

Becoming trauma literate: A practical training programme for educators.

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Slide 1 – Title slide

Slide 1 comment - In keeping with the title of this presentation, it is submitted as a step by step presentation that can be applied in the academy rather than an academic paper. The presentation is to be used in conjunction with the DVD – ‘News Media and Trauma’. (This paper must be used in conjunction with the Power Point presentation.)

Slide 2 - What is trauma literacy?

Understanding trauma reactions in others – new language and more in-depth stories

Understanding one’s own trauma reactions – self-care and enhance resilience

Slide 2 comments - Psychological trauma and its relationship to the media fraternity, and the craft of journalism is a small but growing area of scholarship. Research from both health professionals (e.g. McMahon, 2001., Newman, et. al., 2003., Smith, 2008., and Hatanaka, et. al., 2010) and journalism scholars (e.g. Matloff, 2004., Cote & Simpson, 2000 and Green & Sykes, 2005) highlight the impact of psychological trauma on the media professional. It is within this context that trauma ‘literacy’ is deemed a necessary skill to be added to the reporters ‘kit bag’ for both the teaching of self-care skills which will enhance the journalists innate coping capacity, and to give a language to the experience of the trauma victim – those that become the subjects of news stories. With a deeper knowledge about the impact of trauma the journalist will have a greater understanding of the experience of the survivor and therefore be able to give a deeper context, analysis and frame to the story of those who experience violence and trauma in society.

Slide 3 - Why is trauma literacy important?

Violence, disaster, trauma...

is the substance of news...

it is part of the job

Slide 3 comments - What is also known from trauma science is that one does not have to directly experience the impact of trauma first hand. The diagnosis of Posttraumatic Stress Disorder (PTSD) identifies that people can be traumatised without being physically harmed or threatened with harm. They can also experience the effects of trauma by hearing about a traumatic incident occurring to someone they know. (American Psychiatric Association [APA], 1994).

Slide 4 - Not just the 'big' stories... bad news happens every day

Slide 4 comments - Research indicates that between 86%-100% of journalists have witnessed a work-related traumatic event while covering the news (e.g., Smith, R., 2008; Simpson & Boggs., 1999). Typical non-war events include: Automobile Accidents, fires and murder – the bread and butter of the daily news photographer and journalist.

Slide 5 - "The time to care for yourself emotionally is before trauma gradually erodes your ability to think clearly and deliver your best work. You'll be tempted to tough it out emotionally because that's been an expectation in journalism" Schmickle, 2007. p. 10

Slide 5 comments - Psychological trauma can impact on the journalism. This quote from Sharon Schmickle (2007) highlights the fact the culture of journalism has been to 'tough out' emotionally taxing assignments. Schmickle, a seasoned foreign correspondent and domestic reporter challenges this perspective. Sharon Schmickle points to what is known from trauma science – that psychological trauma can impact on professional functioning, decision making, and memory. People exposed to trauma who have posttraumatic stress disorder(PTSD) can experience amnesia about the event, or conversely they may experience vivid, 'flashback'

memories that will continue to ‘haunt’ them via nightmares or what is called intrusive memories – memories about the trauma that present themselves uninvited. Those directly involved in violence such as shootings have reported experiencing confusion in being able to report how close they were to the danger (Schwarz, Kowalski & McNally, 1993) and others have experienced time skew (Terr,1983), These are just a few of the many types of reactions one can have when confronted with violence or threat of a traumatic nature.

Slide 6 – It is relevant so you...

- Stay resilient and effective as journalists/photographers
- Understand those you cover: victims, survivors, communities
- Skills for better news judgment – better stories
- Better ability to inform the public
- Effectively manage newsrooms during and after crisis

Slide 6 comments - This presentation will be in two parts. Module one, educates journalism students about the potential effect of trauma exposure on themselves for the purpose of putting into context typical human reactions from trauma response. This will allow students to understand their internal process and therefore put in place strategies to look after themselves in the field. Module two will carry that knowledge forward to examine the impact of psychological trauma on those people who become the subjects of journalist’s stories and photographs. This will be followed by suggested interview techniques

Psychological research suggests - the more people are aware of their own emotional processes and responses, the better they are at adapting their behaviour and reading others’ emotional states. (Ciarrochi, & Forgas, et al.,2006).

Slide 7 - Module 1 – What is trauma?

Dart Centre DVD –

‘News Media and Trauma’

This DVD may cause some feelings of discomfort

Slide 7 comment – The Dart centre DVD can be accessed on line or downloaded for free from this link <http://dartcenter.org/content/australian-journalists-talk-trauma-on-new-dvd>

Whilst the DVD does not have any graphic or visually disturbing content, some people find it disturbing to hear colleagues speak about the emotional impact of their work.

