

- Knowles, M. S., Holton, E. F., III, & Swanson, R. A. (2005). *The adult learner* (6th ed.). Elsevier.
- Lewis-O'Connor, A. (2021). *Trauma informed care*. [https://read.nxtbook.com/wordsmith/evidence\\_technology/february\\_2021/trauma\\_informed\\_care.html](https://read.nxtbook.com/wordsmith/evidence_technology/february_2021/trauma_informed_care.html)
- Merrick, M. T., Ford, D. C., Ports, K. A., Guinn, A. S., Chen, J., Klevens, J., & Mercy, J. M. (2019). Vital signs: Estimated proportion of adult health problems attributable to Adverse Childhood Experiences and implications for prevention—25 States, 2015–2017. *MMWR The Morbidity and Mortality Weekly Report*, *68*, 999–1005. <http://dx.doi.org/10.15585/mmwr.mm6844e1external>
- Moses, D. J., Huntington, N., & D'Ambrosio, B. (2004). Developing integrated services for women with co-occurring disorders and trauma histories: *Lessons from the SAMHSA Women with Alcohol, Drug Abuse and Mental Health Disorders who have Histories of Violence Study*. WCDVS, April issue. (e-Doc). Retrieved from <https://www.samhsa.gov/sites/default/files/wcdvs-lessons.pdf>
- Pearlman, L. A., & Saakvitne, K. W. (1995). *Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors*. W.W. Norton.
- Rivard, J. C., Bloom, S.L., Abramovitz, R., Pasquale, L. E., Duncan, M., McKorkle, D., & Gelman, A. A. (2003). Assessing the implementation and effects of a trauma-focused intervention for youth in residential treatment. *Psychiatry Quarterly*, *74*(2), 137–154. <https://doi.org/10.1023/A:1021355727114>
- Sciolla, A. F., Wilkes, M. S., & Griffin, E. J. (2019). Adverse Childhood Experiences in medical students: Implications for wellness. *Academic Psychiatry*, *43*(4), 369–374. <https://doi.org/10.1007/s40596-019-01047-5>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach*. HHS Publication No. (SMA) 14-4884. Substance Abuse and Mental Health Services Administration.
- Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the positive legacy of trauma. *Journal of Traumatic Stress*, *9*(3), 455–471. <https://doi.org/10.1007/BF02103658>
- Weinreb, L., Savageau, J. A., Candib, L. M., Reed, G. W., Fletcher, K. E., & Hargraves, J. L. (2010). Screening for childhood trauma in adult primary care patients: A cross-sectional survey. *Primary Care Companion to the Journal of Clinical Psychiatry*, *12*(6), PCC.10m00950. <https://doi.org/10.4088/PCC.10m00950blu>
- Williams, B. W., Welindt, D., Hafferty, F. W., Stumps, A., Flanders, P., & Williams, M. V. (2020). Adverse childhood experiences in trainees and physicians with professionalism lapses: Implications for medical education and remediation. *Academic Medicine: Journal of the Association of American Medical Colleges*, *10.1097/ACM.0000000000003532*. Advance online publication. <https://doi.org/10.1097/ACM.0000000000003532>
- Zgoda, K., Shelly, P., & Hitzel, S. (2016). Preventing retraumatization: A macro social work approach to trauma-informed practices & policies. *The New Social Worker*, (Fall Issue). <https://www.socialworker.com/feature-articles/practice/preventing-retraumatization-a-macro-social-work-approach-to-trauma-informed-practices-policies/>

## CHAPTER 12

## TRAUMA-INFORMED JOURNALISM

Kevin J. Becker and Lori Shontz

Covering stories of tragedy and trauma is commonplace for journalists. To date, no organized or consistent approaches for teaching journalists about the impacts of trauma on their own lives, and the lives of those who are impacted by tragedy, have been developed. Journalists are left on their own to recognize, understand, and report on both individual and community trauma. Despite the fact that the field of trauma studies is driven by scientific research on psychology and neuroscience, journalism training programs do not integrate current scientific knowledge about the impacts of trauma. The field of journalism can benefit from helping those in the field become more trauma-informed in their reporting and better understand the impact of vicarious trauma in their own lives.

On November 5, 2017, a man walked into the First Baptist Church in Sutherland Springs, Texas with a gun. He shot and killed 26 people, including 23 who died in the sanctuary. The tragedy was just the latest in a series of mass shootings, and with such a high death count, and such a dramatic locale, the national news media arrived in droves. They did their work as they always did: tracking down witnesses and survivors, asking questions, telling the story of what happened that day. In some ways, the event and the ensuing coverage were unremarkable; the process

*Trauma in Adult and Higher Education: Conversations and Critical Reflections*, pp. 205–220  
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and narrative followed a pattern that has become entrenched since the Columbine shooting in 1999.

