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PSYCHOLOGICAL TRAUMA: THE HIDDEN EPIDEMIC

HIDDEN IN PLAIN SIGHT

- Trauma is ubiquitous in human existence
  - Historical evidence
  - Great literature and art
  - Seen but unseen
- Trauma has a wake:primary victim and others are impacted
  - Cross-generational and intergenerational
- Prevalence: estimates of potentially traumatic events and experiences

RECOGNIZING TRAUMA

- A forgotten history
  - Studied episodically across 20th Century
  - Episodic dissociation: Herman
- Rapid development in last 40 years
  - Viet Nam & other wars
  - Women's Movement
    - Trauma defined & types identified
    - Responses to trauma identified
    - Diagnostic concepts developed/evolving
    - Treatments & programs developed/evolving
    - Social consciousness/public policy impacted

RECOGNIZING TRAUMA

- **However,** trauma studies have **NOT** adequately entered general and professional curricula
- Many professional caregivers are not aware of the impact of trauma (on physical and psychological health) nor are they knowledgeable about diagnosis or treatment
- The public is not adaquately aware and educated

REASONS TRAUMA GOES UNRECOGNIZED

- Ignorance
- Myths
- Shame and taboo
- Denial
- Non-disclosure
- Dissociation and disconnection from origin
  - Victim to patient
- Happens to others, not us
- Abhorrence
- Blame or hate the victim

LACK OF AWARENESS IS COSTLY

- Trauma is the "'gift' that keeps on giving"…
- Personal, interpersonal, social, financial costs
  - Primary victim
  - Witnesses/bytanders
  - Family/significant others
  - Friends/co-workers
  - Community
  - Culture/context
- Predominantly negative (?) but positive outcome and transformation are possible

ADVANCES IN RECOGNIZING TRAUMA

Trauma is a public health risk of

major proportions

"Dealing with the effects of trauma is a health-care priority; it is as serious as any major medical illness"

(US Surgeon General, 1999)

ADVANCES IN RECOGNIZING TRAUMA

- Moreover, it often compounds medical and psychological conditions and injuries
- This information too often goes unrecognized or underrecognized by medical and mental health practitioners

ADVANCES IN RECOGNIZING TRAUMA

- We have a major education, prevention and intervention issue

DEFINING PSYCHOLOGICAL TRAUMA AND DIFFE3RTENT TYPOLOGIES

TRAUMA AND THE MEDICAL PROFESSIONAL

- May interpret it only as physical trauma
  - This is one type of trauma
- May not consider or understand psychological impact or injury

DEFINING PSYCHOLOGICAL TRAUMA

DSM-IV DEFINITION & CRITERION A (1 & 2)

(AMERICAN PSYCHIATRIC ASSOCIATION, 1994):

- Events/experiences that are shocking, terrifying, overwhelming to the individual-experienced or witnessed
- Result in feelings of **fear, horror, helplessness; Note: in children may be expressed by disorganized or agitated behavior**

"actual or threatened death or serious injury, or other threat to one's physical integrity; witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate" (p. 424).

In children, abuse is recognized as traumatic

DEFINING PSYCHOLOGICAL TRAUMA

"…the *unique individual experience*, associated with an event or enduring conditions, in which the individual's ability to integrate affective experience is overwhelmed or the individual experiences a threat to life or bodily integrity…"

(Pearlman & Saakvitne, 1995)

TRAUMA AND TRAUMA RESPONSE INVOLVE MIND-BODY

- Trauma response/injury develops from both physical and emotional trauma
  - Events and experiences
- Trauma response/injury is both physical and emotional
  - Trauma is mind-body: somatosensory
    - Physiological impact
    - Brain impact:
    - Developmental impact

TYPES OF TRAUMA

- Type I: Impersonal
  - Disaster, weather, transportation, medical, injury, ability
- Type II: Interpersonal
  - Relational/attachment: insecure or worse
  - Abuse (physical, sexual, emotional), assault, victimization, exploitation, neglect, antipathy
- Type III: Lifelong
- Type IV: Identity
  - Gender, ethnic and cultural identity, sexual orientation
- Type V: Community
  - Religion, political group, ethnicity

An individual can have one or all--they are *not mutually exclusive*; revictimization is common in child abuse.