It is important to realise that even in the simple discussion of trauma people may become ‘triggered’, where they remember, and at times relive their own personal traumas. Therefore the class on psychological trauma should be one where people can feel they will not be ashamed if they are impacted by the discussion or become emotional. For this reason we preface the DVD with a warning and following the DVD it is a good strategy to ask the group to move into pairs or small group discussion. This will help ‘diffuse’ any high emotion and will give people an opportunity to discuss it in a smaller and safer environment.

As a facilitator it is prudent to scan the room checking for any indicators of distress. Keep the pair discussion brief and bring them back to discuss the DVD in the large group.

Another option is to give a directive before the DVD. Ask the group to identify verbal and non-verbal indicators of traumatic responses that they see displayed. Use this as the discussion point following the DVD.

Slide 8 comments - Posttraumatic stress is related to a specific event that causes feelings of intense fear, horror or helplessness. One of these aspects must be present for someone to be diagnosed with posttraumatic stress disorder (PTSD).

Slide 9 – Some common feelings after exposure

Numb Tearful Relieved Guilty Fearful

Restless Disappointed Irritable Lonely Helpless

Tense Agitated Emotional Tired Angry

Slide 9 comments - These are common reactions following trauma exposure. We experience them because we are human, NOT because we are weak. We are programmed to experience them. For the majority they will pass within a few weeks, but for a minority they will remain longer. If they become very distressing and persistent for longer than 4 weeks professional help should be sought. Four weeks is the clinical cut off time for PTSD to emerge.

Slide 10 - More than PTSD for media professionals

Anxiety 24%

Depression 19% - 21.4%

Substance misuse 14.3%

General stress 25%

Lack of organisational support is related to higher rates of PTSD

(Feinstein et. al., 2002; McMahon, 2005; Smith, 2008)

Slide 10 comments - Seeing that PTSD became an official diagnosis in 1980 the bulk of research into posttrauma syndromes has become somewhat fixated on PTSD. However, there are other more common reactions to trauma than PTSD. Anxiety, depression, substance abuse to name a few. The statistics shown here are from research undertaken on trauma exposed media professionals.

Slide 11 -

Depression	& Anxiety
Tiredness	More physical
Sleep issues	Nervousness & worry
Pervasive low mood	Tenseness, aches
Lack of usual fun	Short breath
Appetite goes – or over-eating	Rapid heartbeat (can feel like heart attack)
Loss of libido	Dry mouth
Gloom	“Can’t cope”
Suicidal thinking	More physical

Slide 11 comments - Typical depression and anxiety symptoms – common responses to trauma exposure.

Slide 12 - DSM IV - Avoidance and Numbing

- Amnesia about event
- Avoiding
 - conversations
 - activities
 - places
 - people
 - thoughts
 - reminders of event
- Decreased emotionality
- Disengagement from life

- substance abuse
- isolation
- estranged from others

(American Psychiatric Association, 1994)

Slide 12 comments - The DSM IV – the Diagnostic Statistic Manual is the manual used by health professionals to confirm psychiatric disorders. PTSD has three components that must be fulfilled – avoidance and numbing, Hyperarousal and Re-experiencing. Journalists experiencing PTSD must experience aspects of these trauma reactions for 4 weeks or more post trauma. However, the difficulty for the reporter, the trauma is often accumulative.

Slide 13 – Hyperarousal

- Overactive nervous system
 - irritability
 - difficulty sleeping
 - poor memory
 - poor concentration
 - on guard / hypervigilance
 - exaggerated startle response / jumpy
 - lowered threat threshold
 - (elastic sense of danger – oversensitive and under sensitive)

(American Psychiatric Association, 1994)

Slide 14 - Re-experiencing

- Nightmares
- Dissociative flashbacks

- Acting or feeling like the event is happening again
- Distressing intrusive -
 - images,
 - thoughts
 - feelings

Slide 15 - *‘For months afterward I saw images of the torso looking out from behind a tree every time I drove by the turnoff to the farm, which was almost daily as my girlfriend lived nearby. I also had nightmares.’*

Slide 15 comments – A classic example of intrusive images. This young journalist was a reporter on a small country paper. He responded to an explosion out on a farm. When he arrived there, first on the scene, he discovered that the farmer had committed suicide by strapping petrol cans to his body. The images of the dismembered torso was an ‘intrusive image’ when a reminder of the event occurred (driving down the road).

Slide 16 - Stress v’s trauma

Stress – when external demands of normal daily life outweigh internal coping resources.

Slide 16 comments - Normative general stress is a different physiological and psychological process to posttraumatic stress (Yehuda, 1998).

