactions, including depression, anxiety, somatization, dissociation, trust issues, feeling of damage and questions of faith


(Layne and Saltzman)

Triggers

(adapted from Layne, Saltzman, Pynoos, et al., 2000)


You're minding
your own business,
a song comes on,
and suddenly you
want to punch
something, cry,
or run...




WHY? The song might be a "trigger," reminding you of an upsetting time. Triggers can change how you feel, think or act—until you unlock them. 

EXAMPLES OF TRIGGERS "OUTSIDE" OF YOU


People, Places, Events:

People who were with you when the trauma happened, the place where it happened, news stories, TV/movies , memorial services, sad or violent events, seeing (or hearing about) someone being hurt, reading about something similar


Sights, Sounds, Smells:

Police cars, ambulances, fire engines, sirens, loud noises,  yelling, firecrackers, smoke, doors slamming, food, perfume, flowers

Times or Dates:

Morning, midday, evening,  specific hour when bad (or good) things happened, seasons, months, dates, days

Changes in Routine:

Changes at home or at school (e.g.,  schedule, new rules)

Activities:

What you were doing right before something bad or traumatic happened, physical movements similar to your movements during the event

EXAMPLES OF TRIGGERS "INSIDE" OF YOU

Physical feelings:

Fast heartbeat, breathing fast, aches and pains, feeling sick



Emotions:

Feeling angry, scared, guilty or anxious



Thoughts:

Blaming yourself, situations that are unfair, thinking about being alone

Identifying Triggers

- Helps one feel more in control
- Can begin to anticipate & plan
- Faster return to baseline when upset
- Opportunity to examine automatic thoughts



Recognizing Triggers

Directions: Briefly describe at time recently when you were reminded of something very stressful from the past:

Were you reminded by something inside of you or outside of you?

Things Outside of Me

- Something you **saw**? (person, place, etc.)
- Something you **heard**? (siren, screaming)
- Something you **smelled**? (food, smoke)
- Something you **tasted**?
- Something you **touched**?



Things Inside of Me

- Something you were **thinking about**?
- An **emotion** you felt? (sadness, fear, anger)
- A **bodily sensation**? (muscle tension, heart beating fast, headache)
- Other (describe)

(adapted from Layne, Saltzman, Pynoos, et al., 2000)

Three Ps: Predict, Plan, Permission

- **P**redict together with the congregant the times before, during and after the simcha that might be most difficult
- **P**lan for how to optimally cope with these times. This plan may include talking to trusted friend, synagogue staff member, or other significant person, using a specific relaxation or distraction technique
- **P**ermission given to the congregant to have these feelings at any point of the simcha without construing them as a sign of pathology. Parents also should consider practicing the 3 Ps with their children.

Preparing for a Stressful Situation

1. What stressful **situation** am I likely to encounter?
2. What **hurtful thoughts** are likely to come to mind?
3. What **emotional reaction(s)** am I likely to have?
4. What **poor way of handling the situation** will I be tempted to engage in?
5. What constructive thing(s) can I do **on my own** to handle the situation?
6. What type(s) of support could my relationship(s) with **another person(s)** provide to help me handle the stressful situation?
7. Which **particular relationship(s)** would be a good source of this type of support? (Who could I go to?)
8. When is a **good time** to approach this person(s)?
9. What is an "**I-Message**" that I can use to invite this person(s) to help me?



Coping During Exposure to Reminders

(Layne, UCLA)



- Self-talk
 - Calming self-talk (“I can get through this”); highlighting the difference between then and now (“there are three ways this situation is different from when I was trapped in an abusive relationship”)
- Breathing techniques
- Distraction through positive activities
 - Activities that are either physically or mentally engaging or especially pleasurable or relaxing (E.g. Exercise, sports, hobbies, projects, reading)
- Time-out e.g. take a walk to calm down
- Seek support

(Layne and Saltzman)

Coping After Reminder/Stressful Situation

- Seek support
- Self-talk (e.g. praising yourself)
- Journal

(Layne and Saltzman)

Connection

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Identifying Connection

- One person who cares
- Can you wake somebody up at 3 in the morning?
- Neshama versus Neshomo



Five Steps to Getting Support



1. What do I want?
2. Whom should I ask?
3. Find the right time to ask
4. Request with an “I” message:
 - Tell them what I am feeling
 - Tell them what happened (outside and inside)
 - Tell them what I want them to do
5. Express sincere appreciation

What Kind of Support do I Want?

- Emotional closeness
- Social connection
- Feeling needed
- Reassurance of self-worth
- Being there for me when I need you
- Information (feedback and advice)
- Physical assistance
- Material

Creating Meaning

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Jewish Sources

- Goral versus Yiud: chance versus destiny
 - Reactive living versus realization of true self
 - Work of Solovey on post-traumatic growth



Making Meaning

“Meaning is the sense that, no matter what is going on in your life, you can hang onto the things that really matter to you. It is the belief that there are elements and people and views that cannot—no matter what—be taken from you.”