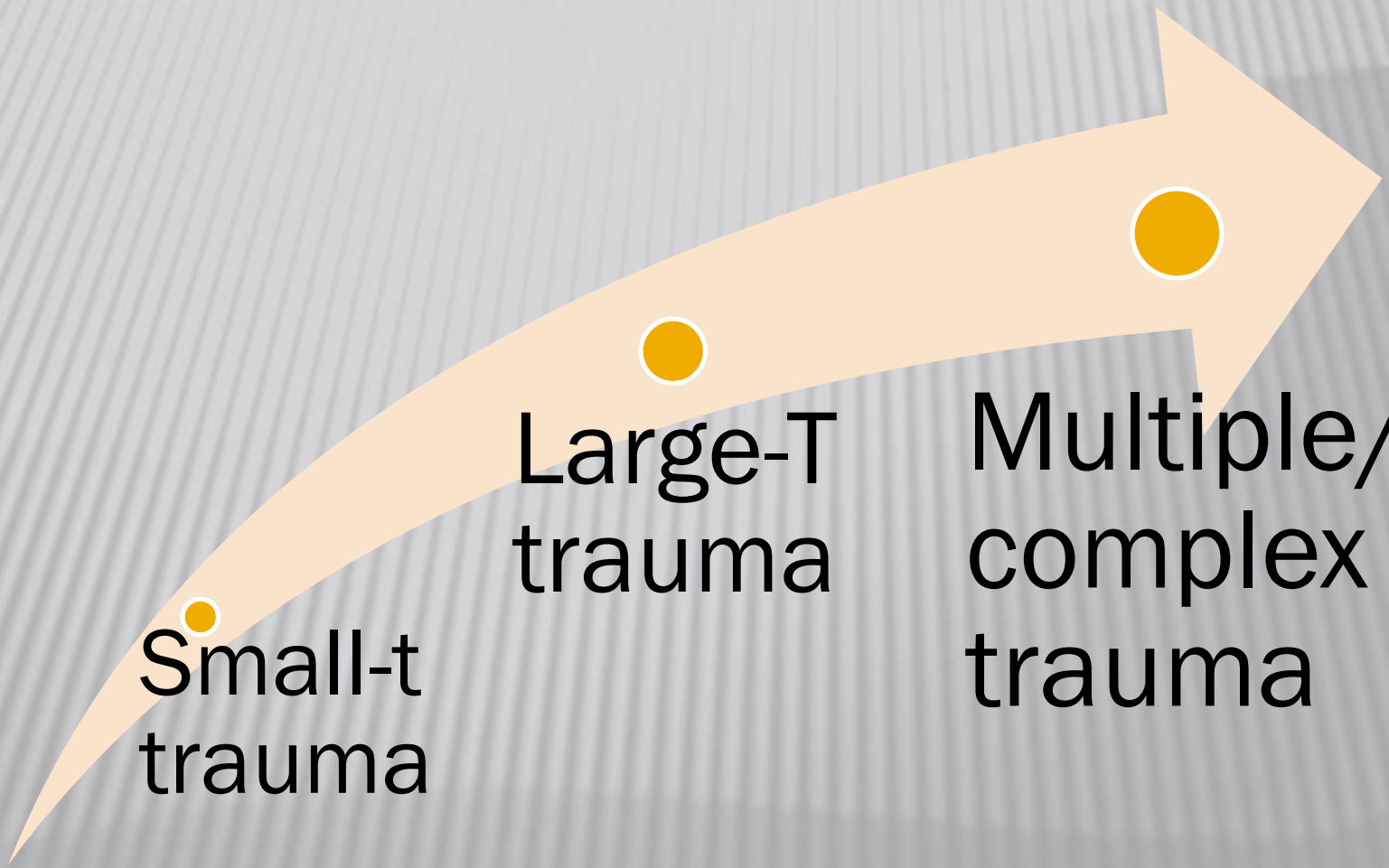
RISK AND PREVENTION FACTORS : INDIVIDUALITY /VARIABILITY OF TRAUMA RESPONSE

- Subjective/personal factors
  - Biological/physiological/genetic factors
    - Gender
  - Temperament
  - Age and developmental level
  - Attachment history
  - Personal experience of the trauma
  - Pre- and post-trauma life events, adaptations & disorders
  - **Other trauma/revictimization**
- Objective factors
  - Type of trauma, severity, duration, complexity, etc.
- Contextual/situational factors
  - During and afterwards
  - Culture/context
  - Support