The two often become confused because of the use of the word ‘stress’, but they are quite different entities.

Slide 17 - Who is at risk for PTSD?

Witnessing death/injury.....6% (m): 8% (f)

Life-threatening accident6% (m): 9% (f)

Physical attack.....2% (m): 21% (f)

Combat.....38% (m)

Natural disaster..... 4% (m): 5% (f)

Rape.....65% (m): 46% (f)

War reporters.....28%

Print reporters.....4.3%

Photojournalists.....6%

Australian ‘trauma reporting’15%

Mixed medium reporting.....8.9%

Slide 17 comments – These figures are for the percentage of these populations that have posttraumatic stress disorder (PTSD). The statistics in black are for the general population. Those who have experienced these types of events – male (m) and female (f). The figures in red belong to the media population. The elevated statistics for Australian trauma reporting journalists was because the group was a ‘convenience sample’ of journalists who had only reported on trauma – some of those had reported on war and some had reported on domestic events of traumatic content.

Slide 18 - Trauma’s ripple effect for media

Covering the story: reporters, photographers, crews, fixers, etc

Others at the scene: tech. support

Those back in office: picture editors, chiefs-of-staff, and producers

Those with responsibility: managers, editors, team leaders

Social Support: families, partners, friends, colleagues

Audiences who identify in some way

More distant audiences

Slide 18 comments - Remembering that it is not just 'front line' reporters who are impacted by trauma 'in the newsroom', but all who are involved in news gathering – and their families, and audiences.

Slide 19 - Risk Factors

- War reporting
- Exposure to a greater number of traumatic assignments
- Time in field
- Personal trauma
- Low perceived social support
- Negative thoughts about self and world
- High perceived organisational stress

Slide 19 comments - Research shows:

War reporting is one of the greatest risk areas for journalists -

(Feinstein, Owen, & Blair, 2002)

Exposure to greater number of traumatic assignments -

Those with high rates of exposure to traumatic assignments are more likely to report more PTSD symptoms than those with lower exposure rates

(McMahon, 2001; Newman, Simpson, & Handschuh, 2003; Pyevich, Newman, & Daleiden, 2003)

Time in field -

- As years in field increase, rates of self-reported PTSD symptoms increases

(Simpson & Boggs, 1999)

- Younger, less experienced journalists are most vulnerable

(Teegen & Grotwinkel, 2001).

Personal trauma in one's own life -

(Newman, Simpson, & Handschuh, 2003; Pyevich, Newman, & Daleiden, 2003; Teegen, & Grotwinkel, 2001)

Low perceived social support -

Lack of social support has been identified as a potential risk factor for both survivors, and first responders. Low support may lead to an increase in distress after event (e.g. Vietnam Vets)

(Newman, Simpson, & Handschuh, 2003)

Negative cognitions -

Negative events can change the non-conscious way individuals view others, the world and themselves. For example, they may now view the world as an unsafe place; others as untrustworthy, or even themselves. Particular negative processes were linked to the development of PTSD symptoms among journalists.

(Pyevich, Newman, & Daleiden, 2003)

Organisational support -

High perceived organisational stress.

(Smith, 2008)

Slide 20 - Resilience is built through...

- Strong relationships and support
 - Peer
 - Family
 - Organisational
 - Church
- Developing meaning about your work
 - Identify your motivation for what you do
- Learning about common reactions to trauma
- De-stigmatising the effects of trauma exposure
- Develop a 'tool bag' of self care strategies
 - Work out what works for you
 - Meditation
 - Writing a journal
 - Exercise

(Bonanno & Mancini, 2008)

Slide 20 comments - Resilience can be learned. Developing a skill set to survive trauma and even grow through it is possible.

Slide 21 - When to seek help...

- Reactions are so distressing they impair

- Work performance
- Personal relationships
- Daily life
- You are feeling and acting different to usual
- Overuse of alcohol
 - Other drugs
 - Food
 - Caffeine / nicotine
 - Gambling
- You feel you are not coping
- Anytime you like!

Slide 22 – Module 2 – interviewing traumatised subjects

Would you send a reporter to report on a football match when they don't know the rules of the game?

Why send a reporter to a trauma site without teaching them the effects of trauma?

Slide 23 - Respectful Interviewing

- Ask permission – identify who you are
- Explain ground rules
- Share control
- Respect interviewee
- Show empathy, not detachment
- Don't pre-empt a particular reaction

Slide 23 comments - Suggestions for interviewing from - Nelson & Nelson, (2001)

“Ask permission: After clearly identifying yourself as a journalist, ask the subject something like "Would you like to talk to me about it now?" If he or she says no, accept it. You can leave your card or phone number in case they decide to speak to you later.

