Impact of Early Trauma on the Life Span: Beyond Trauma Informed to Trauma Treatment

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Trauma

Traumatic experiences often involve:

- Threat to life or safety,
- The result of extraordinarily stressful events
- Shatters your sense of security, making you feel helpless and vulnerable in a dangerous world.
- Over activation of the threat or stress response system in the body.

Any situation that leaves you feeling overwhelmed and alone can be traumatic, even if it does not involve physical harm.
Trauma

- Many people think about trauma as something that happened to you.
- Trauma is how our bodies respond to the experiences we have – when you become so overwhelmed that you cannot cope with the experience.
- People respond to trauma differently.
Adverse childhood experiences (ACEs) Study:

- Used a sample of non-clinical population of adults presenting for routine annual physical exams

- Found a significant relationship between negative childhood experiences and a range of lifelong serious physical and mental health issues:
  - physical, emotional, and sexual abuse
  - interpersonal violence
  - divorce, mental illness, alcoholism, and family member incarceration

- As researchers followed participants over time, they discovered that a person’s cumulative ACEs score has a strong, relationship to numerous health, social, and behavioral problems throughout their lifespan, including:
  - substance use disorders, higher rates of adult depression, juvenile arrests, obesity, diabetes. Furthermore, many problems related to ACEs tend to be comorbid or co-occurring
Why is it important to know about ACEs?

- The more ACEs you have the greater the risk for chronic disease, mental illness, violence and being a victim of violence

- ACE scores are from 0–10

- ACE score of 4 or more: 2x as likely to be smokers, 7x more likely to be an alcoholic, increases the risk of emphysema or chronic bronchitis by 400% and suicide by 1200%

- High ACE scores lead to more: violence, marriages, broken bones, drug prescriptions, depression, and autoimmune disease

- People with ACE of 6 or more are at higher risk of their lifespan being shortened by 20 years
ACE Scores of Parents at C2C

- Out of 218 parents sampled:
  - Average ACE: 5
  - Number with 4 or higher: 127
  - Number with 6 or higher: 75
  - Number with 8 or higher: 29
  - 4 parents report an ACE of 10 which is the highest score
Complex (Developmental) Trauma

- Starts in utero

- Multiple or chronic exposure to developmentally adverse interpersonal trauma:
  - Abandonment, betrayal, physical, sexual and emotional abuse, witnessing violence and death

- Continual occurrence – not discrete incidents

- Repetitive, prolonged, or cumulative usually over a period of time

- Often occurs at developmentally vulnerable times in the victim's life, especially in early childhood or adolescence, but can also occur later in life

Bessel Van Der Kolk
**Complex (Developmental) Trauma**

- Occurs before we have a thinking brain so memories are stored as somatic trauma which affects:
  - Immune system
  - Stress hormone system
  - Perception of body

Bessel Van Der Kolk
Complex (Developmental) Trauma

- How does this relate to attachment?
- Developmental trauma is a relational trauma
  “trauma in the context of a relationship”
- Insecure attachment and attachment disorder
  – generally the cause
- Often does not meet the criteria for PTSD

Bessel Van der Kolk
Attachment: Why is it Important:

- A securely attached infant/toddler who has a history of sensitive, responsive care:
  - Has trust and confidence in the caregiver as a source of comfort when distressed
  - Uses caregiver as a secure base to explore and master their environment
  - Children learn to regulate their behavior by anticipating their caregivers responses to them
  - Early patterns of attachment inform the quality of information processing throughout life
  - The security of the attachment bond mitigates against trauma-induced terror
Attachment: Why is it Important

“intimate attachments to other human beings are the hub around which a person’s life revolves, not only when he is an infant or a toddler or a schoolchild but through his adolescence and his years of maturity and on into old age.” (Bowlby, 1980, p.442)
Symptoms of (Complex) Developmental Trauma

- Relational and chronic
  - Inability to concentrate
  - Inability to regulate feelings
  - Chronic anger
  - Fear and anxiety
  - Self-loathing
  - Aggression
  - Self-destructive behavior

Bessel van der Kolk
Complex (Developmental) Trauma:

- Affect dysregulation
- Mood regulation
- Anger expression
- Chronic suicidality
- Self-injury
- Disturbance in relationships with self and others

These do not occur in PTSD rather they are a function of a disturbed attachment relationship

Bessel Van der Kolk
Childhood trauma increases the risk of future trauma.

Experiencing trauma in childhood can have a severe and long-lasting effect.