SOME TRAUMAS ARE MORE COMPLEX THAN OTHERS

- Private, hidden, secret
- In essential relationships and involving betrayal and second injury
- Over the course of childhood: younger children more vulnerable
- Repeated, prolonged, chronic, endemic
- Objectively more severe
- Layered & cumulative
- Where recognition and support are not available
  - Where victim is blamed, shamed, isolated

DIFFERENT TYPES OF TRAUMA INTENSITY



POST-TRAUMA ADAPTATIONS , INJURIES, & DISORDERS

Most adults, even when seriously traumatized have posttraumatic ***reactions*** and do not develop PTSD (18-25% do).

However, complex trauma, especially over the course of childhood *most often leads to PTSD* (75% + do) and other difficulties.

POST-TRAUMA *RESPONSES , INJURIES , & DISORDERS*

- Peritraumatic or immediate aftermath
  - non-clinical or sub-clinical symptoms
  - Alternating re-experiencing and numbing to the point of resolution and lack of symptoms
- Acute Stress Disorder
  - up to a month post-trauma
  - clinical symptoms, heavy on dissociation
- Posttraumatic Stress Disorder
  - acute, chronic, and/or delayed

POST-TRAUMA *RESPONSES ,INJURIES, & DISORDERS*

- Complex Posttraumatic Stress Disorder/(DESNOS) **"PTSD plus or minus"**
  - related to severe chronic abuse, usually in childhood, and attachment disturbance
  - usually highly co-morbid
  - involves a high degree of dissociation
- Dissociative Disorders
  - associated with disorganized attachment and/or abuse in childhood
  - can develop in the aftermath of trauma that occurs any time in the lifespan
- Co-morbid/co-occurring disorders

DSM-IV CRITERIA: PTSD

- A. Exposure or experience
- B. Persistent **re-experiencing**, intrusions, dreams of trauma, distress at re-exposure
- C. Persistent **avoidance** of stimuli associated with the trauma and numbing
- D. Persistent symptoms of **increased arousal**

- **Note: No PTSD diagnosis for children**

DSM-5 NEW CRITERIA

- New category of trauma disorders
- Drop/expand Criterion A
- Separate criteria of Numbing from Avoidance
- To Criterion B, add emotional dysregulation and additional emotions
- A subtype of Dissociative PTSD will be added
- Reactive Attachment Disorder
- **Still no PTSD diagnosis for children**

POSTTRAUMATIC STRESS DISORDER (PTSD)

- A complex **dynamic** entity
  - fluctuating, not static
  - variable in form, presentation, course, degree of disruption
- A multi-dimensional **bio-psycho-social-spiritual-gender**

  stress response syndrome
- An **allostatic** condition

CHILDREN AS THE MOST TRAUMATIZED

- Finkelhor data
- Myth: children have a special status and are protected in most societies
- Vulnerability factors: small size, lack of power and resources, physical and cognitive immaturity, dependence, accessibility
- In US history, Society for the Prevention of Cruelty to Animals was organized before child protection efforts got underway
- Protection of children is relatively recent

DEVELOPMENTAL TRAUMATOLOGY

- Critical relationship between stressors and physical and emotional development

  (Perry, 1998; Siegel, 2012)

  - neurodevelopment is a process of making and maintaining complex networks of neurons (linked by synapses), guided by experience and the responsiveness of caregivers
  - stress responses include altered emotional, behavioral, cognitive, social, and physiologic functioning
  - early development is critical but plasticity continues throughout life

COMPLEX DEVELOPMENTAL TRAUMA

- Associated with chronic, pervasive, cumulative trauma in childhood, often on a foundation of attachment trauma
  - insecure attachment, especially disorganized
  - all forms of abuse and neglect: physical, sexual, emotional
- Higher use of dissociation to cope