There was one major difference. This time, two members of the news media wrote apologies to the Sutherland Springs community. The tiny town, with a population of 600, magnified the overwhelming effects that the news media can have in covering a traumatic event. *New York Times* reporter Simon Romero wrote about interviewing one of the survivors, Rosanne Solis, who had been shot in the shoulder:

As I got up and thanked Ms. Solis for her graciousness at such a strenuous time, the door to her trailer home swung open and a swarm of other journalists rushed inside. Without asking permission, a photographer began taking pictures a few inches from Ms. Solis' face. A television crew insisted on an interview as she tended her wound. (Romero, 2017, para. 3)

Dallas Morning News reporter Lauren McGaughy wrote a similar piece, focusing less on the questionable reporting techniques than on the sheer number of reporters. "You couldn't park at the post office," she wrote:

It was jammed with news vans and satellite trucks, its lawn trampled by a half-dozen tents the big networks set up. You couldn't get a quiet meal at the local café, where waitresses trying to get through their shifts were asked again and again to talk about the friends and family they had just lost. (McGaughy, 2017, para. 33)

In both pieces, which were widely circulated within the industry, the journalists highlighted the size of the small town, saying that the news media should have adjusted its practices to accommodate such a community. As the United States copes with traumatic events ranging from mass shootings, to systemic racism, to the coronavirus pandemic, and its effects on the country, journalists must directly address the impact of trauma, both on the people they are covering and on themselves. Without a solid understanding of the impact of traumatic events, journalists are at risk of reporting incomplete—and thereby inaccurate—retellings of these tragic events.

Traumatic events have always been a central focus for journalists, who report the details and stories of dangerous, and life-threatening events to ensure that community members are well-informed, which can assist them in making decisions for how to protect themselves and their loved ones. The coverage can help leaders make decisions about how to allocate limited public resources. It can also help us as human beings recognize, acknowledge, and understand the impact of tragedies that befall others. In order for such reporting to fully accomplish these objectives, the journalist must go far beyond simply reporting facts and details of the tragic event(s).

For a number of reasons, journalists are not always able to do more than report the breaking news—or to report the news in a way that reflects how research and practice have expanded knowledge about trauma and its aftermath.

Our scientific understanding of the impact of trauma has grown exponentially in the last 30 years. We now know that traumatic events result in life changing biological impacts that alter one's ability to function as they did prior to the event (van der Kolk, 2014). The news industry needs a system to educate journalists, so they have a greater understanding of trauma, trauma impacts, and trauma-informed practices. Doing so could help to prevent incidents like those noted by the two reporters in Sutherland Springs, thereby reducing the impact of the news-gathering process on the victims and survivors of traumatic events. In addition, trauma-informed training programs would help journalists themselves, who can experience vicarious trauma by being exposed to the details of such tragedies, and the greater community, by enabling journalists to produce more complete and accurate information.

## THE IMPACTS OF TRAUMA

The scientific database in the field of psychological trauma has burgeoned in the past 30 years. The term post-traumatic stress disorder (PTSD) has become ubiquitous in our society; however, often an accurate understanding of the history behind this diagnosis and what it entails is lacking. The Civil War and the expansion of railways led to a recognition that traumatic incidents could have lasting effects on our physical and emotional functioning (Scrignar, 1984; Trimble, 1985). Later trauma was thought to be confined to war veterans and survivors of rape. In some circles, the symptoms of trauma were referred to as "rape trauma syndrome" (Burgess & Holmstrom, 1974, p. 981). Psychologists now recognize that anyone who experiences a life-threatening event is at risk for developing PTSD or some of its related symptoms. The growing awareness of this link has ushered in the broad attention to traumatic impact we now see in science, and in our day-to-day culture.

Prior to 2013, the diagnosis of PTSD could be given only to individuals who directly experienced a life-threatening event. However, in 2013 the American Psychiatric Association updated its understanding and definition of PTSD. Research and clinical experience had shown that this narrow grouping excluded many people who, by nature of their work, were not direct victims of life-threatening events but were regularly exposed to victims/survivors of such experiences. Several studies have reported

PTSD in a significant number of journalists around the world (Drevo, 2016; Feinstein et al., 2002; Weidmann et al., 2008).

The diagnosis of PTSD requires the presence of a broad range of debilitating symptoms, experienced over an extended period of time. Without the full clinical spectrum of these symptoms, the diagnosis is inappropriate. Subclinical levels of trauma-related symptoms, however, can nevertheless cause significant declines in functioning for those workers who are regularly exposed to traumatic material. This subclinical level of impact is commonly referred to by several names, such as vicarious trauma, secondary trauma, or compassion fatigue. While no universal definition exists for these terms, they all reflect the understanding that exposure to traumatic material, via your professional duties, can have notable biopsychosocial impacts.

Kessler and colleagues (2008) determined that approximately 7% of the U.S. population will develop PTSD at some point in their lives. Traumatic events can have other, broad biopsychosocial impacts on those who experience them, short of developing into full PTSD. On a biological level, studies have shown changes in immune system (Pennebaker et al., 1988), neurochemistry (van der Kolk, 1987, 2014), neuroanatomy (Smith, 2005), and gastrointestinal systems (Saito-Loftus et al., 2011). The study of PTSD and other traumatic impacts have brought into stark view the recognition that our mind, brain, and body are intricately interwoven.