Children who have been traumatized see the world as a frightening and dangerous place and have difficulty with trust.
When childhood trauma is not resolved, this fundamental sense of fear and helplessness carries over into adulthood, setting the stage for further trauma.

Research suggests that most interpersonal trauma on children is perpetuated by victims who grow up to become perpetrators and/or repeat victims of violence.
Childhood trauma results from anything that disrupts a child’s sense of safety and security, including:

- An unstable or unsafe environment
- Separation from a parent
- Serious illness
- Intrusive medical procedures
- Sexual, physical, or verbal abuse
- Domestic violence
- Neglect
- Bullying
Symptoms of Complex (Developmental) Trauma

Triggered pattern of repeated dysregulation in response to trauma cues and reminders effects areas such as:

- Affective
- Somatic (physiological, motor, medical
- Behavioral (re–enactment, cutting)
- Cognitive
- Relational
- Self–attribution (self hate and blame)
Symptoms of Complex (Developmental) Trauma

**Emotional Difficulties:**
- Inability to self-soothe
- Chronic anxiety
- Low frustration tolerance
- Efforts to control as a response to helplessness/powerlessness
- Chronic fear
- Suicidality
- Hyper-Sensitivity to minor threats

**Social Difficulties:**
- Poor boundaries
- Inappropriate attention seeking
- Fluctuating moods
- Problems with authority figures
- Lack of relational trust
- Constant demand that others prove they can be trusted
- Impulsivity

**Cognitive Difficulties:**
- Extremist thinking
- Learning and memory problems
- Emotions interfere with thought process
- Thinking it is happening again
- Confusion
- Dissociation/depersonalization
- Poor problem-solving
Symptoms of Complex (Developmental) Trauma

The PTSD diagnosis does not capture the developmental impact of childhood trauma:
- Complex disruptions of affect regulation
- Disturbed attachment patterns
- Rapid behavioral regressions
- Shift in emotional states
- Aggressive behavior against self and others
- Failure to achieve developmental competence
- Loss of bodily regulation: sleep, food, self-care
- Multiple somatic problems: gastrointestinal, headaches
- Lack of awareness of danger
  - Bessel A van der Kaulk
Intergenerational Trauma

- According to the National Child Traumatic Stress Network: Many birth parents involved with Child Protective Services have their own history of childhood and/or adult trauma.

- If the parent’s brain was altered by trauma during early childhood, this may leave them ill-equipped to have empathic responses to their own children.

- This suggests that intergenerational transmission of trauma may actually be on the neuronal level.

When the experience of trauma is chronic, the brain continually responds as if under stress by preparing the body for “flight, fight, or freeze” even though the actual traumatic event has ended.
TRAUMA AND THE EFFECT ON THE BRAIN

Neocortex
- Conscious thought

Limbic
- Emotion/Feeling

Reptilian
- Instinctive Reaction
Trauma & Brain Development

Typical Development
- Cognition
- Social/Emotional
- Regulation
- Survival

Developmental Trauma
- Cognition
- Social/Emotional
- Regulation
- Survival

Adapted from Holt & Jordan, Ohio Dept. of Education
Brain growth and physical structure are significantly affected by experiences both positive and negative.

Experiences often lead to the brain developing in ways that are beneficial – experiences can also be negative and impede or alter the brain’s development.

Negative experiences of child maltreatment cause anomalies in brain structure that cause cognitive, behavioral, and social impairments.
NORMAL INFORMATION PROCESSING AND PTSD MALFUNCTIONS IN THE BRAIN

**PREFRONTAL CORTEX**

- **Normal Brain**: Complex thinking, decision making and appropriate behavior
- **PTSD Brain**: Dysfunctional thought processes & decision making; inappropriate responses to situations

**HIPPOCAMPUS**

- **Normal Brain**: Transfers and stores information into memories
- **OCD Brain**: Stores memories incorrectly and affects memory retrieval

**HYPOTHALAMUS**

- **Normal Brain**: Releases hormones like cortisol to help manage and direct efforts to stressor
- **PTSD Brain**: Overactive, which leads to imbalances in hormone levels and increases stress and anxiety

**AMYGDALA**

- **Normal Brain**: Sets off fight or flight in response to danger
- **PTSD Brain**: Sets off fight or flight in response to memories or thoughts about danger
Threat/Stress Response System

(SNS) Sympathetic Nervous System: Mobilization System for Flight or Fight Behaviors. (Our Aggressive Defense System)

Repeated Activation of the Threat/Stress System Causes:

- The threat perception to be enhanced/expanded and has increased reaction – see danger where other people see what is manageable.