DISSOCIATION AND THE DD'S

- Essential Feature: Disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment
  - *in consciousness:* important personal events not remembered
  - *in memory:* important personal events not remembered
  - *in identity:* the customary identity is temporarily forgotten and a new identity assumed or imposed
- Process and symptom
- Psychoform and somatoform manifestations
  - mind-body

DEVELOPMENTAL TRAUMA DISORDER

(VAN DER KOLK, 2005)

- Domains of impairment in children exposed to complex trauma
  - Attachment
  - Biology
  - Affect regulation
  - Dissociation
  - Behavioral control
  - Cognition
  - Self-concept

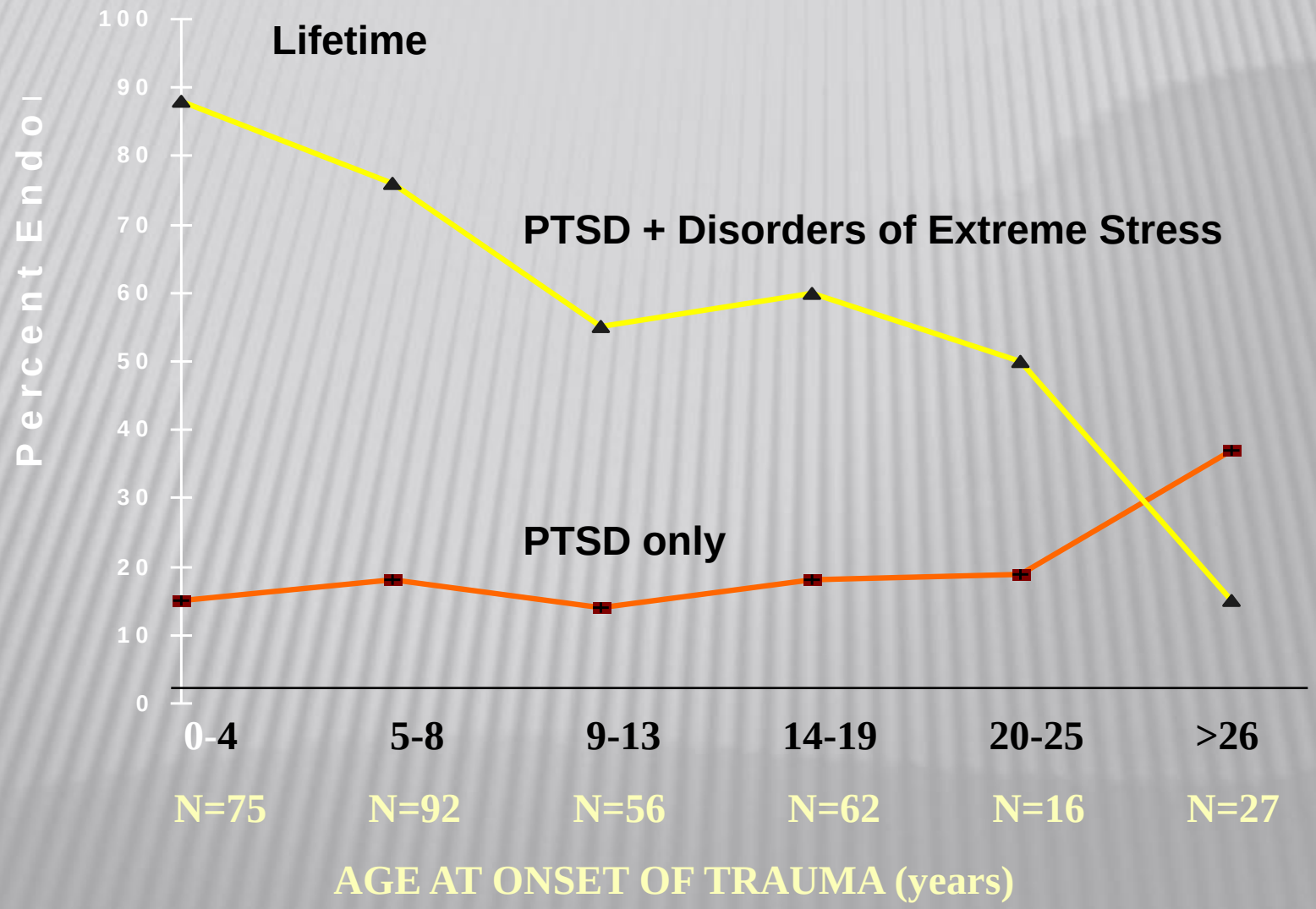
COMPLEX POSTTRAUMATIC STRESS DISORDER

DISORDERS OF EXTREME STRESS NOT OTHERWISE SPECIFIED (DESNOS)