The psychological impact of traumatic stress can appear as alterations in mood, concentration, memory, behavioral changes, and emotion management. While the psychological effects of trauma are what most people readily understand, they are far from the only impact. Socially, changes in our relations with others and our view of the world are also frequent consequences in response to life-threatening experiences. Withdrawal from friends and family, being quick to anger, and workplace effects, including absenteeism and reduced productivity, can all result in declines in our social networks and support systems, further exacerbating the effects of the traumatic event(s).

Journalists can use this increased insight to more fully understand and report the stories they tell and to change the ways they cover traumatic events. Journalists report facts, but they rarely include the facts about how trauma impacts people, on all levels, or use this knowledge to determine which stories to tell and how they tell them. This is, in part, because there is no system in journalism schools or in the journalism industry to provide training on trauma (Amend et al., 2010; Hill et al., 2019; Massé, 2011; Seely, 2019; Simpson & Coté, 2006). The Society of Professional Journalists' Code of Ethics, which is widely accepted within the industry, states that journalists must balance the need to seek truth with the need to minimize harm, but it does not specifically address trauma (Society of Professional Journalists, n.d.). Without fully understanding trauma's

impacts, journalists are not minimizing harm. They are also not seeking the full truth. There is a need for journalists to understand the biological, psychological, and social impacts of events in order to accurately report what happened.

A biopsychosocial, trauma-informed lens for understanding the effects of chronic or acute trauma allows for a more comprehensive understanding of the many ripple effects victims/survivors experience. Increased understanding can be harnessed to consider a broader range of resources, supports, and interventions to the situation at hand. Journalists regularly engage with victims/survivors, sometimes over the course of numerous months and multiple interactions. This deeper knowledge would enable them to provide information about a greater variety of resources and support in their coverage. It would also help them to develop more research-informed interview guidelines and long-term coverage plans. There has been a slowly growing awareness regarding the impact of trauma across journalism, yet the field lags far behind other professions in becoming trauma-informed. Ambulance, police, and firefighter units routinely institute preparedness and response protocols to help staff address the psychological impacts of tragedies they have been involved with (Substance Abuse Mental Health Services Administration, 2018). Police departments across the country are increasingly receiving training on trauma-informed topics such as the neurobiology of trauma and its implications for memory and behavior related to criminal investigations. In journalism, integrating training about trauma has come in fits and starts, generally occurring after a national tragedy that results in extensive news media coverage. Scholars have published research about journalism conducted after the mass shootings at Columbine and Virginia Tech. Journalists themselves have written about their experiences after shootings at Columbine, Sutherland Springs, and the Pulse nightclub in Orlando (Cullen, 2009; Walsh-Childers et al., 2011). None of this research, or personal experience, has resulted in systemic changes in training, neither in journalism schools nor in the industry (Hill et al., 2019). One study of 400 journalists found that one-third considered themselves "not well prepared" or "entirely unprepared" to cover a traumatic event (Beam & Spratt, 2009). Another study found that reporters received "little guidance" within newsrooms (Duncan & Newton, 2010). Roger Simpson and William Coté, journalists turned professors, explained in the introduction to their 2006 book *Covering Violence* how they used their own newsroom experiences as inspiration:

We had been newspaper reporters and had covered a wide range of news events, but we matured as journalists without knowing much about what the victims in our stories truly experienced. Our ignorance wasn't all that

remarkable, though. Few of the reporters, editors and photographers around us understood trauma, either. (p. ix)

Journalists conduct interviews with victims/survivors, otherwise interact with them, and also document the details of traumas, using both words and visuals. They construct stories that explain to the public what happened and why, and their lack of education on trauma-informed practices means that readers, viewers, and listeners may receive an incomplete or incorrect understanding of what happened in a trauma and what the aftereffects of trauma are (Amend et al., 2011; Kay et al., 2010). A survey of journalism programs accredited by the Accrediting Council on Education in Journalism and Mass Communication found that although 75% of respondents said more attention should be paid to trauma, only one of those respondents taught at a school that had a class specifically dedicated to trauma and the impact it can have on journalists (Dworznic & Garvey, 2019). Barriers to more training included a lack of time and a lack of knowledge among the faculty and accreditation issues.

#### THE IMPACT OF TRAUMA ON JOURNALISTS

Journalists themselves are not immune to the impacts of the stories they cover. A critical development in the scientific understanding of trauma has been the recognition that the impact of such events is not restricted to direct survivors/victims. The ongoing effects of traumatic events among those involved in providing immediate assistance such as police or firefighters are well-documented. There is a growing body of research (Drevo, 2016; Dworznic, 2011; Smith et al., 2015) indicating similar negative impacts for journalists who report on, or otherwise document, traumatic events.

Journalists, although not considered first responders, do frequently arrive on the scene just as police, fire, and emergency medical technicians do. As such they need the awareness, training, and resources to interact in a trauma-informed way with victims/survivors while successfully addressing the personal, and lasting impacts of their traumatic exposures. The journalism industry and journalism schools must take greater responsibility in preparing the future, and current journalists for the full spectrum of these inherent job-related hazards—both for the good of the journalists themselves and for the good of the communities they cover.