- This system which is supposed to help us see the relevant and important in the here and now gets distorted.

- The self-sensing system that is devoted to your experience of yourself in multiple domains (physically, emotionally psychologically) gets blunted or corrupted making self evaluation difficult.
<table>
<thead>
<tr>
<th>Sympathetic</th>
<th>Dorsal Vagal</th>
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<tbody>
<tr>
<td>Angry</td>
<td>Freezing, stuck, paralysis of action</td>
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<td>Aggressive</td>
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<td>Defensive</td>
<td>Dissociation</td>
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<td>Emotional and psychological distancing</td>
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During Activation

- There is no future focus – consequences are meaningless and not related to action
- Everything is about this moment; however, present is contaminated by past experiences
- All non-essential systems are turned down (suppressed) – language, logic and reasoning, moral reasoning
- Regardless of the logic of an observer – everything is about survival – reacting to perceptions
Causes of Activation

- Not feeling capable
- Being unsuccessful at achieving something
- Not feeling cared for
- Feeling as though they do not have the power to influence environment/world
- Not understanding reality
- Not appearing competent to others
- Not being seen as worthwhile by others
- Not feeling safe
- Not feeling secure in relationships with others
- Not having a sense of purpose or meaning
Fears that Cause Activation

- Being judged
- Not measuring up
- What if I fail
- What if I can never get better
- What are they thinking about me
- What if I cannot do this
- Being criticized
- What if I cannot meet the demands/expectations
- Being asked questions
UNDERSTANDING TRAUMA

Now, We Understand How Trauma Impacts Our Brain…

…How the Resulting Fight and Flight Instincts Take Control Over Our Body to Survive the Threat…

…and How Constant Reinforcement of this Protective Patterning Results in the Formation of Life Habits…

www.wellnessandperformance.com
An individual who experienced a prolonged period (months to years) of chronic victimization and total control by another may also experience the following difficulties:

- **Emotional Regulation.** May include persistent sadness, suicidal thoughts, explosive anger, or inhibited anger

- **Consciousness.** Includes forgetting traumatic events, reliving traumatic events, or having episodes in which one feels detached from one's mental processes or body (dissociation)

- **Self-Perception.** May include helplessness, shame, guilt, stigma, and a sense of being completely different from other human beings

- **Distorted Perceptions of the Perpetrator.** Examples include attributing total power to the perpetrator, becoming preoccupied with the relationship to the perpetrator, or preoccupied with revenge

- **Relations with Others.** Examples include isolation, distrust, or a repeated search for a rescuer

- **One's System of Meanings.** May include a loss of sustaining faith or a sense of hopelessness and despair
Chronic trauma survivors may experience any of the following difficulties:

- Avoid thinking and talking about trauma-related topics because the feelings associated with the trauma are often overwhelming
- Avoidance of activities, places or people that are trauma reminders
- Use alcohol or other substances as a way to avoid and numb feelings and thoughts related to the trauma
- Engage in self-mutilation and other forms of self-harm
- Difficulty sleeping
- Difficulty concentrating
- Hypervigilance
Signs and Symptoms of Trauma

Development of Negative Cognitions:

- Negative thoughts and beliefs held by the client following an experience – limits current functioning

- A maladaptive assessment or negative belief that is developed from negative or traumatic life experiences

- These beliefs are the conclusions developed about self based on memories, often formed in childhood and becoming self-fulfilling as individuals grow older and continue to make poor choices based on negative self-beliefs

- Need to identify the positive cognition client wants to work toward believing instead of the negative cognition

Francine Shapiro
Signs and Symptoms of Trauma

- An individual may seem disengaged or numb (efforts to avoid trauma reminders) making engaging with them and addressing the underlying issues difficult for those who work in systems

- Impaired decision making ability, making future planning more challenging

- Vulnerability to other life stressors including poverty, lack of education, lack of social support which can worsen trauma reactions
Trauma and Substance Abuse

- Relationships between trauma and addiction can be attributed to:
  - Disruptions in brain structure as a child caused by stress of trauma or other stress-inducing experiences such as:
    - Child abuse
    - Loss of a parent
    - Witnessing domestic or other physical violence
    - Having a family member who suffers from mental illness
  - Substance abuse behavior or self-medicating behavior can be modeled after a loved one’s substance abuse behavior that had been witnessed in childhood
Trauma and Substance Abuse

- About 2/3 of all addicts have previously experienced some type of physical or sexual trauma during childhood.