-Viktor E. Frankl

Making Meaning Out of Loss

In order to assist the child in making meaning, the therapist may ask a series of questions:

1. If you met another child whose parent died like yours did, what would you want to tell them about what you have learned?
2. What would you want them to know that might help them?
3. If they thought therapy would be too hard, what would you say to them?
4. What do you think about yourself now that you've gone through this?



Potential Impact of Working with Trauma on Congregational Professional

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Hooks



Know Yourself: What are my Hooks?



Identifying situations that "hook" us and recognizing feelings we have been trained *not* to have is a difficult task, but an imperative one.

Katz & Johnson, *When Professionals Weep*, Routledge (2006)

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Questions to Uncover Underlying Dynamics

- What type of problems are most likely to hook me in?
- Where on the continuum of over-involvement versus disengagement am I?



Are you Over or Under Helping?



- Over-helping: In any of the above situations, have you intervened beyond the call of duty by over helping in a way that interfered with your ability to fulfill your family or professional obligations?
- Under-helping: Have you found yourself under-helping or avoiding the client?

Are you in Conflict with Troubled Congregant?

- Have you found yourself arguing or in conflict with the client?
- Have you found yourself making critical or condescending remarks about the family to colleagues or family members?

Other Indicators of Hooks



- Feeling pushed to "cure" or "fix" a situation when this is beyond your control
- Bringing home intense feelings or frequent thoughts about the congregant
- Looking for ways to transfer responsibility for working with congregant

R. Katz B. Genevay, 2002, American Behavioral Scientist, 327

Vicarious Traumatization

- *Vicarious traumatization* is the transformation that occurs within the therapist (or other trauma worker) as a result of empathic engagement with congregant's trauma experiences and their sequela. Such engagement includes listening to graphic descriptions of horrific events, bearing witness to people's cruelty to one another, and witnessing and participating in traumatic reenactments
- Those newest to the work experience the most psychological difficulties
- Rabbis and other congregational professionals with a personal trauma history show more negative effects than those without a personal history

Pearlman, L , Mac Ian, P. Vicarious Traumatization: An Empirical Study of the Effects of Trauma Work on Trauma Therapists. *Professional Psychology: Research and Practice* 1995 Vol. 26, No. 6, 558-565

Shattered Assumptions and Meaning

- People tend to believe that the world is good place in which people and events are benevolent
- Most also believe that the “goodness” of an individual determines their lot in life
- People tend to view themselves as “good” competent, in control and unlikely to be vulnerable to trauma



Vicarious Traumatization (empirical findings, continued)



- Exposure to children's trauma may be especially difficult

Figley, C. R. (1995). Compassion fatigue as secondary traumatic stress disorder: An overview. (In C. R. Figley (Ed.), *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized* (pp. 1–20). New York: Brunner/Mazel.)

- Gender: Women at greater risk
- Intensity of Exposure – A greater number of congregants in one's congregations is correlated with:
 - more disruptions in one's beliefs or schemas
 - PTSD symptoms

(Schauben, L. J. & Frazier, P. A. (1995). Vicarious trauma: The effects on female counselors of working with sexual violence survivors. (*Psychology of Women Quarterly*, 19, 49–54.)

Trauma Work and Spirituality

- Trauma work affects the professional most in the spiritual domain: one's basic faith is challenged when faced with their congregant's stories of trauma and human cruelty. Conducting counseling with trauma survivors forces those providing the counseling to question their own sense of meaning and hope.
- Paradoxically, empirical research finds that practitioners who treat more abuse survivors reported a more existentially and spiritually satisfying life than those with less exposure to trauma. Brady, Jg; Guy, J; Poelstra, P.; Brokaw, B Vicarious traumatization, spirituality, and the treatment of sexual abuse survivors: A national survey of women psychotherapists
Professional Psychology: Research & Practice. 1999 Aug Vol 30(4) 386-393
 - Trauma brings issues of meaning to the forefront. Conducting counseling with survivors of trauma can force synagogue professionals to challenge their own constructs of meaning and traditions of faith.

Post-Traumatic Growth

Midrash Rabbah (55:1)

“And God tested Abraham” (Genesis 22:1) it is written, “You gave those who fear you a banner (“nes”) to raise on high in order to be adorned, **Nisayon (test) after nisayon, growth after growth, in order to raise them up** in the world (the word nisayon has the same root as the word “nes”- banner or miracle).

Ramban, Genesis 22:1

“And God tested Abraham”: **God tests a person to bring out his or her potential, so that the individual who is tested can earn the reward that comes from a good action rather than that of a good heart alone. All tests that we encounter in the Torah are for the benefit of the individual who is tested.**

Dubna Magid



The flaw in the center of the diamond becomes the trunk of a tree that makes the diamond even more beautiful than it was before.