Explain the ground rules: If the person agrees to talk, give them a sense of the parameters of the interview. Explain why you are there, what kind of story you are expected to write, when it will run and why they should talk to you. Give them an idea of how long you will be with them. Do not promise something you can't guarantee.

Respect: Understand what the other person is going through and offer as much support as conditions allow. Suggesting they might have a friend or relative present during the interview, may reassure them and make them more comfortable during the interview.

Share control: Give the interviewee the chance to decide some of the conditions. Ask if they have a preference about where they are interviewed. Do they wish to sit or stand? Do they want to move away from the scene?

Show empathy, not detachment. But be careful to control your own emotions. Empathy is not so much about joining someone in their emotions, as about being able to appreciate those emotions.

Do not expect any single reaction. Different people react to traumatic experiences in different and often unexpected ways, from hysterics to stoicism, from silence to talkativeness. Some will appear in control and even to be unaffected, but may fall apart when the journalist is gone and reality sinks in. Do not judge individuals because they don't react in ways you might expect.

Body language matters: Leaning slightly forward toward the interview subject expresses openness. Crossed arms and legs can be taken to express hostility. In a long, seated interview it might be preferable to sit beside the victim rather than directly opposite.”

Slide 24 - The Interview (cont.)

- Body language matters
- Anticipate tears – bring tissues
- Listen – it’s their story
- Respect silence – it’s okay
- Don’t over-empathise with your own story
- Review – the facts
- End with thanks

Slide 24 comments - Anne and Dr Daniel Nelson, in the Columbia Journalism Review, also suggest: "Some people find that it is helpful not to make eye contact, but to look at the same abstract spot on the floor or the wall that the interviewee is looking at, literally, 'to see things from his perspective'." Again, give the interviewee control.

“Anticipate emotional responses: It is common for victims or survivors to cry during interviews. This is not a bad or harmful thing and does not necessarily mean they can't continue. Give them time to collect themselves. Bring tissues to the interview and offer them. A friendly touch on the arm can help. Terminating the interview because you find are uncomfortable, or incorrectly assume they want to stop, denies them the opportunity to tell their story.

On the other hand, if the subject says he or she cannot go on, respect that. Suggest that they might like to try again later.

Listen: It is their story, let them tell it. Resist the temptation to interject your own experiences or opinions. Simpson and Cote suggest listening between the lines: "Good listening requires hearing not only the words that are spoken and making sense of them but also noticing gestures, facial expressions, emotions, and body language. Take the other person fully into account, then remember and make sense of what that person heard and saw."

Respect silence: If they ask: 'Why did it happen?' do not try to give an answer. An appropriate response is an echo: 'Yes, why did this terrible thing happen?' If they express denial, don't challenge it. Denial is a legitimate and useful stage of the grieving process."

Be careful not to over-empathise. Some reporters might too eagerly identify with those who have suffered violence or loss because of something in their personal history. The danger is that this leads the journalist to cross professional boundaries and become a confidante or advocate. Journalists can be helpful to victims or family members but their prime responsibility is to concentrate on understanding and reporting events accurately.

Review what you have learned: Go back over the facts, clarify anything that might be unclear, check statements you might want to quote. Ask if they have any questions of you. Be frank about what the interview might yield in terms of a printed story.

Where possible, end with a handshake, thanks and supporting words. If it is a long, major interview, a follow up call - "I just wanted to see how you're going" - a week or so later may be appreciated and may be valuable in facilitating future follow-up interviews."

Slide 25 - The Questions

Asking for clarification

"Let's go back a minute..."

"It seems hard to stay with this. Did you say..."

Supportive Comments

"I can understand you feeling..."

"It sounds really hard."

Empathic response

"It sounds like you're saying..."

"You seem really..."

Ending

"That must have been hard, thank you so much"

"I am really sorry this is such a hard time for you"

(Dart Center)

Slide 25 comments – People who are in trauma often feel very isolated and unsafe.

Empathic statements will help them feel connection and safe.

Slide 26 - Get It Right!

Inaccuracies DO matter

It may just be another story for you...but it could also be the last item in the family scrapbook.

Slide 26 comments - When you get back to the keyboard, make sure you get it right.

Families often clip and save news articles about their loved ones. It might be one more story for a journalist, but for many families it is one of the last artefacts of a parent or child, something they want to keep in a scrapbook. Inaccuracies or misspelled names and incorrect ages, are just one more hurt or insult.

Slide 27 - Useful resources

www.dartcentre.org www.dartcentre.org

australasia@dartcentre.org

www.newssafety.com

www.istss.org

www.astss.org

www.ncptsd.org

www.trauma-pages.com

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