In addition to job-related traumatic exposure, journalists may have experienced potentially traumatizing events in their personal lives that can influence their choices, decision-making, and behavior, in positive and negative ways. Felitti et al. (1998) found that approximately two-thirds of U.S. adults have experienced at least one event that could be considered

traumatic prior to their 18th birthday. The same study also noted that nearly 13% have experienced four or more such events by adulthood. Psychological responses to traumatic events can be negative, neutral, or positive. The exact impact is determined by biological, psychological, and social influences. No two people or situations are exactly the same. While there is no predetermined impact a journalist may experience in response to trauma, for journalists who seek to report in an unbiased, accurate, and comprehensive manner, it is critical to be aware of the potential impact any personal traumas may bring to their work. Frequently the role of journalists in emergency situations is to help individuals and communities understand the immediate dangers and any ongoing risks associated with the event(s). Their reports help prevent additional physical, and psychological trauma to their viewers and readers. In addition, unlike firefighters or police, journalists are regularly exposed to the details of traumatic events by engaging with victims/survivors long beyond the actual event. This prolonged and in-depth exposure further heightens their risk for developing vicarious trauma and/or PTSD. Unfortunately, also unlike firefighters and police, history and industry culture have resulted in limited support for journalists in newsrooms and news organizations.

#### CONTINUING PROFESSIONAL EDUCATION

According to the Association for Talent Development, the average workplace organization spent \$1,299 per employee on education and training, and each employee spent an average of 34 hours of work time learning (ATD, 2019). Employees in a wide variety of fields—teaching, engineering, hairstyling—are required to update their skills and knowledge periodically with training. The news industry has never required continuing professional education of its employees. A 1993 report found that only 10% of U.S. newsrooms received regular training, and it summed up the industry's attitude toward professional development in three sentences: "Many editors train with the Sink-or Swim method. They say: Reporters are supposed to report, so why coddle them? To see if they have what it takes, just throw them in" (Freedom Forum, 1993, p. 5). A 2002 report found an improved situation with 30% of respondents having attended a training session in the previous year. Yet it was also noted that the number one source of job dissatisfaction was a lack of training. "So those who claim today's journalists are the best-educated and trained in history are absolutely right," the report said. "Still ill equipped to cover the complexity of modern life, but better equipped than ever before" (Knight Foundation, 2002, p. 15).

Those reports, which are among the only studies of professional development in journalism over the past 25 years, reflect the industry at a time

when it was flourishing financially. Even then, there was no systemic mechanism for training or continuing education. Now, with the news industry in deep financial trouble, there are both fewer working journalists and a lower likelihood that journalists receive any formal training after journalism school. In addition, a journalism degree, unlike a law or medical degree, is not a mandatory requirement for entering the industry.

The First Amendment's guarantee of Freedom of the Press is a bulwark of U.S. democracy, and it also means that journalists are not licensed; they cannot be, or that would be government control. Unlike lawyers or doctors, for instance, journalists do not need to pass a test such as the bar or medical boards to prove they are fit for duty. Unlike teachers or health care professionals, for instance, journalists do not need to maintain their knowledge base by acquiring continuing education credits. The combination means that when the industry must react to changing norms, it cannot do so in a systematic way. Some of the changes to journalistic practice required by trauma-informed techniques bump up against deep-seated values, such as objectivity, that are so core to journalistic practice and identity that the industry rarely questions them. Organizational psychologist Edgar Schein (2010) said that most industries and professions have such values, which he considers more properly named "beliefs" and has shown that they are particularly difficult to change.

For journalists to maintain best practices, it is incumbent upon them to stay up to date with the advances in the research and field of trauma studies. By staying up to date with best practices—and adapting their research, interview, and reporting styles in a more trauma-informed fashion—journalists will improve their skills, be able to gather more information, and tell more accurate and complete stories. This is where collaboration between journalism educators and trauma experts is crucial; they can work together to explain how trauma-informed practices will improve journalists' work.

#### MEDIA REPORTING AND STORYTELLING

Failing to fully understand the impacts of personal and/or job-related trauma threaten journalists' personal health and well-being as well as their ability to fully and accurately report the news. As with any news story, if the storyteller does not fully understand the context and the relationship between current events, historical links, and future ramifications, their reporting will fall short. Traumatic events often leave invisible wounds on individuals and communities. Reporters who only look for the most obvious displays of psychological impact will miss the more insidious and long-term effects of trauma on individuals and communities. This type of oversight is nowhere more clearly displayed than in the typical media