- Designed to account for developmental issues, co-morbidity/co-occurrence, memory variability and to reduce stigma
- Co-morbidity:
  - *Distinct from or co-morbid with PTSD*
  - Other Axis I, II and III: multiple conditions

DSM IV Field Trial for PTSD

van der Kolk, Pelcovitz, Roth & Mandel, 1994



COMPLEX PTSD/DESNOS

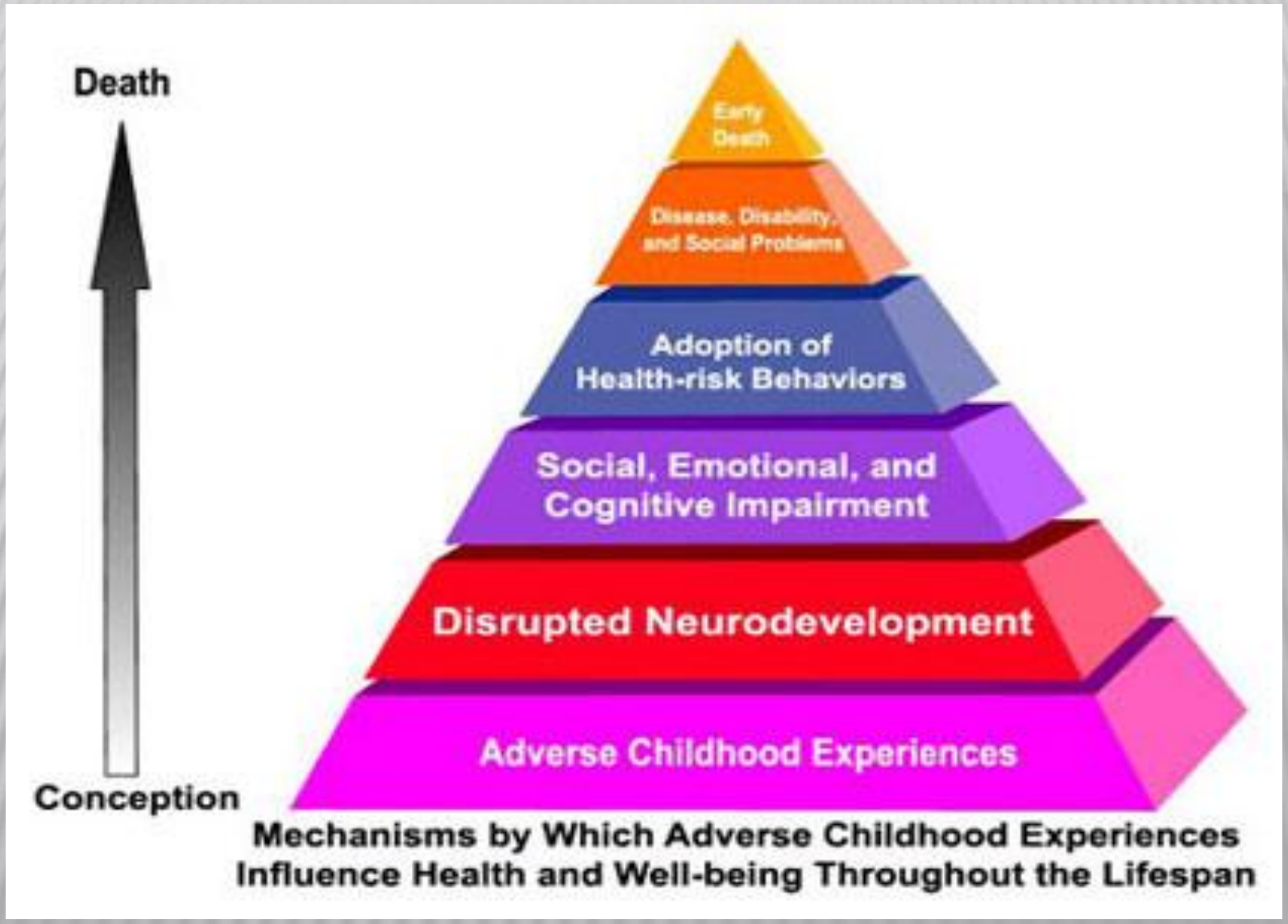
- I. Alterations in regulation of affect and impulses
  - a. Affect regulation
  - b. Modulation of anger
  - c. Self-destructiveness
  - d. Suicidal preoccupation
  - e. Difficulty modulating sexual involvement
  - f. Excessive risk taking
- 2. Alterations in attention or consciousness
  - a. Amnesia
  - b. Transient dissociative episodes and depersonalization