- According to the National Child Traumatic Stress Network, a person will begin using drugs and alcohol after experiencing a trauma up to 76% of the time. Up to 59% of people with PTSD will develop a problem with alcohol and/or drugs.

- Post-traumatic stress disorder can also make it harder for an individual to stop drinking or using drugs, because any reminders of the trauma can trigger cravings.
Trauma and Substance Abuse

Substance abuse will precede traumatic exposure up to 66% of the time. This direct link is because alcohol and drug use leads people to engage in risky behavior that may result in injury to themselves or others –

- driving under the influence
- fighting
- placing themselves in dangerous situations
- unsafe sexual behavior
- increased risk-taking
- self-harm
Trauma and Substance Abuse

Substance abuse interferes with recovery from trauma because of:

- The cognitive, psycho-social, and behavioral impairment associated with long-term alcoholism and drug addiction
- The individual is often unable to properly cope after experiencing a traumatic event

Knowing this can make addiction treatment more effective for those who experienced trauma during childhood by:

- Offering support groups for victims of childhood trauma
- Ensuring these individual receive therapy in order to address past trauma and improve functioning
- Both disorders have to be treated simultaneously or the treatment for one fails
When there is dual diagnosis of PTSD and substance abuse disorder there needs to be a multi-level approach such as:

- Individual therapy – so the recovering addict/alcoholic can learn to identify those triggers that can lead to cravings and relapse
- Group sessions – so the common problems and challenges faced by people with both a substance abuse disorder and PTSD can be addressed communally
- Family and couples counseling – to educate family members about the dual disorders and to rebuild/strengthen familial relationships
- 12-Step meetings – so the recovering addict/alcoholic can draw strength and inspiration from the common experiences and fellowship of others
- Medication-based therapy – with a combination of anti-addiction drugs, antidepressants, and/or anti-anxiety medicines
What Can Systems Do

Step outside of the box and ask, “Why are we doing it this way?” and “Do we have to do it this way?”
What Can Systems Do

A trauma-informed approach is based on the recognition that many behaviors and responses expressed by trauma survivors are directly related to traumatic experiences.

*The Center for Mental Health Services National Center for Trauma-Informed Care*
What Can Systems Do

Change of view:

Traumatic reactions are normal responses to abnormal situations

All behavior has meaning
A change of thinking from:

What is wrong with you?

To

What happened to you?
Elements of Trauma-Informed Services

- Focus on understanding the whole individual and context of his or her life experience

- Designed to minimize the possibilities of victimization and re-victimization

- Hospitable and engaging for individual

- Facilitates growth, resilience and healing

- Respect an individual’s choices and control over his or her recovery

- Form a relationship based in partnership with the parent, minimizing the power imbalance between professional and parent

**Information from this page was taken from the Women, Co-Occurring Disorders, and Violence study conducted by the Substance Abuse and Mental Health Services Administration.**
Elements of Trauma-Informed Services

- Emphasize strengths

- Focus on trust and safety

- Collaborate with non-traditional and expanded community supports (such as faith communities, friends and families, etc.)

- Provide culturally competent and sensitive services

- Be especially aware of your own judgments

- Be calm, kind, supportive, and reassuring

**Information from this page was taken from the Women, Co–Occurring Disorders, and Violence study conducted by the Substance Abuse and Mental Health Services Administration.**
Common Elements Across Evidence-Based Trauma Treatment

- Research has looked at:

- **Intervention Objectives**: A specific therapeutic outcome the therapist intends to achieve through implementing a given set of practice elements
  - Ex: Address Adversities in the Social Environment: activities that address adversities which either pre-existed the trauma or are a secondary effect of the trauma – goal of enhancing the ability of the social environment to support the client with needed resources and services
Common Elements Across Evidence-Based Trauma Treatment

- Research has looked at:

  - **Practice Elements**: Observable, concrete, therapeutic procedures that therapist implements with the client with the intention of achieving one or more intervention objectives
    - Ex: Narrative Story Building: Activities designed to provide a summary of experiences which incorporate an integrated understanding of past experiences – trauma narrative, “life story”
Common Elements Across Evidence-Based Trauma Treatment

- Trauma Assessment: Activities to assess the presence and impact of trauma
  - Assess Trauma/symptoms/reactions
  - Assess presence of trauma reminders, triggers, stressors

- Safety: Activities to reduce the potential of harm: self-harm or harm to others and to build stability within social environments
  - Safety planning
  - Interventions to build routines
  - Safety promoting interventions/actions
Common Elements Across Evidence-Based Trauma Treatment