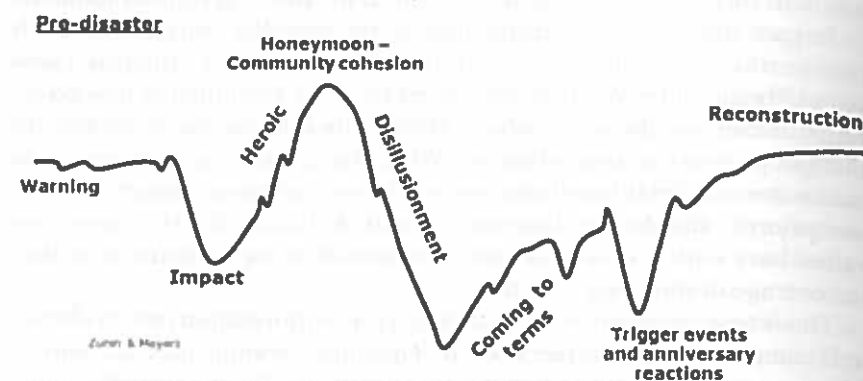
coverage of significant community-wide tragedies. Natural disasters, mass shootings, large-scale losses, and death are frequently covered by local and national news outlets across the globe. The current 24/7 news cycle repeatedly tells such stories over and over ... until the next big tragedy happens.

In part, this cycle happens because of the ways that journalists identify newsworthy events and stories. All journalism textbooks identify "news values," broad categories that newsrooms consider, even though newsrooms rarely, if ever, use the actual words. Mostly, these textbooks categorize the thought process that journalists use. While the terminology can vary, these values are standard: timeliness, proximity, prominence, impact, conflict, exceptional, and human interest (Scanlan & Craig, 2014). These news values have worth. They also have downsides that are particularly evident in coverage of traumatic events.

Timeliness, for example, means that critical information gets to citizens and communities when they need it. Timeliness also means that journalists move on from a story when it is no longer new. When journalists move on too quickly from covering a trauma, the coverage reflects a lack of recognition of the life-altering nuances of such events on the communities affected, a cycle identified by sociologists Zunin and Myers (as cited in Dewolfe, 2000), who charted a multiyear psychological recovery process for communities impacted by large-scale crises (see Figure 12.1). While the exact recovery timeline will depend on a variety of factors that are unique to the tragedy, their characterizations of an evolving psychological recovery process is important for journalists to embrace. Most news organizations and journalists focus on the earliest phases of a tragedy, what Zunin and Myers (as cited in Dewolfe, 2000) call the Impact and Community Cohesion phases. It is during this time period that stories of tragedy are often accompanied by images of destruction and death. These images and stories are then frequently replaced by those of group rebuilding efforts, community members supporting each other, and the outpouring of donations from outside the affected area. The typical pattern of reporting leaves the viewer with only the most superficial understanding of the biopsychosocial effects experienced by the victims/survivors. The in-depth, long-term biological, psychological, and social ripple effects of the trauma are rarely reported.

As the news cycle moves so quickly, journalists are often aggressive about asking questions and securing interviews immediately after a trauma. Some victims and survivors are not yet ready to speak; when they are ready, the news media has largely disappeared. The time marker additionally means that stories become news again—and therefore journalists reappear again—near anniversaries, which are trigger events for survivors and victims. This approach, depending on the journalists' process, may not serve the community. Effective journalism is an art that comes down to *how* journalists do their work.

Figure 12.1

*Psychological Life Cycle of a Disaster*

The news values of prominence, conflict, and impact also can prevent journalists from using a trauma-informed approach. When people are powerful or well-known, their words and actions are more likely to be covered. This means that journalists can be more likely to focus on official sources than on people whose lives are affected by the decisions of those official sources. During a traumatic event, it means that people who are identified early as “heroes” or “villains” become the focus of coverage. These people are framed as if their experience is representative, and it may not be. In a similar way, the journalistic imperative to focus on conflict can mean that journalists can miss gradual changes and nuances that can have significant impacts. The focus on conflict can result in coverage that does not live up to the SPJ Code of Ethics; the resulting stories are less accurate, if only by omission, and can also further traumatize communities by not reflecting their lived experiences. Repeated omissions and inaccuracies like this may be feeding into the public’s lack of trust in the news media, which has implications for the health of democracy.

In addition, the news value that emphasizes the unusual can distort coverage and the public’s understanding of trauma and the government’s response to it. This is one reason why mass shootings get so much more coverage than day-to-day gun violence or suicides. The focus on the unusual also explains why as problems continue, news coverage decreases—if there isn’t anything new, or there is not anything changing, then journalists have a harder time selling it to their editors. In educating journalists, the pros and cons of news values must be better interrogated. That is useful for all of journalism, but especially in covering traumatic events.

## MOVING TOWARD TRAUMA-INFORMED JOURNALISM

On October, 1, 2015, a student walked into his classroom at Umpqua Community College in Roseburg, Oregon, with a gun. He shot and killed his teacher and eight classmates, and he physically injured eight others. Local, national, and international news media began arriving in town within hours. The project Reporting Roseburg (Dahmen & Shontz, 2016), developed in part by one of the coauthors, interviewed 19 of the Oregon-area journalists who covered the tragedy in an effort to understand how journalists cover a traumatic event, especially in light of the community’s reaction to the news media. One Umpqua Community College student, interviewed two months after the shooting during a town hall hosted by Oregon Public Broadcasting, said: “There was honestly a lot of harassment from the media to tell our stories.... It was rude, honestly—it wasn’t polite. Honestly, the media was probably the second trauma, almost, for us” (Oregon Public Broadcasting, 2015). The Reporting Roseburg project has three main takeaways.