COMPLEX PTSD/DESNOS

- 3. Alterations in self-perception
  - a. Ineffectiveness
  - b. Permanent damage
  - c. Guilt and responsibility
  - d. Shame
  - e. Nobody can understand
  - f. Minimizing
- 4. Alterations in perception of the perpetrator
  - a. Adopting distorted beliefs
  - b. Idealization of the perpetrator
  - c. Preoccupation with hurting the perpetrator

COMPLEX PTSD/DESNOS

- 5. Alterations in relations with others
  - a. Inability to trust
  - b. Revictimization
  - c. Victimizing others
- 6. Somatization
  - a. Digestive system
  - b. Chronic pain
  - c. Cardiopulmonary symptoms
  - d. Conversion symptoms
  - e. Sexual symptoms
- 7. Alterations in systems of meaning
  - a. Despair and hopelessness
  - b. Loss of previously sustaining beliefs



Mechanisms by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

PERSONAL EFFECTS

- No listing of symptoms does justice to the private reactions and anguish experienced by many trauma survivors and their loved ones.
- Personal meaning important, affected by
  - age/developmental level
  - context,
  - gender,
  - beliefs & cognitions
  - support

HIDDEN IN PLAIN SIGHT IN THE HEALTHCARE SETTING: PHYSICAL, MEDICAL, SOMATIC, AND INTERPERSONAL MANIFESTATIONS

MEDICAL EFFECTS: HIDDEN IN PLAIN SIGHT

- Acute vs. chronic or delayed
  - Injury & damage
  - Developmental effects
  - Illness and disease
  - Somatization & physical phobias
  - Co-occurring disorders

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- Interweaving of physical and emotional
  - Each impact the other
- Awareness and recognition to treat both

MEDICAL EFFECTS: HIDDEN IN PLAIN SIGHT

- Phobia of the body
  - Source of or perceived cause of trauma and related reaction/injury
  - Hatred of the body
  - Disconnection and avoidance
- Medical care, procedures and personnel as triggers
  - Fears and phobias
  - Avoidance/neglect
  - Resistance
  - Dissociation: being out of body

MEDICAL EFFECTS: HIDDEN IN PLAIN SIGHT

- Trauma at root of some major responses and symptoms:
  - Attachment style
  - MDD and depression
  - Anxiety
  - PTSD and DD
  - SUD, ED & other addictions
  - OCD & other compulsions
  - S-I & risk taking
  - Suicidality
  - Revictimization

MEDICAL TREATMENT

- First, do no *more* harm
  - Recognize harm has been done
- *Mind-body impact and interaction*
- Recognize whole person
- Treat whole person
- Heal thyself and take care of thyself

RESOURCES

- ISTSS.org
- ISSD.org
  - look for 9 month-long courses on the treatment of DD's--various locations internationally, nationally, and on-line beginning Sept-Oct
- NCPTSD.va.gov (info and links)
- NCTSN.org (child resources)
- Sidran.org (books and tapes)
- APA Division 56 (Psychological trauma)


DIVISION 56
TRAUMA PSYCHOLOGY
AMERICAN PSYCHOLOGICAL ASSOCIATION