- Engagement: General assessment (non-trauma specific), interventions to build therapeutic alliance, increase motivation, identify obstacles, and provide psycho-education
  - Psychoeducation about trauma and its impact
  - Interventions to carry out treatment planning
  - Interventions to promote therapeutic alliance/safety in therapeutic relationship
  - Assess the individual/family
  - Generalized Assessment Instruments
  - Assess culture and religion
Common Elements Across Evidence-Based Trauma Treatment

- Attachment/Strengthening Relationship: Activities to strengthen parent/child, caregiver–child, and or other/family relationships by enhancing attunement, communication and problem solving capacities
  - Interventions to improve family interactions, relationships and parental functioning
  - Developmental guidance/parenting skills
  - Interventions to promote attunement
  - Interventions to strengthen family structure
Common Elements Across Evidence-Based Trauma Treatment

- Core Treatment Interventions: Interventions to reduce symptom distress and strengthen affective, cognitive and behavioral coping strategies within the context of the client’s culture – occurs before trauma processing
  - Feelings identification and communicating emotions
  - Affect/emotion regulation
  - Interventions to improve
    * Communication
    * Behavior regulation
    * Cognitive regulation/restructuring
    * Problem solving
    * Social Skills
    * Mindfulness
    * Relapse Prevention
    * Relaxation/stress reduction
Common Elements Across Evidence-Based Trauma Treatment

- Attention to Social Context: Activities with other services providers for collaborative treatment planning, advocacy or case management in an effort to address environmental adversities
  - Promote supportive networks/assess social environment
  - Case management/advocacy/crisis management
  - Collaborative Service Planning
Common Elements Across Evidence-Based Trauma Treatment

- Trauma Processing: Activities specific to processing and integrating traumatic experience
  - Trauma-specific interventions/tools
  - Narrative story building
  - Interventions to process/integrate traumatic memories/experiences

Example: actively explore, process and integrate experiences into a coherent and comprehensive understanding of self to enhance capacity to effectively engage in present life
Consolidation/Post Trauma Growth: Future-oriented interventions subsequent to trauma processing focusing on making meaning of the traumatic experience and promoting adaptive functioning

- Termination rituals/interventions
- Interventions to:
  - Promote adaptive functioning
  - Build interpersonal competencies
  - Build family/individual identity
  - Build an integrated sense of self
  - Meaning making activities
  - Strategies to promote post-trauma growth
  - Interventions for grief and loss
Common Elements Across Evidence-Based Trauma Treatment

- Therapist Self-Care: Interventions that the therapist engages in to anticipate and manage vicarious trauma or secondary traumatic stress
  
  - Interventions to promote clinician self-care
Assessment is on-going throughout treatment

Regulation of affect may be achieved prior to trauma processing but need to be revisited throughout treatment

Issues regarding safety can occur at any phase of treatment
Secondary Trauma

- Can occur following the exposure to a single traumatic event

- The power and intensity of the actual event can be powerful enough to impact others even though they were not themselves witness to or threatened by the actual event
Emotional Indicators
- Anger
- Sadness
- Prolonged Grief
- Anxiety
- Depression

Physical Indicators
- Headaches
- Stomach Aches
- Lethargy
- Constipation

Personal Indicators
- Self-isolation
- Cynicism
- Mood Swings
- Irritability with Spouse/Family

Workplace Indicators
- Avoidance of Certain Clients
- Missed Appointments
- Tardiness
- Lack of Motivation
# Self-Care Strategies for Combating Secondary Trauma

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<td>Smile</td>
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<td>Solitude</td>
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- **Physical**
  - Sleep Well
  - Eat Well
  - Dancing
  - Walking
  - Jogging

- **Psychological**
  - Self-Reflect
  - Pleasure Reading
  - Say “no”
  - Smile
  - Solitude

- **Emotional**
  - See Friends
  - Cry
  - Laugh
  - Praise
  - Yourself

- **Workplace**
  - Take Breaks
  - Set Limits
  - Peer Support
  - Supervision
  - Use Vacations
Provides clinical interventions to parents and their children 0–3 who are involved with juvenile dependency cases and/or Family Treatment Court

Dyadic interventions between the parent/child
  ◦ Child–Parent Psychotherapy

Individual therapy/trauma treatment for parents
  ◦ EMDR, TF–CBT, Narrative Therapy
Feedback

- What are some emotions that came up for you during this presentation?
- What is something you will take away and use after today’s presentation?

- Questions/Comments

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