### Journalists Are Not Prepared to Cover Trauma

Sixteen of the 19 journalists showed up in Roseburg having never before covered a mass trauma (Dahmen & Shontz, 2016). (The outliers: One photographer had covered a 1998 shooting at Thurston High School in Springfield, Oregon; one radio reporter had been a stringer for a shooting on CNN; one national newspaper reporter, based in Portland, had covered the aftermath of many mass shootings across the country.) None of them, not even the outliers, had any training on the effects of trauma. This is not unusual. Journalists, especially those who cover breaking news, often have to educate themselves. They are able to do that because they rely on muscle memory. They use the same moves—noting details (often called “color”), asking as many questions as they can, looking for eyewitnesses, and probing officials for information. None knew that survivors and witnesses to a traumatic event experience a loss of agency, and that a more trauma-informed approach would give control and agency to survivors and witnesses. Journalists must be taught this approach in their context; many have previously been taught that giving control to a source is a violation of journalistic ethics.

### Journalists Are Uncomfortable With Some of What They Must Do

It is a truism that what journalists do in difficult situations is give people a chance to tell their stories. Most young reporters have had the experience

of needing to make a difficult call to a grieving family after a car crash or other such event. They are told that giving the family an opportunity to tell their side of the story is important and that many families *do* want to talk to the news media. They want to make sure that their loved ones are not forgotten or are better understood. In this case, however, more than half of the 19 journalists said they are not sure they would have wanted to answer the questions they were posing (Dahmen & Shontz, 2016). One reporter who attempted to interview students got yelled at instead: "The thing is, I completely understand that," he said. "I couldn't imagine talking to some person I'd never met before after my son, daughter, brother, sister was involved in a mass shooting" (Dahmen & Shontz, 2016).

### Journalists Are Not Receiving Mental Health Support

None of the 19 journalists had been formally debriefed (Dahmen & Shontz, 2016). It is not that the reporters had no support. In fact, the younger and less experienced reporters, in particular, said veteran reporters went out of their way to check in on them, and editors checked in, but superficially. Helping their colleagues respond to trauma is not a typical responsibility. Everyone mentioned decompressing with friends, roommates, or families, often over beers or meals. No one talked to a counselor, therapist, or psychologist. No newsroom made an expert available for staffers. All support was sought out and received informally, which is in keeping with newsroom culture. Not having a system that prioritizes professional development or mental health support is part of what makes it extremely difficult to make change in a newsroom.

These takeaways have implications for trauma-informed journalism. Recognition that journalists need to know more about the effects of trauma and ways to implement trauma-informed practices is growing. A reporter who covered the Pulse shooting in Orlando started a Facebook page as a resource and support system for journalists, and the members reach out to journalists who have to cover a mass shooting in their communities. A newspaper in Central Pennsylvania implemented a training program for its staff (Stevens, 2018). The Dart Center for Journalism and Trauma, which has been providing important training for decades, is providing tools not just for journalists in war zones or covering sexual assault, but also for those covering coronavirus and systemic racism. More individual journalists are opening up about what they have learned and what they need to better cope (Cobham, 2019; Concha, 2020; San Felice, 2018). Much of this work, however, is happening informally. This is where stronger professional development programs and journalism schools can play an important role in preparing journalists.

Collaboration between journalists and trauma experts is vital for the industry and for journalism schools. In 2014, the Substance Abuse Mental Health Services Administration (SAMHSA, 2014) outlined their framework for creating a trauma-informed culture, organization, or system. The organization believes that in order to be truly trauma-informed, organizations and individuals must *realize* the impacts of trauma; *recognize* the signs and symptoms of traumatic impact; *respond* with trauma-sensitive interventions, policies, procedures; and *resist retraumatization* while supporting a positive recovery environment. Incorporating these principles into the work of individual journalists, the training programs that educate them, and the news organizations that employ them is critical. In addition to understanding the effect of trauma on the subjects of their stories, individual journalists should be particularly aware of the impact of any personal traumas or vicarious trauma they are exposed to in their work. Such awareness is critical for reporting comprehensive and accurate trauma-related stories. Journalism training programs can promote such awareness and professionalism among journalists by incorporating trauma-informed principles, and practices at every level of their design. Simply offering one course on trauma is insufficient. Providing supervision, mentoring, opportunities for peer support, and a culture of positive, trauma-informed role modeling from faculty and staff can create a more comprehensive platform from which to launch trauma-informed journalists into the field.

Newsroom managers can implement the following strategies to begin building this culture and the support it requires. They can:

- Provide routine training on the biological and psychosocial impacts of trauma and PTSD on victims/survivors for all employees.
- Provide routine training on the effects of trauma exposure on journalists and news professionals for all employees.
- Develop organizational policies and practices that provide prevention, response, and recovery mechanisms for media professionals exposed to traumatic events, including real-time support for journalists in the field.

Journalism training programs, both within the industry and in journalism schools, can contribute to building this culture in the following ways:

- Include victim-centered role playing when teaching interviewing techniques.
- Partner with victim services agencies to help journalists better understand the needs of victims in addition to the potential positive and negative impacts of their reporting.

- Participate in state and local disaster preparedness efforts that simulate tragedies as a means of preparation—meaning do not simply cover these efforts, but truly participate.

News organizations have an ethical and legal responsibility to take all the necessary precautions to provide a safe working environment. With a growing abundance of research indicating the occupational hazards related to traumatic exposure, news organizations should treat traumatic exposure just as a mining firm might treat exposure to coal dust. Vicarious trauma and PTSD are inherent risks of the profession, and occupational safety standards and practices should be developed and implemented accordingly. The creation of policies and practices intended to enhance the safety of both frontline and backroom journalists is long overdue. Journalism must take a science-driven, trauma-informed, 21st century approach to gathering and reporting the news to both strengthen and protect its storytellers and solidify the faith and trust of its consumers.

#### REFERENCES

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Washington DC.
- Amend, E., Kay, L., & Reilly, C. (2012). Journalism on the spot: Ethical dilemmas when covering trauma and the implications for journalism education. *Journal of Mass Media Ethics*, 27(4), 235–247.
- Association for Talent Development. (2019). *Key benchmarks from ATD's 2019 State of the Industry*. <https://www.td.org/research-reports/2019-state-of-the-industry>.
- Beam, R., & Spratt, M. (2009). Managing vulnerability: Job satisfaction, morale and journalists' reactions to violence and trauma. *Journalism Practice*, 3(4), 421–438. <https://doi.org/10.1080/17512780902798653>
- Burgess, A. W., & Holmstrom, L. (1974). Rape trauma syndrome. *American Journal of Psychiatry*, 131(9), 981–986.
- Cobham, K. (May 29, 2019). *How journalists can take care of themselves while covering trauma*. Poynter.org. <https://www.poynter.org/reporting-editing/2019/how-journalists-can-take-care-of-themselves-while-covering-trauma/>
- Concha, J. (2020, April 20). CNN's Valencia reveals diagnosis for anxiety disorder, depression: "Pandemic brought it all back." *The Hill*. <https://thehill.com/homenews/media/493692-cnn-valencia-reveals-diagnosis-for-anxiety-disorder-depression-pandemic>
- Cullen, D. (2009). *Columbine*. Hachette Book Group.
- Dahmen, N., & Shontz, L. (n.d.). *Reporting Roseburg*. <https://reportingroseburg.uoregon.edu/>
- Dewolf, D. J. (2000). *Training manual for mental health and human service workers* (2nd ed.). Federal Emergency Management Agency, Washington, DC. Substance Abuse and Mental Health Services Administration.
- Drevo, S. E. (2016). *The war on journalists: pathways to posttraumatic stress and occupational dysfunction among journalists* [Unpublished doctoral dissertation. University of Tulsa]. Oklahoma.
- Duncan, S., & Newton, J. (2010). Preparing for the worst: Making a case for trauma training in the journalism classroom. *Journalism Practice*, 4(4), 439–453.
- Dworznic, G. (2011). Factors contributing to PTSD and compassion fatigue in television news workers. *International Journal of Business, Humanities, and Technology*, 1(1), 22–32.
- Dworznic, G., & Garvey, A. (2019). Are we teaching trauma? A survey of accredited journalism schools in the United States. *Journalism Practice*, 13(3), 367–382.
- Feinstein, A., Owen, J., & Blair, N. (2002). A hazardous profession: War, journalism, and psychopathology. *American Journal of Psychiatry*, 159, 1570–1576.
- Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: the adverse childhood experiences (ACE) study. *American Journal of Preventive Medicine*, 14(4), 245–258.
- Freedom Forum. (1993). *No train, no gain: Continuing training for newspaper journalists in the 1990s* (White paper).
- Hill, D., Luther, C. A., & Slocum, P. (2020). Preparing future journalists for trauma on the job. *Journalism & Mass Communication Educator*, 75(1), 64–68.
- Kay, L., Reilly, R. C., Connolly, K., & Cohen, S. (2010). Help or harm? Symbolic violence, secondary trauma and the impact of press coverage on a community. *Journalism Practice*, 4(4), 421–438.
- Kessler, R., Galea, S., Gruber, M., Sampson, N., Ursano, R., & Wessely, S. (2008). Trends in mental illness and suicidality after Hurricane Katrina. *Molecular Psychiatry*, 13(4), 374–384. <https://doi.org/10.1038/sj.mp.4002119>
- Knight Foundation. (2002). *Newsroom training: Where's the investment?* A study for the council of presidents of national journalism organizations (White paper). <https://knightfoundation.org/reports/newsroom-training-wheres-investment/>
- McGaughy, L. (Nov. 9, 2017). "Dear Sutherland Springs, you deserve an apology from the news media." *Dallas Morning News*. <https://www.dallasnews.com/opinion/commentary/2017/11/09/dear-sutherland-springs-you-deserve-an-apology-from-the-news-media/>
- Massé, M. H. (2011). *Trauma journalism: On deadline in harm's way*. Continuum International Publishing Group.
- Oregon Public Broadcasting. (2015, Dec. 4). Town hall conversation about the Umpqua Community College Shooting. *Think Out Loud*.
- Pennebaker, J. W., Kiecolt-Glaser, K., & Glaser, R. (1988). Disclosure of traumas and immune function: health implications for psychotherapy. *Journal of Consulting & Clinical Psychology*, 2, 239–245.
- Romero, S. (2017). "Covering a mass shooting, and adding to a town's pain." *New York Times*. <https://www.nytimes.com/2017/11/13/insider/sutherland-springs-shooting-media-frenzy-adding-to-towns-pain.html>
- Saito-Loftus, Y., Almazar, A., Larson, J., Atkinson, E., Ryu, E., & Talley, N. (2011). A case controlled study of childhood and adult trauma in the development of irritable bowel syndrome. *American Journal of Gastroenterology*, 106, 507.



- San Felice, S. (Dec. 19, 2018). *I survived a mass shooting. Here's my advice to other journalists*. Poynter.org. <https://www.poynter.org/business-work/2019/i-survived-a-mass-shooting-heres-my-advice-to-other-journalists/>
- Scanlan, C., & Craig, R. (2014). *News writing and reporting: The complete guide for today's journalist*. Oxford University Press.
- Schein, E. H. (2010). *Organizational leadership and culture* (4th ed). Jossey-Bass.
- Scrignar, C. (1984). *Post-traumatic stress disorder: Diagnosis, treatment and legal issues*. Praeger.
- Seely, N. (2019). Fostering trauma literacy: From the classroom to the newsroom. *Journalism & Mass Communication Educator*, 75(1), 116–130.
- Simpson, R., & Coté, W. (2006). *Covering violence: A guide to ethical reporting about victims and trauma*. Columbia University Press.
- Smith, M. E. (2005). Bilateral hippocampal volume reduction in adults with posttraumatic stress disorder: A meta-analysis of structural MRI studies. *Hippocampus*, 15(6), 798–807.
- Smith, R., Drevo, S., & Newman, E. (2015). *Covering trauma: Impact on journalists*. The Dart Center for Journalist and Trauma. <http://dartcenter.org/content/covering-trauma-impact-on-journalists#.VWuCRNGD7oo>
- Society of Professional Journalists. (n.d.). *SPJ Code of Ethics*. <https://www.spj.org/ethicscode.asp>
- Stevens, T. (Aug. 18, 2018). Anticipating the daily traumas of local reporting. *Columbia Journalism Review*. [https://www.cjr.org/united\\_states\\_project/peer-support-york-daily-record.php](https://www.cjr.org/united_states_project/peer-support-york-daily-record.php)
- Substance Abuse Mental Health Services Administration. (2018). *First responders: Behavioral health concerns, emergency response, and trauma*. <https://www.samhsa.gov/sites/default/files/dtac/supplementalresearchbulletin-firstresponders-may2018.pdf>
- Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884.
- Trimble, M. (1985). Post-traumatic stress disorder: History of a concept. In C. Figley (Ed.), *Trauma and its wake* (pp. 5–13). Brunner/Mazel.
- van der Kolk, B. (1987). *Psychological trauma*, American Psychiatric Press.
- van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Viking Penguin.
- Walsh-Childers, K., Lewis, N., & Neely, J. (2011). Listeners, not leeches: What Virginia Tech survivors needed from journalists. *Journal of Mass Media Ethics*, 26, 191–205.
- Weidmann, A., Fehm, L., & Fydrich, T. (2008). Covering the tsunami disaster: Subsequent post-traumatic and depressive symptoms and associated social factors. *Stress and Health*, 24, 129–135.

## CHAPTER 13

## TRAUMA-INFORMED COUNSELOR EDUCATION FOR ADULTS IN RECOVERY FROM SUBSTANCE USE

Jennifer Pemberton Heffner and Ted McCadden

"You think I should be dead?" Kayleigh asked her classmate Frances defensively. These women—Kayleigh, a woman in her late 20s and a mother of four children, and Frances, a near-50-year-old woman and mother of six—were students in the Human Services Counseling program at a large community college. Alan, a mid-30s father planning his upcoming wedding to his son's mother, was leading an in-class counseling group to fulfill the requirements of the capstone project in the course *Group Counseling*. Alan had selected the topic of Medication-Assisted Treatment and harm reduction techniques for the psychoeducation group he was leading. While his classmates were largely unaware, he was passionate about this topic because methadone, a prescription drug that helps opiate users stop the abuse of drugs like heroin, was a key factor in his achieving sobriety several years ago.

Part of Alan's presentation to his group members included information about Naloxone, a medication that can reverse the effects of opiate overdose. This drug, Alan explained, has saved many lives. "If someone is stupid enough to overdose, they should just be left to die," Frances argued,

*Trauma in Adult and Higher Education:  
Conversations and Critical Reflections*, pp. 221–237  
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